

SheffCare Limited Hawkhills

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Hawkhills is registered to provide accommodation and personal care for up to 40 older people. The home is situated in the Stanington area of Sheffield, close to bus routes and local amenities. Hawkhills is purpose built accommodation provided over three floors. A lift is available and all areas of the home are accessible. All of the bedrooms are single. Each floor has a lounge and dining room. The home has an enclosed garden and car park.

There was a manager at the service who was registered with CQC. A registered manager is a person who has

registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Our last inspection at Hawkhills took place on 16 September 2013. The home was found to be meeting the requirements of the regulations we inspected at that time.

Summary of findings

This inspection took place on 13 May 2015 and was unannounced. On the day of our inspection there were 30 people living at Hawkhill.

People told us they were well cared for by staff that knew them well, and they felt safe. Comments included, "It's smashing here, I am quite happy," "The staff are very good, we are all well looked after" and "I have no worries at all."

One relative told us, "I'm here a lot and think everyone is well cared for. This is a lovely home."

We found systems were in place to make sure people received their medication safely.

Staff recruitment procedures were thorough and ensured people's safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed. The service followed the requirements of the

Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account dietary needs and preferences so that health was promoted and choices could be respected.

People living at the home, and their relatives said that they could speak with staff if they had any worries or concerns and they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Safe procedures for the administration of medicines were followed and medicines records were accurately maintained.

A thorough recruitment procedure was in operation. Staff were aware of whistleblowing and safeguarding procedures.

Good



Is the service effective?

The service was effective.

People were supported to receive adequate nutrition and hydration.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People felt staff had the skills to do their job.

Good



Is the service caring?

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Good



Is the service responsive?

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

A range of activities were provided for people.

People were confident in reporting concerns to the manager and felt they would be listened to.

Good



Is the service well-led?

The service was well led.

The manager and staff told us they felt they had a good team. Staff said the manager and team leaders were approachable and communication was good within the home.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

Good



Hawkhills

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 May 2015. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of older people and dementia care.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service.

We contacted commissioners of the service and six external healthcare professionals who had knowledge of Hawkhills. We received feedback from Sheffield local authority contracts officers and a GP. This information was reviewed and used to assist with our inspection.

During our inspection we spoke with 13 people living at the home and nine relatives to obtain their views of the support provided. We spoke with ten members of staff, which included the registered manager, the deputy manager, a team leader, care staff, activity coordinator and ancillary staff such as catering, domestic and administrative staff.

We spent time observing daily life in the home including the care and support being offered to people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, which included four people's care records, four staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

People living at the home that we spoke with said that they felt safe and their possessions were safe. One person commented included, "It's safer than being at home and that's for sure."

People told us that if they did have a worry about safety, or any other concern, they would tell any member of the care team and they were confident they would deal with the concern appropriately and involve the right people.

Relatives spoken with said that they had no worries or concerns about their loved ones safety. Their comments included, "[My relative] is safe here, it's a lovely home" and "They [my relative] are safe and well looked after. The staff are very good."

All of the staff asked said that they would be happy for a loved one to live at the home and felt they would be safe. One member of staff told us, "I would be happy for a relative of mine to live here. I know they would be looked after."

People told us they thought there were enough staff to support their care needs. Two people who used buzzers in their bedrooms told us that when they pressed their buzzers a member of the care staff usually came within five minutes. Buzzers are used to enable people to attract the assistance of staff. Two relatives told us they thought more care staff were needed because the staff were always very busy, but this had not impacted on the care of their family member.

People told us they received their medicine on time and had not experienced any problems with the administration of medicines. One person told us that if they had any pain they would tell the care staff, who would give them pain killers swiftly. Another person told us, "They [staff] see to my tablets, it's much better and I don't worry." Relatives said they had no worries about anything to do with their loved ones medication.

Staff confirmed that they had been provided with safeguarding vulnerable adults training so that they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's

safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said that they would always report any concerns to the most senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe. We saw that a policy on safeguarding vulnerable adults and a copy of the South Yorkshire joint agency safeguarding procedures were available so that staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew that these policies were available to them.

The service had a policy and procedure on safeguarding people's finances. The administrator explained that each person had an individual record and could access funds from petty cash. We checked the financial records and receipts for three people and found the records and receipts tallied. The manager informed us that the financial systems were audited annually by the company's accountant. The last financial audit took place in March 2015. This showed that procedures were followed to help protect people from financial abuse.

At the time of this visit 30 people were living at Hawkhill. We found that four care staff, a team leader, the deputy, an activities worker and ancillary staff that included domestics and cooks were on duty. We saw people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation. We spoke with the manager about staffing levels. They said that these were determined by people's dependency levels and occupancy of the home. We looked at the homes staffing rota for two weeks prior to this visit which showed that the calculated staffing levels were maintained so that people's needs could be met.

We looked at four staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, two or three references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw that the company had a staff recruitment policy so that important information was provided to managers. All of the staff spoken with confirmed that they had provided references, attended interview and had a DBS check completed prior to

Is the service safe?

employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

We looked at four people's care plans and saw that each plan contained risk assessments that identified the risk and the support they required to minimise the risk. We found that risk assessments had been evaluated and reviewed on a monthly basis to make sure they were current and relevant to the individual. We saw that risk assessments had been amended in response to people's needs. For example, one record had been amended to show a person was no longer participating in an activity following an operation. Another risk assessment had been updated to show a person had become more at risk of falling. Relatives told us they had been invited to be involved in discussions about their loved ones care, support and risk assessments.

We found there was a detailed medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medication had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed that staff had understood their training and were following the correct procedure for administering and managing medicines. We found that a pharmacist had inspected the medication systems in September 2014 and recommendations made had been acted upon.

We observed staff administering some of the morning medicines. We saw medicines were given to people from a medicine pot and each person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet.

We saw that one person was offered their medicine in a pot which was left on the table with them so that they could take this at their own pace and to respect their dignity in line with their wishes. Staff explained that the person was very independent and liked to take the medicine with their cup of tea. Staff stayed in the vicinity to make sure their medicine was taken. However, we checked this person's care record and found no risk assessment had been undertaken to ensure that the person and other people's safety had been considered. We discussed this with the registered manager who immediately developed a detailed risk assessment, which we saw. This meant that safe procedures had been followed.

We found that a policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that monthly infection control audits were undertaken which showed that any issues were identified and acted upon. We found Hawkhill to be clean. One domestic staff spoken with said that they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. This showed that procedures were followed to control infection.

Is the service effective?

Our findings

People living at the home said their health was looked after and they were provided with the support they needed. Comments included, “I see the doctor when I need to, she comes every week” and “I’ve never been better looked after, there’s always someone [health professional] here. Someone is coming here to do my feet this week. I can recommend it here.”

People we spoke with told us they thought the care staff were well trained and performed their jobs well. One person who lived at the home said, “I do think they get training for what they do. They seem to know what they’re doing.”

We asked relatives about the health care support provided to their loved ones. Two relatives told us that they were pleased because staff always contacted them if they felt their relative had a medical problem and needed to see a doctor. Another relative told us they were pleased because their relative had been losing weight before they came to Hawkhill and now they were eating well, gaining weight and seemed much healthier. Other comments included, “It’s very good to know that staff look out for problems and do something about it” and “[Family member] has had to go to hospital urgently a few times and every time they’ve sent a carer with them. That’s just brilliant.”

People told us that the food was good and they enjoyed the meals. Comments on the food included, “It’s proper home cooking, just as if I made it myself,” “You get a good choice and there’s always plenty,” “I look forward to Fridays because you get the best fish and chips here,” “You can eat as much or as little as you like. I like a good breakfast and a light lunch and that’s what I have every day” and “All the vegetables are fresh. No rubbishy tinned stuff.”

Staff told us that they were provided with a range of training that included moving and handling, infection control, safeguarding, food hygiene and dementia awareness. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills.

We found that the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member’s performance and improvement over a period of time,

usually annually. Records seen showed that staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who lack capacity to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people’s best interests and in accordance with the MCA Code of Practice. Also, where any restrictions or restraints are necessary, that the least restrictive measure is used.

The manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The manager informed us that where needed DoLS applications had been referred to the local authority and they were in the process of submitting further applications in line with guidance.

In the entrance hall there was information on display showing that individual members of staff had been identified as Champions in Dementia, End of Life Care and Infection Prevention and Control so that they could share knowledge and updates with staff.

We looked at four people’s care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people living at the home, and their relatives had been asked for their opinions and had been involved in the assessment process to make sure people could share what was important to them. We saw care plans contained consent forms showing that people had been asked if they agreed to the support being provided.

The care records showed that people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, speech

Is the service effective?

and language therapists (SALT), chiropodists and dentists. People's weights were monitored monthly and we saw evidence of the involvement of dieticians where weight loss was identified.

One healthcare professional contacted us prior to this inspection, in response to our request for information. They commented, "I enjoy working with this home very much indeed and have had patients there for the past 30 years. I have nothing but praise for their professionalism, care and general standards. They have understanding about working alongside families and have responded straight away to my ideas such as having a list of patient allergies. They have recently opened a Dementia Wing and the staff at all levels seem to be coping well with the new challenges. Messages get passed on and acted upon promptly and I can trust them to do the job well."

We spoke with another health professional who was visiting the home on the day of our inspection. They told us the home was "Very good."

We observed part of the lunch time meal in one area of the home. We saw meals were nicely presented. Staff were chatting to people as they served meals and there was a pleasant atmosphere in the room. Where needed, people were provided with assistance to eat and staff supported them patiently. People were allowed to eat at their own

pace and to have second helpings if they wished. One person ate lunch in their bedroom and that was through personal choice. One person received full support with their meal in a lounge area attached to the dining area. The care worker provided unhurried and patient assistance and talked to the person during the meal. One person told us they liked to eat breakfast in their room. We saw that people had different meals according to personal choice. People were sat in various dining areas of the home to eat their meals, again according to personal choice. This showed a flexible approach to providing nutrition.

People told us there were plenty of warm and cold drinks served during the day. We observed drinks trolleys being regularly taken into the various lounges during the morning of our visit. We saw people who preferred to spend time in their bedrooms also received warm drinks. Staff were aware of people's food and drink preferences and respected these. This demonstrated that staff had a good knowledge of the people in their care.

We spoke with the cook who was aware of people's food preferences and special diets so that these could be respected. We looked at the menu and this showed that a varied diet was provided and choices were available at all mealtimes.

Is the service caring?

Our findings

People told us they were happy living at Hawkhill. Comments included, "It's a lovely place to live," "I can't fault it. It's just a nice place to be," "If you can't live at home any more then this is the next best thing" and "I've only been here a few weeks, but I feel better already. It was an excellent move for me."

People were very complimentary about the care staff. Comments included, "The carers are just fantastic. They can't do enough for you" "I don't know how they [care staff] stay so cheerful with the long hours they work. I think they all deserve medals," "They're so friendly and kind. They are lovely people," "If you need cheering up then just talk to a carer. You don't need medicine," "They [staff] are genuine people. I am very happy here. I am [number] years old and I've still got all my faculties but get the help I need. We are very well looked after," "You can't fault this place, nothing is too much trouble," "I like it here. I didn't think I would, I like to be quiet in my room and they [staff] see I am all right but let me be. I have no worries at all. If I had I could talk to them [staff]," "I am cared for by people that treat me like family" and "You only have to ask and the carers will do anything for you."

Relatives told us the care staff were kind, patient, caring and respectful. Their comments included, "They're such a friendly bunch of people. I've not met one I can't get on with," "I think they're lovely with the residents. They treat [family member] really well and they love them all," "[Family member] can be difficult at times, but the carers deal with them very well. They always come round in the end" and "Before [family member] came here I was very stressed and became ill with the worry over their care. But now, it's like a weight's been taken off my shoulders. They are happy and healthy as they can be and it's all down to these carers."

People said staff responded to their needs and knew them well. They told us they chose where to spend their time, where to see their visitors and how they wanted their care and support to be provided.

During our inspection we spent time observing interactions between staff and people living at the home, and how staff spoke with people. We saw that in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people, ask how they were and

share laughter with them. We saw a care worker taking a person for a walk outside and speaking kindly with them. We saw care workers explaining gently to people with dementia why they needed to move to the dining room. We saw a care worker gently encouraging a person to eat their meal. We saw care workers knock on bedroom doors before entering. We heard friendly conversations in bedrooms and communal areas. We saw that care workers listened patiently to people who were having difficulty communicating. People were always addressed by their names and care staff seemed to know them and their families well. People were relaxed in the company of staff. One relative who visited regularly said "I'm here a lot and I've never ever heard any member of staff raise their voice. They are so patient and kind."

All assistance with personal care was provided in the privacy of people's own rooms. We heard staff speaking to people and explaining their actions so that people felt included and considered. People told us they chose when to get up and go to bed, what to wear and what they ate and this was respected by staff.

We did not see or hear staff discussing any personal information openly or compromising privacy.

Staff told us that the topics of privacy and dignity were discussed at training events.

The care plans seen contained information about the person's preferred name and information on how people would like their care and support to be delivered.

People who used the service could not recall being involved in their care planning, but none of the people we spoke with wanted to be more involved. Relatives told us they had been fully involved in the care planning when their loved one had first gone to live at the home.

The registered manager told us and we saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

The registered manager said that visiting times were flexible and could be extended across the 24 hour period

Is the service caring?

under certain circumstances and with the agreement of and the consent of the person using the service. Relatives spoken with said that they visited regularly and at different times of the day.

Is the service responsive?

Our findings

People living at the home said staff responded to their needs and knew them well. They told us they chose where to spend their time, where to see their visitors and how they wanted their care and support to be provided. People told us they could choose when to get up and go to bed. One person said, "I like to get up and dressed at about 5.30am so I ring my buzzer for help to get up. Then I can watch TV in my room for a couple of hours until its breakfast time." Another person said "I get my breakfast in bed every day. I feel like a proper lady."

We found that an activities worker was employed for 30 hours each week. People told us they could take part in a variety of activities if they wished. We observed people enjoying game activities led by the Activities Coordinator on two different floors. People told us they liked a variety of games such as bingo, play your cards right and quizzes. Some relatives of people with dementia told us that their family members enjoyed music and singing activities.

People were provided with the opportunity to spend time outside. Staff showed us outdoor areas that were wheelchair accessible and secure. People we spoke with told us they sometimes did sit outside when the weather was fine. One relative said "There's a nice walk round the building if you can manage it and it's secure so people can't get lost."

One person who preferred to spend their day in their own bedroom told us they would like to do more during the day than watch TV and read a newspaper, but they did not like the games and music activities provided at the home. They told us what they would like to do and we passed this information to the manager. The manager gave assurances that she would research to find appropriate leisure pursuits for this person.

We noted there were a large number of visitors during the day. Visitors told us they enjoyed visiting their friends and relatives in the home. One visitor said "It's such a friendly place I really look forward to coming!"

Peoples care records included an individual care plan. The care plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life

history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed that people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

We saw and heard staff asking people their choices and preferences throughout the day so that these could be respected. Staff were heard asking people where they would like to sit, what they would like to watch on television or if they would like to listen to music.

One person told us some specific information about their family. We looked in this person's care plan and found clear details of this were recorded. Another person told us about their recent health. We checked their care plans and found clear details were recorded so that staff had guidance to support the person as they needed. This showed that important information was recorded in people's plans so that staff were aware and could act on this. The care plans seen had been reviewed on a regular basis to make sure they contained up to date information.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure and 'comments and complaints' leaflets on display in the entrance area of the home. A suggestions box was placed in the entrance area so that people had the opportunity to use this if they wished. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw that people were provided with information on how to complain in the 'service user guide' provided to them when they moved into Hawkhill. This showed that people were provided with important information to promote their rights and choices. We saw that a system was in place to respond to complaints. A complaints record was maintained and we saw that this included information on the details of the complaint, the action taken and the outcome of the complaint.

Is the service well-led?

Our findings

The manager had been in post for since 5 January 2004 and was registered with CQC.

We found that some staff had worked at the home for many years and a stable team was provided. Staff told us that they really enjoyed their jobs and the staff at Hawkhill were “A good team.”

During our visit we found the atmosphere in the home was lively and friendly. We saw many positive interactions between the staff on duty, visitors and people who lived in the home. The staff we spoke with told us they enjoyed working at the home and said they were proud of the service and the care provided. All the staff spoken with said they were well supported by the management.

Staff told us, “I enjoy coming to work. I get on well with all the residents and staff,” “I would happily let my family move in here” and “I love it here, we are a good bunch.”

We observed both the manager and deputy manager out and about around the home and it was clear that they both knew the people living at the home very well. We saw that people living at the home and staff freely approached management to speak with them.

Relatives told us that staff were approachable, friendly and supportive.

We found that a quality assurance policy was in place and saw that audits were undertaken as part of the quality assurance process. We saw that the quality assurance officer had undertaken monthly visits to check procedures within the home. In addition to routine audits, each quality assurance visit had a different focus, such as meals and menu planning, dignity in care and care planning.

We saw that checks and audits had been made by the manager and senior staff at the home. These included care plan, medication, health and safety and infection control audits. We saw that records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns.

People who used the service, relatives and healthcare professionals were asked for their views about their care

and support and these were acted on. We saw that surveys had been sent to people living at the home within the few months prior to this inspection. The returned surveys were in the process of being audited by the homes head office. We saw the results from the ‘resident’s survey’ undertaken in March 2014 were on display in the entrance area of the home for people to read.

The manager told us that surveys had recently been sent to relatives and care professionals and she was waiting for the return of these to send to head office to be audited and a report from these would be produced. The manager told us that any specific concerns highlighted from the surveys would be dealt with on an individual level to respect confidentiality.

Staff spoken with said some staff meetings took place so that important information could be shared. The minutes seen had included discussions on safeguarding, confidentiality, infection control, teamwork, health and safety and further development. Staff told us they were always updated about any changes and new information they needed to know. Records showed that two managers’ and senior meetings had taken place in April 2015, and two employee forum meetings had taken place in December 2014 and March 2015. We only saw records for one corridor meeting held in October 2014. The deputy manager explained it was difficult for all staff to attend and other ways of sharing information were in place. All of the staff spoken with felt that communication was good in the home and they were able to obtain updates and share their views. Staff told us that the management had an ‘open door’ policy and were very approachable.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures held electronically had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home’s policies. However, some policies held in files were in need of updating, for example the ‘residents rights’ policy was dated August 2012 and the recruitment policy dated July 2013. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.