

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Castletownbere Community Hospital
<b>Centre ID:</b>	ORG-0000601
<b>Centre address:</b>	Castletownbere, Cork.
<b>Telephone number:</b>	027 70004
<b>Email address:</b>	Cathy.Sheehan@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Teresa O'Donovan
<b>Person in charge:</b>	Cathy Sheehan
<b>Lead inspector:</b>	Geraldine Ryan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	23
<b>Number of vacancies on the date of inspection:</b>	8

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 09 April 2014 07:30 To: 09 April 2014 13:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 12: Safe and Suitable Premises
Outcome 18: Suitable Staffing
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care, and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidenced-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies submitted to the Authority prior to the inspection, met residents, a relative and staff and observed practices on inspection. Documents reviewed included training records, care plans, medication management charts, the complaints log, residents' meetings, residents and relatives satisfaction surveys, the directory of resident, documentation in the main kitchen and audits. The person in charge who completed the provider self-assessment tool judged that the centre had:

- a minor non compliance with regard end-of-life care and
- a minor non compliance with regard to food and nutrition.

The inspector, on foot of the completion of actions identified by the person in charge in the self assessment, found compliance in the two specific outcomes, End of Life Care and Food and Nutrition, with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland.

While the thematic inspection focused on two outcomes as described above, there was a requirement for the inspector to review other outcomes in so far as they related to end of life care and food and nutrition. A major non compliance was identified with regard to the premises and a moderate non compliance was identified with regard to staff not availing of the personal protective equipment provided for

them.

This was the fifth inspection carried out on this centre by the Authority. This inspection was unannounced and took place over one day. The inspector noted that a homely, warm atmosphere existed in the centre. Residents voiced how happy they were in the centre and were very complimentary of the food. There was evidence of improvements arising from the findings of the self-assessment questionnaires. Staff exhibited an in-depth knowledge about the residents and their backgrounds and were observed caring for residents in a respectful manner while maintaining residents' privacy and dignity.

The person in charge was off site on the day of inspection. The key senior manager demonstrated excellent knowledge of the residents and organised the routine of the day with the staff on duty. The key senior manager, a nurse prescriber, displayed a competence and a commitment to the delivery of person-centred care and the continued professional development of the staff.

The action plan at the end of this report identifies where some improvements are required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Major

**Outstanding requirement(s) from previous inspection:**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

None of the actions in relation to premises, generated from the most recent inspection of 13 September 2013 had been addressed. Actions pertinent to the premises had been issued in the four previous inspections carried out by the Authority. These actions are re-issued in the action plan at the end of this report.

The main door to the centre opened into the day room. Visitors accessed the centre via the day room. The day room was also used as a:

- reception area
- a dining room
- a sitting room
- an activities room.

There was little space for wheelchair-bound residents or residents using high-dependency chairs, to manoeuvre within the day room.

As noted on the previous inspections, adequate dining space for residents, separate to the residents' private accommodation, was not provided. There was one dining table and four dining chairs for the total complement of the 31 residents potentially accommodated in the centre. This table was located in the day room. The inspector noted that one resident had lunch at the dining table and some residents, accommodated in high-dependency mobile chairs with side tables attached, also had their lunch in the day room. While staff were observed helping residents in a respectful manner with their meals, the inspector noted persons entering and exiting the centre via the day room. This arrangement did not promote the privacy and dignity of the residents, in particular residents who availed of discreet assistance with their meal. This arrangement did not make the dining experience enjoyable or homely. The remaining residents had their meal at their bedside.

The following observations were made:

- the day room could not accommodate all the residents residing in the centre
- residents, accommodated in mobile chairs could not dine at the dining table as the table was not height adjustable
- the day room also stored chairs and wheelchairs.

Sitting space separate to the residents' private accommodation was not provided for residents.

Recreational space separate to the residents' private accommodation was not provided.

The current location of the reception/administrative office did not allow staff visual access of the main entrance door.

### **Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Workforce

**Judgement:**

Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

While personal protective equipment (PPE) (plastic aprons/head attire and latex gloves) was available; staff were observed entering and exiting the main kitchen without putting on the PPE. This did not concur with the centre's policy on the prevention of infection.

Subsequent to the inspection the key senior manager informed the inspector that this issue had been addressed and that the topic of PPE was now included in the daily resident safety meeting element of the daily report.

### **Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The self-assessment and overall self assessment of compliance with Regulation 14 and Standard 16 indicated that the centre had a minor non compliance with the Regulation. The person in charge outlined actions to ensure compliance which included further education and the progression of end-of-life care plans. The inspector found, on the day of inspection, that the centre was compliant with Regulation 14 and Standard 16.

The centre's policy on end of life care was reviewed in October 2013. The policy was comprehensive and instructive to guide staff in the care of the resident at this time. The policy addressed assessing the residents wishes for end of life care; care of the resident approaching end of life; guidance of providing information to families about the signs and symptoms of dying; guidance to staff following the death of a resident; a procedure for staff to follow in attending to the physical care of a deceased resident; laying out of the deceased resident; removal of the deceased resident from his/her room; staff attendance at funeral/sending of sympathy card; staff training and records and audit and evaluation. Staff were aware of the policy and stated that it was regularly discussed at staff meetings and at the weekly education sessions.

The inspector reviewed a sample residents care plans with regard to end-of-life care and noted that they included pertinent information capturing the resident's particular preferences in relation to care and other matters.

There was evidence that residents received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs. Residents spoken to the inspector spoke in a positive manner with regard to their care. Some residents expressed that in the event of becoming unwell, they would like to go to the acute services while most residents stated that they would prefer to stay in the centre and be near their families.

A reflective audit/session was held after each resident's death. There was evidence of audit inclusive of learning outcomes.

There was evidence of robust staff training in relation to end-of-life care. Training included:

- 4 day and 5 day palliative care programmes facilitated by a number of external providers
- Irish Hospice Foundation (IHF) Final Journeys-What Matters to Me
- the use of a syringe driver (a mechanical pump used to administer medications in symptom management)
- pain management
- bereavement course.

Staff were very knowledgeable in how to physically care for a resident at end of life and expressed how it was a privilege to be there for the resident and their families at this time.

All religious and cultural practices were facilitated. An oratory was available to residents and their families. The centre's policy included guidance to staff with regard to facilitating and engaging in cultural practices at end of life. A remembrance mass/service was held at Christmas and at Easter.

Family and friends were facilitated to be with the resident at end of life. The centre had:

- three six-bedded rooms
- four two-bedded rooms
- two three-bedded rooms
- three four-bedded rooms.

The key senior manager stated that all efforts were made to ensure that a single room was made available, if requested.

There are three six-bedded rooms, two of which have en suite facilities and one of which has a bathroom adjacent to the room.

There are four, four-bedded rooms, all of which have en suites with assisted shower, wash-hand basin and toilet.

There are six single rooms with en suite facilities comprising assisted shower, toilet and wash-hand basin.

A family room with tea/coffee/snacks and facilities, was provided for relatives. Open visiting was facilitated. However, notwithstanding the family room and the oratory, provision of private sitting spaces was very inadequate. This was discussed in more detail under outcome 12.

There was evidence in residents' care plans that residents had choice as to the place of death. The inspector reviewed a care plan of a deceased resident and noted that the resident had timely access to the general practitioner (GP) and the out-of-hours service. There was evidence that any medical and nursing issues were addressed. The KSM and staff spoke of the support they received from the GPs who visited the centre twice daily, before and after clinics. There was evidence that regular family meetings were convened as required. The key senior manager confirmed that residents had access to specialist palliative care, when required.

Documentation indicated that, within the last two years, 90% of deceased residents had their end of life care needs addressed without the need for transfer to an acute hospital.

There was evidence that medication management was regularly reviewed and closely monitored by the GP. Three members of the nursing staff were nurse prescribers.

Upon the death of a resident, his/her family or representatives were offered practical information (verbally and in writing by means of a booklet) on what to do following the death, and on understanding loss and bereavement, and that this included information

on how to access bereavement and counselling services. The office administrator guided relatives on how to register a death.

There was a protocol for the return of personal possessions. The key senior manager stated that the centre used a designed canvas bag (a family handover bag) to return personal possessions. It was evident that residents had an updated inventory of their personal belongings, signed by the resident where possible.

The centre's computerised directory of residents contained all matters specified in Schedule 3 of the Regulations.

### **Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the self-assessment questionnaire and the overall self assessment of compliance with Regulation 20 and Standard 19. The person in charge had assessed the centre as being non compliant (minor) and documented that this non compliance related to the current dining arrangements as the centre did not have a designated dining room. As this related to the premises, this was discussed in further detail under Outcome 12.

The centre had up to date policies on food and nutrition. The provision of training for staff on matters pertaining to food and nutrition was ongoing. Staff training records indicated that staff had attended training in:

- food and nutrition for the older person
- the implications of living with diabetes
- eating drinking & swallowing workshops
- the use of oral supplements
- education sessions facilitated by the dietician
- food safety and hazard analysis and critical control points (HACCP) training
- oral care
- modified fluids and food.

Staff were conversant about particular dietary requirements of residents.

The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. Residents had the option of having their breakfast served in bed, or at their bedside and at a time of their choosing. At 09:00hrs the inspector joined the morning report from the night staff to the day staff. The report included what residents had taken breakfast and the quantity of breakfast taken/or residents who were yet to receive breakfast.

Snacks, hot and cold drinks including juices and fresh drinking water were readily available throughout the day. The inspector noted that staff levels were adequate to meet the needs of the residents during mealtimes. Residents having their meals, were appropriately assisted and received their meal in a timely manner. The dining facilities were discussed under Outcome 12.

Assistive cutlery or crockery required for a resident with reduced dexterity was available.

Resident meetings were held three-monthly. Overall the residents were very complementary of the food on offer in the centre.

The head chef was off site and the inspector met with the two staff on duty in the kitchen. Both staff were very well-informed about the menu on offer, residents' food choices and preferences, residents experiencing weight loss/gain and particular dietary requirements. A two-weekly menu was in operation. An up to date folder of diets, dietary requirements to guide staff, was available in the kitchen. The kitchen was staffed by healthcare attendants (HCAs) in the afternoons or when the chef was off duty. There was evidence that all staff working in the kitchen had attended training on hand washing and food safety and hazard analysis and critical control points (HACCP) training.

There was evidence that choice was available to residents for breakfast, lunch and evening tea. The breakfast choice included a choice of boiled egg, a variety of hot and cold cereals, breads, juices and fruits. Residents confirmed that a staff member came around daily informing them what was on the menu. Residents stated that they had a choice and could ask for anything they wanted. There was evidence that the kitchen staff regularly sought feedback from the residents with regard to the meals served.

Documentation submitted to the Authority indicated that the dietary profile of residents included:

- a weight reducing diet
- a diabetic diet
- a high protein/high calorie diet
- a high fibre diet.

A small number of residents were on prescribed nutritional supplements and some residents received their meals in a consistency that was modified.

A sample of medication administration charts reviewed evidenced that nutritional supplements prescribed by the general practitioner for residents were administered accordingly.

Breakfast was served to residents from 07:45 hrs onwards. The breakfast trays were inclusive of acceptable quality delph and cutlery.

Lunch was served at 12:00 hrs. The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. Gravies/sauces were served separately. Staff informed the inspector that residents could choose to have their meal in the day room towards the front of the centre or in their room. On the day of inspection, in the day room, one resident dined at the table and five residents, accommodated in high-dependency mobile chairs, had their meal on a side table attached to the mobile chair. The remaining residents dined in their bedrooms. The privacy and dignity of residents who availed of assistance with their meals was considerably compromised as a result of the design and layout of the day room. This was discussed under outcome 12.

Residents voiced how the lunch was appetizing, hot and plentiful. Staff were observed assisting residents, particularly residents with a cognitive impairment, in a sensitive and discreet manner. Meal times were unhurried and staff were observed using the mealtimes as an opportunity to communicate with residents. A choice of desserts was available. The menu of the day was displayed in a prominent place in the day room.

Evening tea was served at 17:00 hrs.

The inspector was informed by staff that the residents had access to dietetic services and speech and language therapy services. Staff confirmed that the dietician and the speech and language therapist spoke to them regularly. Kitchen staff confirmed that both services consulted with them, The KSM stated that it was difficult to access occupational therapy services and this was acknowledged by the PIC in the self assessment questionnaire.

There was evidence that residents had a malnutrition universal screening tool (MUST) assessment on admission, three monthly or when required. Staff, spoken to by the inspector, were familiar with how to assess and use the tool. There was evidence that some staff completed a record of nutritional intake/output in daily record chart. Oral care assessments were regularly carried out on residents.

Residents' weights were recorded three monthly or more often and it was evident that the documentation of a weight loss/gain prompted an intervention. There was evidence that residents' clinical risk assessments informed residents' care planning.

Residents with diabetes had a care plan guiding their care. The inspector noted information in residents' care plans regarding the recording of blood sugars and corresponding documentation of this information in residents' daily record chart.

The centre's complaint's log was reviewed and it was evident that any issues relating to food was addressed in a timely manner and to the complainant's satisfaction.

Satisfaction questionnaires completed by the residents and relatives reflected a high level of satisfaction with the food on offer in the centre.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Geraldine Ryan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Action Plan

### Provider's response to inspection report<sup>1</sup>

Centre name:	Castletownbere Community Hospital
Centre ID:	ORG-0000601
Date of inspection:	09/04/2014
Date of response:	30/04/2014

## Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 12: Safe and Suitable Premises

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not ensuring that the physical design and layout of the premises met the needs of each resident, having regard to the number and needs of the residents.

**Action Required:**

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

**Please state the actions you have taken or are planning to take:**

The HSE and HIQA work closely together on the implementation of all standards for our residents in our older person facilities. We meet on a monthly basis and ensure all our standards are implemented appropriately. As regards our infrastructural standard, the HSE has carried out extensive reviews and indeed a work plan of each of our centres and this has been given to the Department of Health. The Department have committed

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

to work closely with us on implementation, but obviously this is finance dependent and we are currently awaiting a response from the Department on when extra Capital funding will be made available to complete this work. We will continue to closely liaise with HIQA nationally on this issue and we will advise local inspectors of any updates available to us.

**Proposed Timescale:** Ongoing

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not providing adequate sitting space separate to the residents private accommodation.

**Action Required:**

Under Regulation 19 (3) (g) part 2 you are required to: Provide adequate sitting space separate to the residents private accommodation.

**Please state the actions you have taken or are planning to take:**

The HSE and HIQA work closely together on the implementation of all standards for our residents in our older person facilities. We meet on a monthly basis and ensure all our standards are implemented appropriately. As regards our infrastructural standard, the HSE has carried out extensive reviews and indeed a work plan of each of our centres and this has been given to the Department of Health. The Department have committed to work closely with us on implementation, but obviously this is finance dependent and we are currently awaiting a response from the Department on when extra Capital funding will be made available to complete this work. We will continue to closely liaise with HIQA nationally on this issue and we will advise local inspectors of any updates available to us.

**Proposed Timescale:** Ongoing

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not providing adequate recreational separate to the residents private accommodation.

**Action Required:**

Under Regulation 19 (3) (g) part 3 you are required to: Provide adequate recreational separate to the residents private accommodation.

**Please state the actions you have taken or are planning to take:**

The HSE and HIQA work closely together on the implementation of all standards for our residents in our older person facilities. We meet on a monthly basis and ensure all our standards are implemented appropriately. As regards our infrastructural standard, the HSE has carried out extensive reviews and indeed a work plan of each of our centres and this has been given to the Department of Health. The Department have committed to work closely with us on implementation, but obviously this is finance dependent and

we are currently awaiting a response from the Department on when extra Capital funding will be made available to complete this work. We will continue to closely liaise with HIQA nationally on this issue and we will advise local inspectors of any updates available to us.

**Proposed Timescale:** Ongoing

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not providing adequate dining space separate to the residents private accommodation.

**Action Required:**

Under Regulation 19 (3) (g) part 4 you are required to: Provide adequate dining space separate to the residents private accommodation.

**Please state the actions you have taken or are planning to take:**

The HSE and HIQA work closely together on the implementation of all standards for our residents in our older person facilities. We meet on a monthly basis and ensure all our standards are implemented appropriately. As regards our infrastructural standard, the HSE has carried out extensive reviews and indeed a work plan of each of our centres and this has been given to the Department of Health. The Department have committed to work closely with us on implementation, but obviously this is finance dependent and we are currently awaiting a response from the Department on when extra Capital funding will be made available to complete this work. We will continue to closely liaise with HIQA nationally on this issue and we will advise local inspectors of any updates available to us.

**Proposed Timescale:** Ongoing

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not providing suitable communal space for residents for the provision of social, cultural and religious activities appropriate to the circumstances of the residents.

**Action Required:**

Under Regulation 19 (3) (h) you are required to: Provide suitable communal space for residents for the provision of social, cultural and religious activities appropriate to the circumstances of the residents.

**Please state the actions you have taken or are planning to take:**

The HSE and HIQA work closely together on the implementation of all standards for our residents in our older person facilities. We meet on a monthly basis and ensure all our standards are implemented appropriately. As regards our infrastructural standard, the HSE has carried out extensive reviews and indeed a work plan of each of our centres and this has been given to the Department of Health. The Department have committed

to work closely with us on implementation, but obviously this is finance dependent and we are currently awaiting a response from the Department on when extra Capital funding will be made available to complete this work. We will continue to closely liaise with HIQA nationally on this issue and we will advise local inspectors of any updates available to us.

**Proposed Timescale:** Ongoing

### **Outcome 18: Suitable Staffing**

**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

While personal protective equipment (PPE); plastic aprons/head attire and latex gloves; were available; staff were observed entering and exiting the main kitchen without putting on PPE. This did not concur with the centre's policy on the prevention of infection.

**Action Required:**

Under Regulation 17 (3) you are required to: Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.

**Please state the actions you have taken or are planning to take:**

Personal protective equipment (PPE) is now stored in a more accessible manner outside the kitchen and all relevant staff have been advised to put them on before entering the main kitchen.

**Proposed Timescale:** 30/04/2014