

**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: | Lough Erril Private Nursing Home |
| Centre ID: | OSV-0000357 |
| Centre address: | Lough Erril, Mohill, Leitrim. |
| Telephone number: | 071 963 1520 |
| Email address: | info@lougherrilnursinghome.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Lakeview Retirement Home Limited |
| Lead inspector: | Geraldine Jolley |
| Support inspector(s): | None |
| Type of inspection | Unannounced Dementia Care Thematic Inspections |
| Number of residents on the date of inspection: | 45 |
| Number of vacancies on the date of inspection: | 0 |

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 2 day(s).

The inspection took place over the following dates and times

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|----------------------|----------------------|
| From: | To: |
| 01 August 2018 09:30 | 01 August 2018 17:00 |
| 02 August 2018 08:30 | 02 August 2018 14:30 |

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

| Outcome | Provider's self assessment | Our Judgment |
|---|-----------------------------------|-------------------------|
| Outcome 01: Health and Social Care Needs | Compliance demonstrated | Substantially Compliant |
| Outcome 02: Safeguarding and Safety | Compliance demonstrated | Compliant |
| Outcome 03: Residents' Rights, Dignity and Consultation | Compliance demonstrated | Compliant |
| Outcome 04: Complaints procedures | Compliance demonstrated | Compliant |
| Outcome 05: Suitable Staffing | Compliance demonstrated | Compliant |
| Outcome 06: Safe and Suitable Premises | Compliance demonstrated | Substantially Compliant |

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Lough Erril Private Nursing Home is a purpose-built bungalow style premises, registered to provide care for 45 residents. It is located approximately three miles from the town of Mohill in County Leitrim. Residents are accommodated in 35 single and 5 double rooms. The atmosphere was homelike, comfortable and in keeping with the overall assessed needs of the residents who lived there. There were communal

areas where residents could spend time and engage in activity or spend time quietly and all areas were noted to be used well by residents at varied times of the day. It was decorated in a home like comfortable style. There is a garden area that is accessible to residents.

The inspector talked with residents, relatives and staff during the inspection. The inspector tracked the care pathways of residents with dementia and spent periods of time observing staff interactions with residents. A validated observational tool, the quality of interactions schedule -QUIS was used to rate and record at five minute intervals the quality of interactions between staff and residents. The observations took place in different communal areas including times when scheduled activity was underway. The inspector observed that staff interactions were personal, timely and meaningful. Staff were observed to talk to residents about matters that had significance to them such as who was due to visit them and the local news. Residents were observed to be treated with dignity and respect during all staff contacts. Staff could describe residents' care needs and recent changes in health care situations.

The inspector talked with residents, visitors and staff during the inspection. Positive views about care, treatment and accommodation were expressed with staff described as approachable, helpful and kind. Several residents described how their level of independence and general health had improved. Many residents said that they were supported to go out with family and friends and residents having periods of respite care said they were supported to go out to attend to business which had been very helpful to them. The only negative comments related to activity and supervision for more frail residents who it was felt they did not have as many opportunities for social contact as they needed.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had a comprehensive assessment following admission and care plans were in place to meet their assessed needs. 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 evidence-based nursing care was provided. The standard of care plans was noted to be good with descriptions of how dementia impacted on residents' day to day live evident and information on residents' abilities and capacity, who they continued to recognize and their overall level of orientation described to guide staff. Approximately two third of residents had a diagnosis of dementia or some level of cognitive impairment when the inspection was undertaken.

The inspector saw that there was a varied activity programme that included discussions, music sessions, outings and sensory activities aimed at the needs of people with dementia. There was information on residents' backgrounds, life styles and hobbies to guide staff when planning the activity schedule. While the planned activities were interesting and met the needs of most residents the inspector noted that there were times when opportunities for stimulation were not used effectively particularly in the morning. For example the inspector saw that several newspapers were available and while many residents were reading these no effort was made to discuss the news with other residents who were present.

There was a residents' association in operation. The inspectors viewed the record of meetings some of which were facilitated by an external facilitator. There was evidence that residents were consulted and the recorded details indicated that residents were happy with aspects of life such as general comfort, staff support, the food and services provided. Staff told the inspector that every effort was made to support each resident to exercise their choice in relation to their daily activities and routines. The inspector saw that varied arrangements were in place to meet residents' individual choices. There was an oratory where residents could spend time quietly and religious services were held regularly.

The inspector reviewed the action plan from the last inspection and found the areas highlighted for attention had been addressed. Care plans were person centred, accident reports were comprehensive, incidents were reviewed and all staff had completed mandatory training. The actions are discussed under the outcomes to which they relate and actions identified during this inspection are outlined in the action plan at the end of this report. The areas that required attention included fire drill reports as the simulated events were not described to enable review, signage to guide residents to bedrooms could be improved to assist residents more effectively and the way meals were served from the kitchen required review to prevent congestion in the hallway.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

The inspector found that each resident's wellbeing and welfare was promoted by a high standard of nursing care and that appropriate access to medical and allied healthcare services was available when required. There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Pre-admission assessments were undertaken to ensure that the service could meet the needs of individual residents. Prospective residents and their families were invited to visit the centre prior to deciding to live there and some residents had been admitted for periods of respite care and were familiar with the environment which families said was of benefit when it came to exploring long term care options. There were social opportunities provided daily however some opportunities to provide diversion for residents were missed and residents who were very frail did not have regular social contact.

Comprehensive assessments were carried out following admission and included the use of validated tools to assess nutrition status, vulnerability to falls, levels of cognitive impairment and skin integrity. A care plan was developed within 48 hours of admission based on the resident's assessed needs. The standard of care plans had improved since the last inspection. Actions outlined in the last inspection report described how improvements were needed in several areas that included how risk factors were addressed, how the recommendations of other professionals were incorporated into practice and how person centred care was described. These areas had all been addressed. The inspector found that care plans were specific to each individual, outlined their particular needs and reflected personal choices in relation to their daily routines. Dementia care needs were described well and there was information on residents' capacity to recognise where they were, who they recognised and ability to participate in group or individual activity. Care practice was supported by information on hobbies and lifestyle interests, family and community connections. Communication capacity was described well with information available that indicated that staff knew when residents could follow instructions and when capacity for understanding was limited.

There was evidence that residents and their families, where appropriate, were involved in the care planning process. The consultation with residents and their representatives was recorded and used to inform care plans.

There were arrangements in place to meet the end-of-life needs of residents and their wishes and views on how their end of life care was to be managed were recorded in most cases to guide staff at this time. Residents had end-of-life care plans in place that described their wishes regarding their physical, psychological and spiritual care including their preferred place for receiving care. Residents had access to clergy of different faiths. Staff cared for residents with end-of-life care needs with the support of community palliative care services and residents' GPs.

The staff had established good relationships with the local acute hospitals and with specialist teams. When admission to acute services was required a detailed transfer form was completed to ease the transition process for the resident. This described details on mobility, falls risk, communication needs, dietary requirements and prescribed medications. The inspector noted that similar information was provided when residents were discharged to the centre and included updates from members of the multidisciplinary team.

The inspector reviewed the management of clinical problems such as wound care, diabetes, falls management and nutrition. Residents were screened for nutritional risk on admission and reviewed on a four monthly basis or more regularly if there were fluctuations in weight or appetite patterns. Residents' weights were checked on a monthly basis or more frequently if required. Nutritional care plans were in place and outlined the recommendations of dieticians and speech and language therapists where appropriate. Interventions put in place were reviewed for effectiveness and the evaluations described how residents had responded to the treatment plan or if additional actions should be taken. Details of residents' specialist dietary needs as recommended by dietician and speech and language services, in addition to individual food preferences were provided to catering staff. Residents had a choice of hot meals at main meal times. Residents who required assistance with eating were assisted discreetly and sensitively. The majority of residents who required assistance had their meals in the dining room and this ensured all residents had the opportunity to enjoy the social aspects of dining with other people. Residents were satisfied with the meals provided and told the inspector that the food was of a good standard. The inspectors saw that food was attractively served and that the dining experience was enjoyed by residents.

Residents had good access to doctors and out-of-hours medical cover was also provided. A full range of other services was available on referral including speech and language therapy (SALT), dietetic services and mental health services. The inspectors reviewed residents' records and found that some residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed medicine storage and administration arrangements and found that the systems in place were safe and met appropriate standards for security. A sample of administration and prescription records was reviewed. Staff make ongoing efforts to ensure that residents are only prescribed the medication required to achieve good health and efforts are continually made to reduce sedative and psychotropic type medications. Staff said that they work in cooperation with the pharmacists as well as GPs to achieve this objective.

Residents with pressure area problems or who were vulnerable to pressure area problems were assessed regularly and had treatment plans in place to prevent deterioration. All residents with fragile skin were reviewed daily by nurses the inspector was told. Care interventions had proved successful in resolving pressure wounds. The support of a tissue viability specialist was sought to ensure that the most appropriate dressings were used. There were measures to reduce the possibility of pressure area problems developing implemented. These included pressure relieving mattresses, support cushions, repositioning schedules and dietary reviews.

Social care opportunities were provided daily and residents had opportunity to go out to local events and to places of interest. The inspector observed that while many residents had good levels of social engagement some residents who required high levels of support did not have regular social contact or input that was meaningful. For example there were missed opportunities to engage residents reading papers in the morning in a discussion with other residents and during the day some residents had limited staff contacts except when care duties were undertaken.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

There were procedures in place for the prevention, detection and management of suspicions, allegations or incidents of abuse. The action plan described in the last report when all staff were found not to have completed training on abuse and protection of vulnerable people had been addressed. All staff had now received training on this topic and confirmed to the inspector that training was updated regularly. They were familiar with their obligations to report any issue of concern. Staff confirmed that there was an open culture of communication within the centre and there were no barriers to raising issues they had concern about. The inspector spoke with several residents during the inspection and all were satisfied with the care being provided, and said that if they had any concerns they would raise them with the staff team or the person in charge. All confirmed they were happy living in the centre and said they felt safe and protected. Interactions between staff and residents were observed to be respectful, supportive and helpful. There were systems in place to ensure allegations of abuse were fully investigated and that, pending such investigations, measures would be in place to ensure the safety of residents.

The inspector found that staff had good knowledge on how to support residents in a positive way when they presented with behaviours or psychological symptoms of dementia. Staff could describe measures they would employ if needed and these reflected good practice. There were no residents exhibiting responsive behaviours when the inspection was completed. Residents were regularly reviewed by their GPs and there was access to the psychiatry of later life service for further specialist input when required.

There were assessments and reviews undertaken where bedrails were in use and records reviewed indicated that the least restrictive options were in place to ensure residents' safety. In all cases bedrails were only used to prevent falls where residents were particularly vulnerable to falls and other measures did not support their safety adequately.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents including residents with dementia were consulted with about how the centre was run and were enabled to make choices about how their day to day life in the centre was managed. Despite the high level of dependency of some residents staff had made significant efforts to obtain information on residents' choices and daily routines. There were good arrangements in place for consultation with relatives and families who said they were regularly asked to contribute their views in relation to their relatives' care.

There was evidence of a culture of good communication between residents and the staff team. The inspector observed staff interacting with residents in a friendly manner at all times while respecting their privacy appropriately at other times. Residents were able to exercise choice regarding the time they got up and went to bed and told the inspector they were able to have breakfast at a time that suited them. They could choose to have meals in the dining room or in another area that they preferred and if relatives wished to assist at meal times this was welcomed the inspector were told.

During the day residents were able to move around the centre freely. Personal space in bedrooms met standard specifications and there was appropriate storage for personal items and clothing including secure storage for items of value that residents wished to keep in their rooms.

The inspector spent three periods of time observing staff interactions with residents. A validated observational tool, the quality of interactions schedule (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents in the communal sitting areas. The inspector observed that staff knew the residents well and engaged with them in a personal meaningful way by asking about their wellbeing, health, visitors and plans for the day.

Social care opportunities were provided daily and residents had opportunity to go out to local events and to places of interest. The inspector found there was a varied activities programme that included exercise, discussions and quizzes. There was a mix of group and individual activities. Information on residents' backgrounds, interests and hobbies had been collated by staff and the activity programme was reviewed regularly to ensure that the programme was relevant to residents' interests.

During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace with minimal assistance to improve and maintain their functional capacity. The inspectors observed that some residents spent time in their rooms, and enjoyed reading, watching TV, or taking a nap. There was a private quiet room where residents could meet visitors in private.

There was a residents' committee in operation and meetings took place monthly. Some meetings were coordinated by an external facilitator. The inspector viewed the minutes of the meetings held during 2018. The feedback provided assurances that residents were happy with the services provided particularly the care provided by staff and the catering arrangements.

National and local newspapers and magazines were available. The inspector observed that residents could go out freely and some went home or out with family members. Other residents went out at weekends with their relatives.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:

There was a policy and procedure to guide the management and investigation of complaints. A copy of the procedure was displayed prominently in the centre. The inspector spoke to residents and found that they knew how to make a complaint and how to raise issues of concern. There were nominated persons to address complaints and to oversee that complaints were appropriately addressed.

The inspector viewed the record of complaints and found that a number of matters had been addressed that included damaged belongings and calls bells not being accessible. All complaints were promptly investigated and fully documented. Records reviewed showed that the outcome of the complaint and the complainant's satisfaction with the outcome was recorded. Issues raised during residents' meetings that constituted complaints were investigated as such and addressed.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

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

Findings:

The inspector found that the number and skill-mix of staff on the days of the inspection were sufficient to meet the assessed needs of residents, including residents with dementia. The nurse in charge said that the skill mix and deployment of staff was regularly reviewed in the context of residents' needs. Adjustments are made when residents' care needs change and there are indicators that additional staff are needed.

Staff were observed to be attentive and supportive towards residents and were observed to respond to their needs in a timely manner. Call bells were answered promptly and where residents did not have capacity to use such equipment staff were observed to be alert to their needs and familiar with their daily routines which ensured their comfort and well being.

The inspector found that education and training was available to staff to enable them to keep up to date and to assist them to provide care that reflected up-to-date, evidence-based practice. Training had been completed on moving and handling, adult protection, end of life care, infection control, fire safety and emergency resuscitation in 2017/2018. An ongoing training programme on dementia care was in place. All staff with the exception of two staff not involved in direct care had completed this training. The inspector spoke to staff and found that they were knowledgeable about fire safety arrangements, evacuation procedures and moving and handling practices.

The inspector viewed records of the staff meetings which had taken place this year. A range of issues were noted to have been discussed and included clinical care matters including the management of pressure wounds and weight changes and arrangements for the celebration of events significant to residents. The inspector found that staff had developed a good team spirit and several staff said that they worked collectively for the benefit of residents. For example, care and nursing staff supported and contributed to the activity programme by undertaking some activities and by supporting the activity coordinator during some of the scheduled activities.

There was a policy in place to guide the recruitment, selection and vetting of staff. The inspectors examined a sample of staff files and found the documents required by Schedule 2 of the regulations, including up-to-date An Bord Altranais professional identification numbers (PINs) for registered nursing staff were available.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

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 is a bungalow style building located in a country side setting and is a short drive from the town of Mohill. The design of the building generally supported dementia care practice in a positive way. Communal areas were furnished in a comfortable way and there was a variety of seating that reflected residents' needs. The dining room had good lighting and was easy to identify. It was attractively organized and there were pictorial menus on each table that clearly depicted the dishes of the day.

Hallways in most areas were wide and unobstructed however the hallway leading to the dining room and the large sitting room was narrow and became very congested at meal times. The inspector observed that the area was noisy and serving trolleys obstructed residents entering and leaving the dining room which presented difficulties for residents with mobility problems. An action plan in the last report described the unsuitable storage of hoists in ensuite areas. The inspector saw that equipment was stored safely did not create an obstruction.

Residents had a choice of places to spend time during the day. There were two main sitting areas and both were noted to be used throughout the day and evening. Sitting areas had radios, televisions, lamps and a supply of newspapers and books that contributed to making the environment home like and comfortable.

Bedrooms were single or double occupancy. En-suite facilities in bedrooms were visible from beds and residents were able to see the outdoors when sitting by windows. The inspector observed that a number of residents had personal items such as photographs, ornaments and books in their rooms. Staff said that they encouraged residents to bring in personal items to remind them of home, of family events and to ensure that their rooms were personal to them. Signage had been provided to help residents find their way around the building and although not extensive the signage available was meaningful. The inspector observed that signage and ways of helping residents locate their rooms could be improved as many rooms did not have distinguishing features to help residents locate their own rooms and support their independence.

The centre is located in large grounds mainly laid to lawn. A safe smaller garden area had been created for residents. This was easily accessible. This had garden furniture and a range of plants to provide interest for residents. Several residents told the inspector that they had enjoyed the garden during the fine weather and were looking forward to spending more time out there.

Access to areas that may pose a risk to residents such as the sluice room is restricted. There was a call bell system in place so that residents could request help when in bedrooms or communal areas. Hoists, pressure relieving mattresses and other assistive equipment were available and records indicated such equipment was regularly serviced. The inspector found that the arrangements in place were suitable to the needs of residents. The nurse in charge said that the current arrangement where all residents are integrated together works well for the resident group.

The entrance lobby opens onto an open plan area where some residents liked to sit for periods during the day. Residents told inspectors that they liked to chat together and to watch the general activity as this was where visitors entered the centre and was also the main access point to the sitting and dining rooms.

Judgment:
Substantially 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:

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

Provider's response to inspection report¹

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|----------------------------|----------------------------------|
| Centre name: | Lough Erril Private Nursing Home |
| Centre ID: | OSV-0000357 |
| Date of inspection: | 01-02/08/2018 |
| Date of response: | 10/11/2018 |

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: Health and Social Care Needs

Theme:

Safe care and support

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

The inspector observed that while many residents had good levels of social engagement some residents who required high levels of support did not have regular social contact or input that was meaningful. For example there were missed opportunities to engage residents reading papers in the morning in a discussion with other residents and during the day some residents had limited staff contacts except when care duties were undertaken.

1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each

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

resident when these have been assessed in accordance with Regulation 5(2).

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

a) Healthcare Assistants are allocated to the dayrooms all day to provide social contact with all residents, including residents who are frail.

(b) Residents are provided with newspapers daily and they prefer to read the newspapers themselves. This is documented in their care plans as the residents feel it maintains their independence and they enjoy this quiet time in the morning. This is respected by the staff observing the day room in the morning. Later, the Activity Care Co-Ordinator discusses the daily news and the residents enjoy this.

(c) The Nursing home has provided Sonas Training to 2 staff members and we have 2 licenced Sonas Practitioners. Sonas, hand massage, gentle exercise, beauty therapy and music therapy are provided to residents both by the Healthcare Assistants and by the Activity Care Co-Ordinators. Depending on the residents choices and previous wishes, these therapies are provided to residents including residents with dementia or residents who are frail.

Proposed Timescale: 13/09/2018

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The hallway leading to the dining room and the large sitting room became very congested at mealtimes which presented difficulties for residents with mobility problems.

Signage to guide residents to their bedrooms and to help them identify their own rooms could be improved to support independence.

2. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

The hallway leading to the dining room and the large sitting room is monitored by staff at all times to prevent congestion.

Signage on resident's bedrooms has now been made more colourful i.e. picture of animal on some resident's doors to help them locate their room.

Proposed Timescale: 13/09/2018