

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Foxrock Nursing Home |
| Centre ID: | OSV-0005169 |
| Centre address: | Westminster Road, Foxrock, Dublin 18. |
| Telephone number: | 01 289 6885 |
| Email address: | foxrock@trinitycare.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Foxrock Nursing Home Limited |
| Provider Nominee: | Keith Robinson |
| Lead inspector: | Sheila McKeivitt |
| Support inspector(s): | |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 40 |
| Number of vacancies on the date of inspection: | 1 |

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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 ongoing regulatory compliance. 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 July 2015 10:00 To: 09 July 2015 15:30

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

| Outcome | Our Judgment |
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| Outcome 02: Governance and Management | Compliant |
| Outcome 04: Suitable Person in Charge | Compliant |
| Outcome 07: Safeguarding and Safety | Compliant |
| Outcome 08: Health and Safety and Risk Management | Compliant |
| Outcome 09: Medication Management | Substantially Compliant |
| Outcome 11: Health and Social Care Needs | Compliant |
| Outcome 12: Safe and Suitable Premises | Substantially Compliant |
| Outcome 13: Complaints procedures | Compliant |
| Outcome 17: Residents' clothing and personal property and possessions | Compliant |
| Outcome 18: Suitable Staffing | Compliant |

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over one day. The centre had a change of ownership on 01 April 2015 and the new company had been operating the centre since this date. The provider nominee had submitted an application to change the name of company operating the centre. The inspector met with the new provider nominee, the person in charge, the company's operations manager, residents and members of the care and household staff team. Residents were fully informed about the change of ownership and expressed satisfaction with the smooth change over. There was widespread satisfaction with the fact that the person in charge and staff had not changed.

The inspector observed practices, reviewed documentation such as care plans, medical records, policies and procedures, and spoke with residents and relatives. Outstanding issues from the last inspection were followed up.

The inspector found that the health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health

services and the nursing care provided was of a good standard. Meals and mealtimes were seen to be a positive experience, and there was a wide range of activities available during the day for all residents. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Areas for improvement identified on the last inspection in relation to records of belongings, elements of some care plans, and storage of equipment had been addressed. Areas which were identified for improvement on this inspection included some detail on medication records and screening in one bedroom.

These two areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

Findings:

The inspector saw the new provider had effective management systems and sufficient resources in place to ensure the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability.

The person in charge confirmed she was being supported in her role by the provider nominee, the company's operations manager, a clinical nurse manager and a team of staff nurses, health care assistants, household and administration staff. This reflected the organisation structure outlined in the statement of purpose.

The provider nominee and the operations manager attended the centre and met the inspector on the day of the inspection. The operations manager attended feedback together with the person in charge. Fortnightly management meetings had been established and minutes of these meetings were available for review. The provider nominee, operations manager, human resources manager and person in charge were in attendance and all issues relating to the effective management of the centre were discussed at these meetings, such as staffing levels, accidents/incidents, use of restraint etc.

In addition, the person in charge attended a monthly meeting with other directors of nursing from the company where clinical issues and related policies were discussed reviewed and developed. Minutes of these meetings were also available for review.

Residents spoken with throughout this inspection were aware of the change of provider, some told the inspector they had attended an introduction meeting given by the new provider nominee to residents in the centre. The inspector saw a copy of a letter issued to all residents and/or their next of kin informing them of the new company taking over

the ownership and operation of the centre. The residents expressed satisfaction with the smooth exchange of ownership, many highlighted their delight that the person in charge and wonderful team of staff had not changed.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The designated centre is managed by a suitably qualified and experienced nurse with the authority, accountability and responsibility for the provision of the services.

The person in charge worked full time in the centre, and maintained her professional development and had completed recent training in end of life care. Her curriculum vitas (CV) was included in the statement of purpose and this showed evidence of experience of nursing in a range of settings, this included over three years experience in the area of nursing of the older person.

Through the course of the inspection the person in charge demonstrated good clinical knowledge, a good knowledge of the legislation and her statutory responsibilities. As outlined in outcome 1 she was involved in the governance, operational management and administration of the centre. This included attending fortnightly management meetings, leading monthly staff meetings, completing staff appraisals, and weekly policy review sessions where staff met to go through a selected policy in detail.

The person in charge had worked in the service for a number of years. The residents spoken to were all familiar with who the person in charge was and spoke highly of her.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

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| Safe care and support |
| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found that measures were in place to protect residents and to respond to allegations of abuse.</p> <p>There were two policies in place, 'responding to allegations of abuse' and 'protection of residents from abuse'. They covered prevention, detection and the response to abuse. However, they were not reviewed on this inspection as same had been done in June 2014 and they were in the process of being reviewed.</p> <p>Staff spoken to said they had received training in the prevention, detection and the response to abuse. They were knowledgeable about what constituted abuse, and what action to take if they witnessed, suspected or had abuse disclosed to them.</p> <p>All residents spoken with said they felt safe and secure in the centre, and found the staff kind and supportive. The systems in place to safeguard resident's money were not reviewed on this inspection as they were found to be robust on the last inspection.</p> |
| <p>Judgment: Compliant</p> |

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

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| <p>Theme: Safe care and support</p> |
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| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Procedures were in place to promote the health and safety of residents, staff and visitors, and there were systems in place to identify and manage risk.</p> <p>There was a comprehensive health and safety statement for the centre which was updated in June 2015 and it related to the health and safety of residents, staff and visitors.</p> <p>A very detailed risk management policy and emergency plan were all reviewed in detail on the registration inspection in June 2014 and were not reviewed on this inspection. The person in charge explained how all policies were been currently reviewed due to</p> |
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change of ownership and provider nominee.

The inspector identified that there were measures in place to control and prevent infection. There were hand sanitizers, aprons and gloves available through the centre, and staff were seen to be using them. Staff had received training in infection control and were knowledgeable about the way they needed to work, including the cleaning staff.

The inspector observed the premises and reviewed records finding that satisfactory fire precautions were in place. Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced regularly and fire equipment was serviced annually. Inspectors noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed.

Staff confirmed they had attended training within the last year. Regular fire drills were conducted including evacuation procedures, and the records showed that they were at least 6 monthly. Staff spoken with were knowledgeable of the procedure to follow in the event of a fire. One resident smoked, and they were seen to follow the guidelines put in place to ensure their safety, including wearing a flame retardant jacket. Fire blankets and extinguishers were placed near the exit where the resident smoked.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
The inspector was satisfied that each resident was protected by the designated centre's written policies and procedures for medication management. However, some details on the prescription sheet needed to be clearer in relation to crushing medication and some details on the administration sheet in relation to the time of drug administration.

A comprehensive policy was in place which guided practice, it was reviewed in detail on the last inspection. Written evidence was available that three-monthly reviews were carried out. The inspector reviewed completed prescription and administration records for a number of residents and saw that in the most part they followed best practice guidelines. However, where medication was to be crushed it was signed for once on the sheet, and not for each individual medication. This had not been addressed although identified on the last inspection report. In addition, the inspector observed the time morning medications were prescribed for was not identified on the prescription chart it

read "mane" on the majority of prescription charts and the times of administration were not identified on all medication administration charts.

Nurses spoken to demonstrated good knowledge of the procedures and practices in the centre for the administration and management of medication, and observations by the inspector showed that they were followed in practice. They confirmed they had undertaken training in medication administration.

At the time of the inspection no residents were self administering their medication. There was a policy and procedure in place for this should people wish to manage their own medication, and there were locked drawers in each room for safe storage.

The inspector was informed that the new provider was reviewing medication management systems in the centre.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied after talking to a number of residents that their healthcare needs were met to a good standard and that they were supported by nurses who were knowledgeable about their health and care needs. There were opportunities for residents to participate in meaningful activities, appropriate to their interests and preferences. Improvements had taken place since the last inspection in elements of the care planning process and in aspects of the health plans. Documents requiring improvement since the last inspection in relation to restraint and falls management were reviewed on this inspection.

Residents confirmed and documents reviewed showed residents had timely access to GP services. Evidence was seen of a range of other services was available on referral, in line with individual residents assessed needs, for example this included speech and language therapy (SALT), physiotherapy and dietetic services. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were available

for review in the residents' notes. The optician was in attendance in the centre on the day inspection.

The inspector reviewed a sample of residents' files and noted that there were care plans, nursing assessment and additional clinical risk assessments carried out for residents, nutrition assessments, weight loss risk assessments and risk of pressure areas and falls. Care plans had improved since the previous inspection. There was evidence that they were being updated every 3 months, or as needs changed. For example, one resident who had lost weight post a period of stay in an acute hospital had been assessed by a visiting dietician and her care plan had been updated with recommendations made. The inspector noted that residents who sustained an unwitnessed fall had neurological observations now recorded for up to 12 hours post the fall. Care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised, and updated following a fall. The inspector observed there continued to be good supervision of residents in communal areas and good staff levels to ensure resident safety was maintained.

The inspector found that there were policies and procedures in place to guide the use of restraint and this was under review by the new provider. The restraint register was reviewed at fortnightly management meetings. Restraint assessments were in place for residents with restraint in use including details of alternatives tried and evidence of the residents consent being sought for use together with a care plan. The inspector noted the percentage of residents with bedrails in use as a form of restraint was high. However, this was in the process of being addressed with the purchase of three low, low beds to date and a plan in place to purchase an additional number each quarter. This together with the continual use of alarm mats and other alternative equipment should lead to a reduction in the use of restraints.

There was a clear policy in place around wound care. Residents were assessed for risk of pressure areas, and care plans were developed where risk was identified. Pressure mattress settings were recorded on files, and were assessed monthly. For residents who did have wounds, care plans were seen to be in place and good practice of wound charts and photography of wounds were in place to record the progress of the healing. Staff spoken with were knowledgeable of the strategies to be taken to prevent pressure ulcers.

All residents had an assessment in place for meaningful activity. This included likes, dislikes and interests. There was an activity coordinator in post, covering 5 days, who facilitated a wide range of activities. The programme of activities was displayed in the centre, and residents spoken with were clear of the range of activities available. Activities included exercises to music, reminiscence, art groups, hand massage, pet therapy, and singers. The hairdresser was available in the centre on the day of inspection and visited frequently. Many of the residents spoke positively of the activities available, particularly the recent Shelbourne afternoon tea party. The centre had access to a minibus which was wheelchair accessible. For those residents assessed as having maximum dependency there were care plans in place to focus on their ability to engage, for example hand massage, sonas music, and one to one interaction with staff.

Judgment:

Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre was well maintained internally and externally. It was kept clean and was suitably decorated. The inspector reviewed the non compliances identified on the last inspection and was satisfied that these had been addressed.

There were 31 single rooms in the centre, and five twin rooms. The triple room identified on the last inspection had been reduced down to a twin room. Eight bedrooms had en suite toilet and wash-hand basin while the remainder had an en-suite shower, toilet and wash-hand basin.

The inspector visited a number of the rooms which were seen to be well presented, and the size and layout was suitable for individuals needs. Privacy was seen to be respected in all but one twin bedroom, where additional screening was required around the bed space by the window in order to ensure complete privacy for the resident occupying this bed. Residents spoken to during the inspection were positive about their accommodation.

There was a high standard of cleanliness and hygiene was maintained in the centre. Cleaning staff were seen to be thoughtful about how they worked, waiting for people to leave their rooms before cleaning. The inspectors spoke to a cleaner about infection control, and she confirmed she had received training on how to perform their duties and meet the necessary standards of infection control. There were two sluices available in the centre.

There was a functioning call bell system in place and it was in easy reach of those spending time in their rooms. Residents confirmed they did not have to wait long for staff when they used the system in the day and night.

There was a secure garden at the back of the centre with a safe walkway, and accessible ramp so all residents were able to access it. Residents were seen to be using the garden either alone, with relatives or with staff. Those spoken to said they enjoyed

it very much, and felt it was very well maintained.

No separate kitchen area was available for residents to prepare their own food and drinks, but residents confirmed to inspectors they had access to food and drink as they needed. A number of residents had a fridge in his room for storage of cold drinks and snacks.

Storage was not observed as an issue on this inspection. A hoist was stored in a bathroom with an assisted toilet however, its use was required on a frequent basis in this room. There was a storage space for equipment available beside the main dining room.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was a complaints procedure in place that explained how to make a complaint, and included an independent appeals process. The person in charge and staff were now recording all of the concerns and issues that residents raise as part of day to day activities.

The inspector saw the centres complaints procedure was displayed in a prominent place and it included the name of the independent appeals person who could be contacted should the complainant be dissatisfied with the outcome of their complaint. There was an easy read version of the policy displayed around the centre.

Residents spoken with during the inspection were very clear who to speak to if they had a complaint. The inspector reviewed the log of verbal concerns/issues recorded on the computerised system in use and was satisfied that these were being addressed promptly by staff. In addition, they were being reviewed by the person in charge with the outcome and record of satisfaction being recorded.

An audit of issues recorded had not been conducted to date.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector followed up on the non compliance identified on the registration inspection. Documents were in place to reflect that a record of residents valuables and personal items brought into the centre were compiled by the resident and or their next of kin when the resident was first admitted to the centre. A sample were reviewed by the inspector for residents most recently admitted to the centre and these records were found to be detailed.

Judgment:

Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector observed that there were sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection. The person in charge confirmed that staffing levels on duty during the day or night had not changed since the new provider had taken over ownership of the centre.

Residents were seen to receive any support they needed in a respectful, timely and safe manner. Residents knew all the staff as they had worked in the service for some time. The number of staff working on the day of the inspection was seen to meet the assessed needs of the residents, and the layout of the building. The rota showed, and staff confirmed there was always a nurse on duty.

The residents spoken with confirmed that staff were supportive and knew their needs well.

Staff informed the inspector, and records confirmed that they had up to date mandatory training, such as fire training and manual handling.

Staff files were not reviewed on this inspection as they contained all the required documents as outlines in schedule 2, and there was evidence of a robust recruitment process in place during the registration inspection in June 2014.

Staff received an annual appraisal from the person in charge. There was a support system in place for staff on a daily basis, from the person in charge, assistant person in charge and senior care assistant. Staff meetings were held monthly, providing support to staff and giving them the opportunity to voice any concerns. The person in charge was keen to promote an open door policy, and staff confirmed they were able to speak to senior staff if they needed.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sheila McKeivitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

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| Centre name: | Foxrock Nursing Home |
| Centre ID: | OSV-0005169 |
| Date of inspection: | 09/07/2015 |
| Date of response: | 31/07/2015 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 09: Medication Management

Theme:

Safe care and support

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

The prescription charts for residents receiving medications in a crushed format did not have these medications individually prescribed to be administered in crushed format.

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

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

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Each resident who receives crushed medication will have an individual list of signed prescribed medication for crushing. This is reflected both in the mars sheet and the Medication Kardex. This has been discussed with the GP's, Pharmacy and Nursing Staff

Proposed Timescale: 09/07/2015

Theme:

Safe care and support

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

The time morning medications were prescribed for was not identified on the prescription chart it read "mane" on the majority of prescription charts and the times of administration were not identified on all medication administration charts.

2. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Following discussion with the Pharmacist, GP and Nursing Staff the Kardex and Mars charts have been changed to reflect 8am and not "Mane"

Proposed Timescale: 09/07/2015

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:

The privacy of one resident was not completely maintained due to a lack of screening around one bed, in one of the four twin bedrooms.

3. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The screen has now been put up around the resident's bed to ensure maximum privacy as requested.

Proposed Timescale: 09/07/2015