

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Marymount Care Centre
Centre ID:	OSV-0000065
Centre address:	Westmanstown, Lucan, Co. Dublin.
Telephone number:	01 820 4500
Email address:	info@marymountcarecentre.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Humar Limited
Provider Nominee:	Conor McNulty
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	89
Number of vacancies on the date of inspection:	2

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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 June 2016 09:30 To: 14 June 2016 17:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The purpose of this inspection was to assess the application made by the provider to vary condition seven of the current registration certificate, that is to increase the total capacity of residents' from 91 to 100. As part of the inspection the inspector reviewed the five new single bedrooms on the first floor converted from staff rooms and the existing laundry. The inspector also reviewed the revised arrangements for laundry, which is now managed off-site. The provider had also applied to have four single ground floor rooms changed from single use to twin rooms, however, only one room on the ground floor was ready for the proposed increased capacity. This was discussed in detail at the time of the inspection. A revised application was requested which was received from the provider for 97 beds, along with an updated statement of purpose reflecting the proposed changes.

The inspector also followed up on action plans from the last registration inspection which took place on 2 September 2015. The inspector found that the two action plans relating to documentation and the statement of purpose had been fully addressed by the provider.

Residents spoken with expressed satisfaction with all aspects of care provided. All staffing requirements inclusive of nursing and care staff hours and care staff hours were managed within the staffing complement, and were in place to manage the additional beds. A review of current resident dependency found that there had been a decrease in the overall levels of dependency of residents' at the centre.

The centre was found to be in substantial compliance with the 10 outcomes inspected against. There were no major non-compliances and the provider indicated he was in the process of addressing the matters relating to the new systems in place for managing laundry.

The four action plans at the end of this report reflect the non-compliances found on inspection and the improvements required.

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 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

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

Findings:

The provider had fully addressed the previous non-compliance and made the relevant improvements to the statement of purpose. A revised statement of purpose was submitted as part of the application to vary. This outlined the proposed increase in residents and staffing to be put in place. The information in the statement of purpose related to an increase of nine residents to 100. The inspector requested an updated statement of purpose to be submitted for review on 17 June 2016 and this was found to be satisfactory with a proposed resident increase to 97.

Judgment:

Substantially 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 person in charge had not changed since the time of the last inspection, she is a registered nurse and works full time within the centre. The person in charge had been interviewed previously by the Authority and she was deemed to have the required

knowledge and experience to hold the post of person in charge. She was supported in her role by the director of nursing, assistant director of nursing and three clinical nurse managers.

She was knowledgeable about each residents' nursing and social care needs, and could evidence her continuous professional development.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

The non-compliance relating to the daily documentation of care of those residents on food and fluid intake, and turning charts had been fully addressed by the provider. The inspector found that nurses and care staff were now implementing revised and satisfactory systems of documenting this information.

The policy for the revised laundry arrangements for residents' personal property was in draft format and required review to fully reflect the new arrangements.

Judgment:

Substantially 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:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that systems were in place to protect residents being harmed or suffering abuse. There was a policy to guide staff and they received appropriate training in adult protection. Care and communication was observed to be person-centred and in an environment which promoted residents' rights.

The centre was guided by recently updated policies on the protection of vulnerable adults in place and policies read were updated to reflect best practice. The inspector found there was regular staff training in the protection of vulnerable adults, and the records confirmed that this was up to date. The director of nursing discussed the content of the training programme which she delivered, including new staff, and knowledge of the local and National policy. Staff spoken to by the inspector were knowledgeable of the types of abuse and the reporting arrangements in place.

The person in charge was aware of the requirement to notify any allegation of abuse to the Authority. The inspector spoke to a number of residents who said that they felt safe and secure in the centre.

A policy on the management of responsive behaviours that guided practice was in place. A sample of resident records of residents who presented with responsive behaviours was reviewed by the inspector with the person in charge. Supportive care plans were developed and in place to inform staff and guide practice. All care plans were updated following specialist input and review where required. The inspector found evidenced based tools were utilised to monitor behaviours where required. Staff were familiar with the residents and understood their behaviours, what triggered them and implemented the least restrictive interventions as outlined in the written care plan. Staff documented the rationale for use of any psychotropic medication, and audited and reviewed any use. Evidence of multi-disciplinary review included reduction in use of prescribed medication where indicated.

There was a policy on the use of restrictive practices which reflected the national policy "Towards a Restraint Free Environment" in nursing homes. The person in charge ensured that a detailed risk assessment took place and the least restrictive intervention was in use. Alternatives had been trialled prior to the use of any bed rails. For example, use of low beds and crash mats. The person in charge could demonstrate an up to date risk register was in place.

Judgment:

Compliant

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There is a system in place to ensure that the health and safety of residents, visitors and staff is promoted and protected. An up-to-date safety statement was in place and it related to the health and safety of residents, visitors and staff. The inspector found the written safety statement had been comprehensively updated in March 2016. However, a written risk assessment to inform and guide staff relating to the revised laundry delivery and distribution arrangements was not in place.

Overall, the centre was hygienic and well maintained. Staff training records confirmed that all staff had completed moving and handling refresher training and staff on-site were qualified to train staff in this area.

The inspector read the risk management policies which were developed in line with the regulations and guided practice. They included the policies on violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff.

The person in charge had some arrangements in place for investigating and learning from incidents. For example slips, trips and falls and overall the number and nature of incidents was found to be low. For example, a notification received relating to a resident with cognition difficulties, who had left the premises for a walk was discussed and measures to mitigate risk of recurrence had been put in place, and the residents' right to access outdoor space had also been fully respected. The staff response was timely in terms of prevention, and management of any slips trips and falls. For example, there was planned activity and exercise plans in place to maintain independence and educate residents in relation to prevention, and access to physiotherapy was facilitated twice weekly at the centre.

An audit programme which is over seen by the person in charge and provider was in place, and the person in charge had full oversight of actions to mitigate risks identified. The person in charge had reported a small number of serious incidents as required by the regulations in a timely manner.

Risk controls relating to fire safety were fully implemented at the centre. The inspector viewed the fire training records and found that staff had received up-to-date mandatory fire safety training and this was confirmed by the person in charge. The inspector viewed fire records which showed that the fire equipment had been serviced. The inspector found that all means of escape were unobstructed during the inspection. Staff confirmed to the inspector satisfactory knowledge of fire safety policy and actions to take in the event of a fire.

Fire evacuation procedures are prominently displayed throughout the building. The fire alarm is serviced on a quarterly basis and fire safety equipment is serviced on an annual basis. All staff on duty were trained in fire safety management. Fire records are kept which include details of fire drills, fire alarm tests, emergency lighting and fire fighting

equipment. Smoke detectors and fire blankets were in place.

The inspector found that there were measures in place to control and prevent infection. Training had been provided to all staff, and they had access to supplies of gloves, disposable aprons, and alcohol hand gels which were available throughout the centre. There had been one reported outbreak of a communicable illness since the last inspection. This had resolved quickly and measures to mitigate any further spread had been fully implemented. However, further to a review of the premises, the inspector found that two of the newly developed bedrooms did not have wash-hand basins in place, there was however, a fully fitted shower room, with hand washing facilities in place beside the two bedrooms. The inspector found that records confirmed refresher training in infection prevention and control had taken place.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The inspector confirmed that residents were protected by the centre's policies and procedures for medication management. Individualised assessments were undertaken and self-medication systems were fully supported to promote independence. Medicines were supplied to the centre by a retail pharmacy business in a monitored dosage system which was appropriate. Medicines were stored securely in the centre in a medication trolley or within locked storage cupboards. Secure fridges were available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis.

Controlled drugs were stored securely within a locked cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift.

The inspector observed nursing staff safely administering medicines to residents. The nurses on duty knew all the residents well, and were familiar with the residents' individual medication requirements. Medication administration practices were found to adhere to current professional guidelines. The current medication policy informed and guided staff, and a review was currently being undertaken by the director of nursing.

The inspector reviewed a number of the prescription and administration sheets and

identified that practices did conform to appropriate medication management practice.

Medication management audits were conducted within the centre as part of the quality and clinical governance system in place. Staff confirmed that pharmacists from the pharmacy who supplied medicines to the centre were facilitated to visit the centre and meet their obligations to residents as required by the Pharmaceutical Society of Ireland. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines. The medication prescription sheet now contained details for prescribing crushed medications.

The last medication monitoring and review audit took place during March 2016. All nursing staff had completed mandatory training in relation to medication management.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

Each resident's wellbeing and welfare was maintained by a good standard of evidence-based nursing care. The inspector found that there was a nursing and social care system in place to promote each resident's care and quality of life. There was access to medical and allied health care, including the option of retaining the resident's own General Practitioner (GP). The admission and discharge policy informed and guided good practice. Residents confirmed that their health and social care needs were met well, and independence and wellness promoted by all staff.

There is a computerised system of recording records. There was a range of validated risk assessments fully implemented to assist the nursing staff in developing a person centred care plan based on residents assessed needs.

Resident's assessed needs include their physical, psychological, spiritual needs and their social interests and their preferences. For example, the inspector reviewed the pre-admission and admission details of the last resident admitted and these were found to inform a safe transfer and admission to the centre inclusive of medication reconciliation.

Residents confirmed that they are actively involved in the assessment and care planning process. Care plans are reviewed four monthly or more frequently if required, for example following a change in the residents' condition.

The inspector evidenced that there was a good system in place for ensuring residents healthcare needs would continue to be met. For example, falls' prevention and management, pain management, wound care and nutritional risk assessments. The inspector reviewed policies and found that they were evidence based and would guide and inform practice.

All residents had a pressure ulcer risk assessment completed on admission and this would be updated four monthly or more frequently if there is a change in the residents condition. The inspector found that systems in place to minimise the risk of residents getting a pressure ulcer, for example enough staff on duty to assist the residents to change position regularly, and to manage continence issues. There was an adequate supply of alternating pressure relieving mattresses and availability of pressure relieving cushions. An evidenced based policy on nutrition and hydration was in place and guided practice.

Residents had regular access a General Practitioner and doctor-on-call services were in place in the evening time and over the weekend. Referrals were facilitated including speech and language (SALT), chiropody and a dietician. Dental, optical and audiology services are provided locally, and can be accessed on the premises also. The physiotherapist is rostered twice weekly and additional services can be availed of, and occupational therapist will be available on a referral basis.

The service of specialist psychiatry and medicine for the elderly was availed of when required through a referral process. Access to a psychologist can be made through the primary care team as required. Palliative care specialities are available on a referral basis.

Activity and choice of pastimes for residents was fully facilitated and choices respected. Residents gave positive feedback to inspectors about the quality of their daily lives and supports in place to maintain their independence. The residents' right to refuse to be involved with any form of planned activity was also fully respected. The inspector was informed that the hairdresser visited weekly, there were a number of activities in place including pet therapy in place. Residents informed the inspector that they could also be involved with crafts, bingo, knitting, music therapy, walks and going to the coffee shop and other activities. Resident involvement with planning activities within and outside the centre was sought and facilitated by 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):

No actions were required from the previous inspection.

Findings:

The premises had been comprehensively reviewed at the time of the last registration renewal application.

The five newly converted single bedrooms had been completed to a high standard were bright, comfortable and adequate to meet the needs of the proposed residents. The new bedrooms were in substantial compliance with Schedule 6 of the requirements. Some improvements were required, three of the five bedrooms had wash-hand basins with a sufficient supply of hot and cold water, however, two bedrooms had not been provided with wash-hand basins in line with plans received by HIQA. The inspector noted that there was a shower room with hand washing facilities proximal to both rooms. This was discussed with the provider in detail at the time of the inspection with a request to review this regulatory requirement.

Two new fully fitted shower rooms, with toilets and hand washing basins had also been created in the available space, to add to the sanitary facilities available on the first floor. All areas were suitably decorated to ensure a homely safe environment for residents to live in. The communal spaces including dining and seating areas were reviewed and the inspector found that it was an appropriate size and furnished to meet residents' needs. The staff room had been re-located to another part of the first floor, and the laundry was now completed off site.

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):

No actions were required from the previous inspection.

Findings:

The complaints procedure was on display at the main entrance to the centre and each resident received information on how to make a complaint on their admission to the centre. The policy on complaint's management was in line with legislative requirements and had been updated since the last inspection to reflect the right of a resident to access the Ombudsman if required.

A record of both written and verbal complaints was fully maintained and feedback and complaints were being dealt in a timely manner. Each complaint listed the details of the complaint, and the outcome of the complaint. The inspector found that a small number of verbal and two written complaints were received by the centre and these were found to be well managed. There was an up to date complaints policy which listed a nominated complaints officer within the centre and the person responsibility for overseeing the process on behalf of the provider.

There was evidence of service improvement as a result of feedback received through the complaints process.

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:

There were appropriate staff numbers and skill mix to meet the needs of residents on the day of the inspection. The inspector also reviewed the actual and planned rota and found that there was enough staff on duty seven days per week to meet the specific needs of residents outlined in the statement of purpose while taking into account the size and layout of the centre. At the time of the inspection 53 of the 89 residents had their nursing care needs and dependency assessed as maximum or high care.

The inspector found that staff had up-to-date mandatory training. Staff also have access to other education and training to meet the needs of residents as outlined the statement of purpose. Staff had received a broad range of training suitable to meet the assessed

needs of residents. For example, medication management, end of life care and dementia care.

The inspector confirmed that all staff were vetted working at the centre. At the time of inspection there were no volunteers in place but the person in charge was aware of the vetting procedures that need to be in place should volunteers become part of the team.

There is a recruitment policy in place and the inspector found that staff recruitment was in line with the regulations. All relevant members of staff have an up-to-date registration with the relevant professional body. Twenty two registered nurses were in place at the time of the inspection.

Systems were in place to provide relief cover for planned and unplanned leave. The provider said that increased staff cover will be provided from within the existing staff compliment to ensure consistency in providing care. The provider confirmed that no agency staff were employed.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on the residents' condition.

The inspector observed all staff interacting with the residents and person in charge in a professional and respectful manner.

The number and skill mix of staff on duty is subject to constant review by the person in charge or her deputy.

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:

Leone Ewings
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

Centre name:	Marymount Care Centre
Centre ID:	OSV-0000065
Date of inspection:	14/06/2016
Date of response:	06/07/2016

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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

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

The statement of purpose did not reflect the proposed resident numbers inclusive of actual accommodation available.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:
Updated /amended statement of purpose completed and copy sent to Hiqa.

Proposed Timescale: 28/06/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The policy of the revised laundry arrangements for residents' personal property was in draft format and required review to fully reflect the new arrangements.

2. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

Policy now in place

Proposed Timescale: 06/07/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

A written risk assessment to review the arrangements for revised external laundry service was not in place.

3. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Risk assessment now in place

Proposed Timescale: 06/07/2016

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:

Two bedrooms had not been provided with wash-hand basins in each bedroom.

4. 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:

Hand wash sinks in each room

Proposed Timescale: 06/07/2016