<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>St Mary's Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000538</td>
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<tr>
<td><strong>Centre address:</strong></td>
<td>Dublin Road, Drogheda, Louth.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>041 989 3201</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:seamus.mccaul@hse.ie">seamus.mccaul@hse.ie</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Health Service Executive</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Una Fitzgerald</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>32</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>6</td>
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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.

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From:  
16 January 2018 10:00  
17 January 2018 09:00  
To:  
16 January 2018 18:00  
17 January 2018 13:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
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</table>

Summary of findings from this inspection
This report sets out the findings of an inspection carried out to inform a decision for the renewal of the centre's registration. The centre management team have responsibility for multiple centre's within the region. HIQA have been informed that the long term plan for this building is under discussion at a national level and once this plan has been finalised the authority will receive the plans.

During the course of the inspection, the inspector met with residents and staff, the person in charge and members of the nurse management team. The views of residents and staff were listened to, practices were observed and documentation was reviewed. Surveys completed by residents and/or their relatives or representatives were also reviewed.

The inspector found that care was delivered to a good standard by staff who knew the residents well and discharged their duties in a respectful and dignified way. The management team responsible for the governance, operational management and administration of services and resources demonstrated good knowledge and an ability to meet regulatory requirements.
The management and staff of the centre were striving to continuously improve residents’ outcomes. A person-centered approach to care was observed. Residents appeared well cared for and expressed satisfaction with the care they received. There was good evidence that independence was promoted and residents have autonomy and freedom of choice. Residents spoke positively about the staff who cared for them.

The inspector followed up on the action plan from the last inspection in August 2016. Progress had been made in most areas that were impacting positively for residents. The inspector was satisfied that eight of the nine action plans had been completed. However, the actions relating to appropriate screening in multiple occupancy rooms had not been completed and so this action is restated.

The findings are discussed in the body of the report and improvements are outlined in the Action Plan at the end for response.
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 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. There was a clearly defined management structure with explicit lines of authority and accountability, and the management team's roles and responsibilities for the provision of care are unambiguous. The nursing management team facilitated the inspection process by providing documents and having good knowledge of residents’ care and conditions.

The inspector followed up on the findings from the last inspection. The person in charge is in position since the last registration and is now based full time within the centre. The director of nursing for the region meets with the person in charge informally on a daily basis and holds formal meetings monthly. The meeting has an agenda which covers items relating to the quality of the care delivered and operational matters. The residents and relatives who met the inspector were knowledgeable about who the management team was and voiced that they would have no hesitation in bringing any issues to their attention. In addition, the relatives spoken with voiced confidence that any complaint made would be appropriately followed up.

The statement of purpose detailed the aims, objectives and ethos of the centre. It outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the regulations. The Management team understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

There was a comprehensive auditing schedule and review system in place to capture statistical information in relation to resident quality outcomes and operational matters. Clinical audits were carried out that analysed falls management, medicine management,
care plans and environmental audits. This information was available for inspection. All audits conducted had been reviewed by the management and action plans to close out any gaps had been identified and were in progress.

An annual review of the quality and safety of care delivered to residents for 2017 was completed that informed the service plan and identified the Quality Improvement Initiatives planned for 2018.

**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:**
Safe care and support

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

**Findings:**
The inspector found that there were systems in place to safeguard residents from being harmed or suffering abuse. There was a policy dated August 2015 that outlined the procedure to follow for the prevention, detection and response to abuse. Records indicated that all staff had received up-to-date training. Staff who spoke with the inspector were knowledgeable of their training and could describe what they would do in the event of an allegation, suspicion or disclosure of abuse. Residents told the inspector that they felt safe in the centre.

The systems in place to promote a restraint free environment in line with the national policy was described and demonstrated. A restraint policy, last updated in May 2017 was available. The management have provided specific training to staff on restraint management and promoting a restraint free environment. Records evidenced a decrease in the use of bedrails. Alternative measures are also available for use. The inspector reviewed files. A consent form was in place. Assessment of the need for bedrails had been carried out. Records of the duration of restraint and safety checks or releases were recorded as evidenced by the electronic system in place. Restraint use was documented in residents' care plans and was regularly reviewed to ensure it was necessary.

There was a policy and procedure in place for managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Due to their complex medical conditions, some residents showed responsive behaviours. The
inspector saw that assessments had been completed and these had been used to inform the development of care plans for each resident that required one. The inspector found that appropriate interventions had been consistently recorded in these care plans. Staff who spoke with the inspector were aware of possible triggers of responsive behaviours for residents and could describe the interventions that they would use.

There was a system in place for the safeguarding of residents' finances and property. The provider was acting as a pension agent for a small number of residents. The administration team within the centre confirmed that procedures are in line with the guidelines as set out by the Department of Social Protection.

**Judgment:**
Compliant

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

**Findings:**
The centre had policies and procedures relating to health and safety within the centre dated November 2015. There was a health and safety statement dated January 2018. The centre risk management policies include the requirements set out in Regulation 26(1). The centre had a current risk registrar that is kept under constant review by the management team dated January 2018. The register identified areas of risk within the centre and the control measures in place to minimise any negative impact on residents.

Arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. The policies were last reviewed in March 2017. Staff had access to personal protective equipment such as aprons and gloves, hand washing facilities and hand sanitisers on corridors. Staff were seen using these facilities between resident contact. Signs were on display to encourage visitors to use the hand sanitisers. Household staff spoken to were knowledgeable on the system in place to ensure that the cleaning regime minimises the risk of cross infection. The cleaning schedule included the routine daily chores but also contained detail of a deep cleaning schedule. The cleaning schedules inspected were all signed off daily. Residents spoken too confirmed that their bedrooms are cleaned on a daily basis. The inspector observed that the standard of cleanliness throughout the building was of a high standard.

Suitable arrangements were in place in relation to promoting fire safety. Fire safety and response equipment was provided. Daily checks are carried out on all escape routes and
there is a weekly fire alarm test. The fire alarm is serviced on a quarterly basis and the fire safety equipment is serviced on an annual basis. Fire exits were identifiable by obvious signage and exits were unobstructed to enable means of escape. Staff spoken to were knowledgeable about fire safety and evacuation procedures. The inspector followed up on the action from the last inspection. A detailed fire simulation drill including night time staffing numbers was last carried out in December 2017. There was evidence that any areas identified that required follow up were actioned. The training matrix identified that of the current staffing compliment there were five staff due to have their annual fire training updated. The person in charge confirmed that the outstanding staff are booked in to attend the next training day in January 2018.

**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):**
No actions were required from the previous inspection.

**Findings:**

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The medication management policies were last reviewed in December 2017. On the day of the inspection there was no resident taking charge of their own medication administration. The centre had a draft policy on self administration that is awaiting approval. There were appropriate procedures for the delivery and collection by the pharmacy, and checking, storage, return and disposal of medicines by nurses.

Medications were dispensed to residents within an hour of the medication administration time. Nursing staff were observed as they administered medications. Residents were unhurried and reminded of the purpose of the medicines administered. Prescription and administration records were maintained in accordance with the centre’s policy and professional standards. The processes in place for the handling and checking of medicines received including controlled drugs were examined and found to be compliant.

Comprehensive internal auditing of medicines management practices are carried out. In addition, an external provider carries out medicines management audits to ensure compliancy with the regulations. All registered nurses carry out additional training in medication management.

A system was in place for a regular prescription review by the resident’s general practitioner (GP) and pharmacist.
**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:**
Residents’ health care needs were met through timely access to medical services and appropriate treatment and therapies. Arrangements were in place to meet the health and nursing needs of residents. Access to a general practitioner (GP) and allied healthcare professionals, including physiotherapy, occupational therapy, dietetic, speech and language, dental, ophthalmology and specialist palliative care services were made available when required. The care and services delivered encouraged health promotion and early detection of ill health, which facilitated residents to make healthy living choices.

Pre-admission assessments were carried out and recorded for all residents that were admitted for long term care. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was maintained and shared between providers and services.

On admission all residents have an assessment of their care needs carried out. Each resident had a personalised holistic care plan prepared within 48 hours of their admission which detailed their needs and choices. Assessments and clinical care accorded with evidence based practice. Residents had been assessed to identify their individual needs and choices. The assessment process used validated tools to assess each resident’s dependency level, risk of malnutrition, falls risk and their skin integrity. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. Each resident file reviewed had a comprehensive care plan in place. The care plans were person centered and the detail contained within the care plans evidenced that the staff were knowledgeable on the specific care needs of residents under their care.

The inspector requested a review of the ease of retrieval of key clinical information on residents’ wishes in the event of a cardiac event. The information in the medical notes did not consistently match the expressed wishes of residents as highlighted in their
Overall, the inspector found that care plans were person centered. The inspector found that all care plans were reviewed and evaluated in partnership with the resident or relative, at intervals not exceeding four months as per the regulations. The inspector spoke with multiple residents and relatives who were all familiar with care plans. The resident's confirmed that they were consulted with on any changes that are recommended. There was good evidence that the residents' decision to decline clinical intervention management was respected.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
Not all aspects of the premises were inspected during this inspection. The design and layout of multiple occupancy bedrooms did not sufficiently meet the needs of the residents. The inspector followed up on the action plan from the last inspection report. The last action plan identified that the multi occupancy room screening would be reviewed and appropriate screening would be installed. The installation of screens is to ensure that when one resident is receiving care it does not negatively impact on any other resident within the shared room. Following on from the last inspection, HIQA were given an action plan completion date of 30th November 2016. This work has not been completed to date and so the action is restated.

The maintenance programme of works is ongoing. The inspector was informed that the funding required for the repainting of resident rooms and communal areas has been recently granted and documentation to evidence the approval was seen. The action plan response will identify the timeline for completion.

Storage of equipment remains an ongoing challenge. The multiple occupancy rooms are clinical in their design and layout. Within some of the multiple occupancy rooms the beds were not relocated in a manner that maximised the space in the room, effectively leaving the remaining residents with the same limited amount of space they would have
had before the resident numbers were decreased. The medication trolleys are stored along the corridors adding to a clinical environment within the centre. Despite the limitations, the staff have worked to maximise the living environment and ensure that it is welcoming and homely. The centre now has a visitors room which can be utilised to accommodate any resident who wishes to receive a visitor in private outside of their bedroom space.

Judgment:
Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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:
Resident’s have access to an independent advocacy service. The centre is part of the local community and residents have access to radio, television, newspapers and information. Residents are facilitated to exercise their civil, political and religious rights. As a result of the last inspection the centre now has a visitors room for residents to receive visitors in private.

Residents’ views were welcomed and residents were consulted in relation to the running of the centre. Resident meetings are held regularly and minutes reviewed showed good attendance. Open discussions are held and requests made by residents are actioned where possible. Surveys completed by residents and their relatives or representatives were also reviewed. Overall, the feedback in relation to the activities schedule was positive.

Residents responded positively to staff interactions. Staff skilfully engaged and reminisced with residents using information they knew about their interests, families and friends. The inspector found that the atmosphere was warm, engaging and friendly.

Significant progress has been made into how each resident is given the opportunity to participate in meaningful and purposeful activity that suits their individual needs and interests. Since the last inspection the centre had employed a second activities team member. The inspector met with the activities team and it was evident that the activities held within the centre are subject to resident choice. The staff described and
files evidenced one to one activities that occur for residents that do not wish to attend group activities. The residents have had multiple opportunities to go on organised outings as displayed by photographs throughout the centre.

Staff are aware of the different communication needs of residents. Interventions to support residents with specific communication requirements are accommodated. The inspector reviewed communication care plans and found sufficient detail to guide the team on how best to communicate with residents.

The inspector noted that screening was not adequate for residents in shared bedrooms to undertake personal activities in private. The action plan to address this following the last inspection had not been completed.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
Staffing levels and skill mix on the days of inspection were sufficient to meet the social and healthcare needs of the residents. Staff confirmed that they had sufficient time to carry out their duties and responsibilities, and the management team explained the systems in place to supervise and appraise staff. An annual appraisal is carried out with staff and the inspector saw evidence of this within all files reviewed. Staff were seen to be supportive of residents and responsive to their needs. In discussions with the inspector, residents and families confirmed that staff were supportive and helpful.

A mandatory and relevant staff training programme was in place and a record of training for all staff was available. Mandatory training such as moving and handling, fire training and the prevention, detection and management of abuse had been provided. Additional training on CPR (cardio pulmonary resuscitation) is provided to all care staff. The centre also provides training on areas of infection control, restraint management, nutritional care and professional management of aggression and violence.
Recruitment procedures were in place, and samples of staff files were reviewed against the requirements of schedule 2 records as per the regulations. All four files reviewed had Garda vetting disclosures in place. The management team confirmed that all staff have Garda vetting on their files. Evidence of professional registration for all registered nurses was made available.

The person in charge confirmed there are no volunteers working within the centre.

**Judgment:**
Compliant

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**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:**

Una Fitzgerald
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector requested a review of the ease of retrieval of key clinical information on residents’ wishes in the event of a cardiac event. The information in the medical notes did not consistently match the expressed wishes of residents as highlighted in their document template titled 'My preferred priorities of care'.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 06(2)(b) you are required to: Make available to a resident medical treatment recommended by a medical practitioner, where the resident agrees to the recommended treatment.

**Please state the actions you have taken or are planning to take:**
The Person in Charge recognises the error made in relation to resuscitation status. Immediately post inspection these records were corrected. The Person in Charge has met with the Medical Officer, Clinical Nurse Manager and Nursing Staff, and a decision has been reached that ‘My Preferred Priorities for Care Document’ will hold all documented information in relation to resuscitation status, including the decision of the Medical Doctor, rather than being held in two separate documents. The Person in Charge and the Clinical Nurse Manager have now put in place a colour coded system accessible to all staff that recognises the resuscitation status of any resident at any time.

In addition, the Person in Charge will now receive a weekly report on the resuscitation status preference of any resident and a report that this decision has been discussed between the resident and the Medical Officer for the Centre. This will continue to be monitored to ensure that this is a consistent practice within the Centre.

Proposed Timescale: Complete

**Proposed Timescale:**

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**Outcome 12: 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 maintenance programme of works is ongoing. The inspector was informed that the funding required for the repainting of residents’ rooms and communal areas has been recently granted and documentation to evidence the approval was seen. The action plan response will identify the timeline for completion.

**2. 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:**
Outstanding paint work and re-decoration of bedrooms is planned as outlined to the Inspector and will be completed by 30/04/2018.

**Proposed Timescale:** 30/04/2018

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**Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The screens in shared bedrooms were inadequate and did not ensure privacy when residents were undertaking personal tasks.

3. Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
Quotations have been received for the installation of additional screens in shared bedrooms. In the meantime, additional portable screening has been purchased to maximise privacy and dignity until the fitted screens are installed

**Proposed Timescale:** 30/05/2018