

# Board of Directors - Public

<b>SUMMARY REPORT</b>	<b>Meeting Date:</b>	25 January 2023
	<b>Agenda Item:</b>	15

<b>Report Title:</b>	<b>PLACE (Patient Led Assessment of the Care Environment) Assessment 2022</b>	
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<b>Accountable Director:</b>	Pat Keeling, Director of Strategy	
<b>Other meetings this paper has been presented to or previously agreed at:</b>	<b>Committee/Tier 2 Group/Tier 3 Group</b>	Quality Assurance Committee
	<b>Date:</b>	11 January 2023
<b>Key points/ recommendations from those meetings</b>	<ul style="list-style-type: none"> <li>• Confirm actions regarding food recommendations</li> <li>• Progress action plan for maintenance improvements</li> <li>• Identify timeframe for change in housekeeping service</li> </ul>	

## Summary of key points in report

This report contains the recommendations from the PLACE Ward Environment and Food Assessment (element of the PLACE assessments) which were conducted on the same day. The report covers:

1. The background information about PLACE; national picture and focus
  - How clean the environments are
  - The condition, inside and outside, of the building(s), fixtures and fittings
  - How well the building meets the needs of those who use it, for example through signs and car parking facilities
  - The quality and availability of food and drinks
  - How well the environment supports people's privacy and dignity
- 2) Reference to the National Standards of Cleanliness 2021 for the Ward assessment and the National Food and Drink standard 2022 for the food assessment.
- 3) PLACE assessment visit findings and recommendations including:
  - The Action Plan from the assessments and the supplementary list for the Maintenance Manager to action, which is included here for information and assurance
  - The findings of the PLACE Ward and Food assessments visits to support the key recommendations made and assurance that these will be taken forward and

monitored by the Estates and Facilities directorate and the Nutrition and Hydration Steering Group.

**Ward Assessment key recommendations:**

- a) We need to review and confirm a robust Planned Preventive Maintenance program (PPM) for the cleaning elements that are within the Estate teams' responsibility, as detailed in the National Standard of Cleanliness, which includes all high-level cleaning above two metres, extractor fans, ceiling etc.
- b) The estate team need to review and confirm a clear proactive plan regarding building repairs and redecoration. There is need for a frequent redecoration program for our buildings which needs to be adhered to.
- c) All fittings and fixtures should be recorded with date of installation and when last checked, and a schedule for replacing them according to manufacturer instruction or usage should be developed.
- d) Part of PLACE key assessment is to ensure our building are adequate for a range of building users, there is need for a review of building users seating arrangements to be adequate for a range of service user needs.
- e) There is need to review the locations where the National Standard of Cleanliness cleaning charter and star rating poster frames have been installed in all the inpatient areas, some were found to be non-compliant with the National Standard of Cleanliness.
- f) An access audit is required to be conducted which should involve people who have a disability or an access group to ensure that there are reasonable adjustments for ward (and other areas) to comply with the Equalities Act.
- g) Ensure the Trust has a Travel Plan which includes accessibility and an action to review the plan regularly

**Food Assessment key recommendations:**

- a. To combine the recommendations of the recent PLACE Lite report (August 2022) with PLACE recommendations and these to be supported and monitored by the Nutrition and Hydration Steering Group.
- b. Monthly audit of how simple daily menus are displayed on each ward with an accurate description of the meals on offer for the day to avoid unnecessary confusion for staff on duty and patient staying on a ward. There is use of 'white boards' on wards for when the planned menu is deviated from due to catering supply availability.
- c. Continue to ensure compliance with the British Dietetic Association's Nutrition and Hydration Digest, the reviewed menu must include dietary coding in line with the British Dietetic Association guidelines. Catering staff work closely with the Dietetic Team to meet this standard.
- d. Continue to have choice regarding, when available, a seasonal menu with more availability and choice of fresh fruit and vegetables that will benefit patients during the seasons with regular changes to the meals offered. The Dietetics Team already regularly work with Catering staff to ensure patient nutritional requirements are met. Additionally, Dietetic and Catering staff also involve service users through regular discussion and via community ward meetings and feedback is taken back informally on a daily basis and formally to shape future menu planning.
- e. Continued proactive approach to supporting inpatient areas to achieve MUST assessment compliance within 48 hours with discussion at team and directorate governance meetings. Performance decrease in November (57% decrease within 48 hours) has led to focused support to increase compliance and ensure screening is undertaken which has resulted in significant increase in December (83% completion within 48hrs and 94% completion outside of 48 hours). This standard is also monitored and tracked by the Nutrition and Hydration Steering Group.
- f. Review by Catering Manager and Head of Facilities and Health and Safety of the current training undertaken by catering staff with clear plan. All staff have Food Hygiene training and some staff have received training recently in food regeneration.

- g. Change Management process for Soft Facilities Management to be completed. Catering duties should be distinct from other housekeeping duties, this will give better assurance for food safety and in direct compliance with the new national food and drink standard.
- h. Continue to meet minimum compliance rating for MUST and Dysphagia Training for staff in identifying and understanding of risk areas to service users relating to food and drink, flexibility, and choice available to service users including dietary needs, preferences and to understand that meal provision is an integral part of someone's individual, person-centred assessment, treatment, and care. Additionally, the Dietetic Service provide bespoke training specifically for certain clinical diagnosis and intervention.
- i. The Trusts Catering Policy needs to be reviewed. There is need to develop a clear standard operating procedure (SOP) for serving of food and drink across all our inpatient areas. The SOP must include step by step instruction on food serving display and requirement at mealtime, hand washing practice and cleanliness, personal protective equipment (PPE) required, and the role of all staff during meal preparation and at mealtimes.

**Recommendation for the Board/Committee to consider:**

<b>Consider for Action</b>		<b>Approval</b>		<b>Assurance</b>	<b>X</b>	<b>Information</b>	<b>X</b>
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The Board is asked to receive the outcome report, recommendations and action plan from the 2022 PLACE Assessment for information and assurance.

**Please identify which strategic priorities will be impacted by this report:**

Covid-19 - Recovering effectively	Yes	<b>X</b>	No	
CQC Getting Back to Good – Continuous improvement	Yes	<b>X</b>	No	
Transformation – Changing things that will make a difference	Yes	<b>X</b>	No	
Partnerships – working together to make a bigger impact	Yes		No	<b>X</b>

**Is this report relevant to compliance with any key standards?**

**State specific standard**

<b>Care Quality Commission Fundamental Standards</b>	Yes	<b>X</b>	No		CQC Regulation 15 Premises and Equipment
<b>Data Security and Protection Toolkit</b>	Yes		No	<b>X</b>	
<b>Any other specific standard?</b>	Yes	<b>X</b>			1) National Standards of Healthcare Cleanliness 2021. 2) National Food and Drink standard 2022 3) Equality Act 2010

**Have these areas been considered? YES/NO**

If yes, what are the implications or the impact? If no, please explain why

Service User and Carer Safety and Experience	Yes	<b>X</b>	No		Completion of the action plan will improve the quality of the care environment and service user experience
Financial (revenue & capital)	Yes	<b>X</b>	No		Cost implications of some aspects of the action plan are still to be fully assessed

Organisational Development /Workforce	Yes	<b>X</b>	No	Housekeeper training to ensure delivery of National Standards of Healthcare Cleanliness 2021
Equality, Diversity & Inclusion	Yes	<b>X</b>	No	The E&F Directorate has commissioned a 7-facet survey for all Trust buildings which will emphasis and action the disability reasonable adjustment requirement.
Legal	Yes	<b>X</b>	No	Links to National Standards of Healthcare Cleanliness 2021 Links to National Food and Drink standard Links to Equality Act 2010

## Name of Report

PLACE (Patient Led Assessment of the Care Environment) Assessment 2022

# Section 1: Analysis and supporting detail

## Background

- 1.1 April 2013 saw the introduction of the **Patient Led Assessment of the Care Environment** (PLACE), which is the system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. PLACE primarily apply to hospitals and hospices providing NHS-funded care in both the NHS and private/independent sectors, but others are also encouraged and helped to participate in the programme.

The PLACE collection underwent a national review, which started in 2018 and concluded in summer 2019. After this review and due to Covid19 which paused the assessment from taken place, all Trusts were encouraged to undertake PLACE-Lite to ensure there is continuity within the PLACE programme and continued effort by organisations to improve facilities for service users.

SHSC undertook PLACE Lite reviews across inpatient areas in 2021 and 2022 (Appendix 1) as it was felt by the Nutrition and Hydration Steering group that having no PLACE inspection each year is not a viable position and quality assurance is required to ensure a good food and drink offer to service users and that staff are supported in their important roles in delivering this.

The PLACE programme has returned fully this year; however, covid cases remain and continue to have an impact on healthcare services. SHSC therefore, took a pragmatic approach in completing these assessments this year and the team have ensured we met the requirements of PLACE outlined within the guidance documents.

This year the PLACE questions have been significantly refined and revised and guidance documents have been updated so that data collection remains relevant and delivers its aims. As the changes have been extensive, it is important to note that the results of the 2019 assessments onwards will not be comparable to earlier collections due to this change.

## National Position

- 1.2 On the 15<sup>th</sup> of August 2022, all Trust were notified of the commencement of a full PLACE assessment collection for year 2022, which was initially scheduled to run for 10weeks from the 5<sup>th</sup> of September through to the 11<sup>th</sup> of November 2022. The results of the assessment will be published early 2023. SHSC undertook the PLACE assessments in October and submitted completed data as planned in November.

The notification also included link to all assessment forms and guidance documents relating to this year PLACE assessment on the NHS digital collection site here:

<https://digital.nhs.uk/data-and-information/areas-of-interest/estates-and-facilities/patient-led-assessments-of-the-care-environment-place>

Trusts including Sheffield Health and Social Care (SHSC) were advised to access the "Guidance on the Organisation of Assessment" section for Information on which forms are

required to be completed as part of the assessment. Trusts were required to set up their sites on the “EFM system” and check they have the correct number and types of forms before printing.

The “**EFM System**” <https://efm.digital.nhs.uk>, this is the portal setup by NHSE for entering data on completion and viewing previous PLACE data; access is via email and password (this will have to be setup by all Trust PLACE Leads/contacts).

All Trust were requested to review their site list (based on last PLACE assessment in 2019) and this information have been updated on the system. Also, all Trust were asked to confirm the PLACE contacts and EFM accounts needed for their respective organisation and clarity was made that access are restricted to specified site(s),

There were some new developments added to the 2022 PLACE assessment, the PLACE module on the EFM system was opened so Trusts can enter their site information. This was added to provide a better understanding of the areas to be assessed as it will generate the forms the respective Trust will need.

The PLACE Mobile was also introduced-PLACE mobile which is for use on tablets or other devices is a tablet friendly version of the software that Trust can use to enter results ‘on the go’ during assessments. It saves information locally so no internet connection is required; once signal is back again user will need to upload the information on the EFM system by using the ‘Sync’ button.

PLACE Mobile is accessed by typing the following URL into the device’s browser:  
<https://efm.digital.nhs.uk/place/mobile>

To use the PLACE mobile software, Trusts are required to first set up their respective sites on EFM, information on how to do this was also provided.

NHSTs then received further changes to the submission date:

- 30 November due to the Queens funeral
- 16 December due to Covid 19
- 4<sup>th</sup> January 2023 due to errors being made by NHSTs submitting incorrect information

### **Arrangements were then made to conduct the assessments.**

The assessments were planned to assess appropriate areas to give patients and the public a voice that can be in the drive to give people more influence over the way the Sheffield Health and Social Care operates and in the way in which we can be assess in terms of the health and care service we provide.

The assessment team that visited each area included a patient assessor which is a mandatory requirement for the PLACE assessment. A patient assessor is someone who uses the service, including:

- Current patients / service users,
- Their family and visitors,
- Carers,
- Patient advocates
- Or patient council members.

Also included in the assessment is a staff assessor. A staff assessor is a SHSC staff member who according to NHSE requirements can be from the groups set below.

- Executive director/ director (for example of estates, nursing, director of infection prevention and control)
- A representative of the organisation’s Estates team

- A hotel services manager/domestic manager
- A catering manager/nutritional lead for the organisation
- A senior nurse
- A member of the Infection Prevention and Control team
- A dementia lead/nurse

The general objective of the PLACE assessment is to assess how welcoming the patient environments are on arrival- cleanliness, condition & appearance, privacy & dignity, dementia assessment, disabilities, general signage, and car park facilities. The PLACE assessment process should not interfere with patient clinical treatment.

Unfortunately engaging the input of patient assessors was not straight forward since many of the individuals from previous group of ex-service users that had volunteered in previous PLACE assessments for the Trust when contacted through the Trust Engagement and Volunteer Manager were found to be unavailable. We were able to enlist just one volunteer from this group.

All efforts to get support from other SHSC Trust appropriate teams, group or committee was also not fruitful and neither was our effort to seek support from local groups i.e., Healthwatch and sister NHS Trusts.

We then reached out to facilities colleagues who were able to recommend individuals that have either taken part in the same assessment with the Trust or have indicated interest to participate should the opportunity arises. All interested and enlisted individuals that were engaged for the assessment all fell within the NHSE patient assessor criteria. The only downside is that we had to plan the assessment around the volunteers' individuals' availabilities as they all stated definite dates that they were available to conduct the assessment. Training and resources were provided to all participants.

### PLACE Assessment of Patient Areas

1.3 The areas noted below were assessed within October 2022:

SHSC UNIT	Ward/Area	Assess. Date	Staff Ass.	Staff Designation	Patient Ass.
Michael Carlisle Centre (MCC)	Dovedale 1	18/10/22	Mike Grant	Deputy Maintenance Manager	A. Butcher
	Dovedale 2	28/10/22	Elaine Harrison	Catering Manager	W. Sadiq
	Stanage	28/10/22	Mike Grant	Deputy Maintenance Manager	Ib Ola
	Outpatient (SAANS)	31/10/22	Elaine Harrison	Catering Manager	W. Sadiq
	General Area	18/10/22	Mike Grant	Deputy Maintenance Manager	A. Butcher
	External Area	31/10/22	Charlie Hobson	Technical Support Manager	Ib Ola
Longley Centre	Endcliffe	21/10/22	Janet Furniss	Site Services Co-ordinator	Ib Ola

	Maple	21/10/22	Jill Perlstrom-Wright	Estates Compliance Officer,	W. Sadiq
	General Area	21/10/22	Jill Perlstrom-Wright		W. Sadiq
	External Area	21/10/22	Charlie Hobson	Technical Support Manager	Ib Ola
	DU	21/10/22	Charlie Hobson		Ib Ola
	Memory Service	21/10/22	Charlie Hobson		Ib Ola
Grenosi de Grange	Ward G 1A	17/10/22	Saheed Onikeku	Head, Domestic Services	A. Butcher
	Ward G 1B		Saheed Onikeku		A. Butcher
	External Area		Saheed Onikeku		A. Butcher
Forest Lodge.	Assess. Ward	26/10/22	Elaine Harrison	Catering Manager	A. Butcher
	Rehab. Ward	31/10/22	Elaine Harrison		A. Butcher
	External	26/10/22	Elaine Harrison		A. Butcher
Forest Close.	Ward 1	31/10/22	Saheed Onikeku	Head, Domestic Services	Ib Ola
	Ward 1A		Elaine Harrison	Catering Manager	W. Sadiq
	Ward 2		Saheed Onikeku	Head, Domestic Services	Ib Ola
	External		Saheed Onikeku	Head, Domestic Services	Ib Ola

Effort was made to include the Trust's clinical team including Matrons, IPC, and other specialist nursing team in the assessment visits, but this proved exceedingly difficult to arrange as we were not able to get any volunteer which may be due to the staff's busy schedule.

The findings during the Ward and Food assessment are detailed in Appendix 1

## Section 2: Risks

1.1 The main risks that could arise are:



Type of risk	Overview of risk	Assessment of risk level (Consequence x likelihood)
Quality	The action plan if not progressed, and no improvements take place as per these assessments could impact patient care quality	3 (moderate) x 2 (unlikely) = 6 - Low Risk
Reputational	Due to the action plan not being progressed standards deteriorate and impact on the reputation of the Trust	3 (moderate) x 2 (unlikely) = 6 - Low Risk
Staff Retention	Due to the action plan not being progressed, staff moral could be impacted, and staff retention could be low	3 (moderate) x 2 (unlikely) = 6 - Low Risk
Non-Compliant	These action plans if not progressed, the Trust stand to be directly non-compliant with relevant regulations	3 (moderate) x 3 (unlikely) = 9 - Low Risk

These risks will be added to the Facilities Directorate Risk Register until there is evidence the action plan has been progressed (as this is the way to mitigate the risks).

## Section 3: Assurance

### Benchmarking

- 1.1. PLACE is reported nationally, and includes all hospitals of all types i.e. acute, specialist, children's, mental health, learning disabilities, community, and independent hospitals that provide NHS funded care. The assessments also apply to hospices and independent treatment centres. The assessments take place every year, and results are published to help drive improvements in the care environment. The results show how hospitals are performing both nationally and in relation to other hospitals providing similar services. Currently, the only benchmarking to reference, from NHS Digital or from Model Hospital is the last PLACE assessment of 2019. The last PLACE assessment that took place in 2019 (when full assessments were conducted) and Trust outcomes at that time were reported to QAC/Board.
- 1.2. The Domestic Services Manager fully discussed the outcomes with colleagues who participated in the assessments, prior to submitting these to NHS Digital.
- 1.3. The Domestic Services Manager is qualified in housekeeping and catering skills at management level and has years of experience within and outside the NHS; He led and co-ordinated the assessments. He developed the high-level recommendations from the assessments.

### Triangulation

- 1.4. The Trust will be benchmarked in relation to the PLACE 2019 data submission.

The Trusts last full PLACE process was completed in 2019 and the outcome shows that the quality of the food provision, cleanliness, Privacy Dignity & Wellbeing, Condition, Appearance & Maintenance, Dementia, and assessment scoring were high with the Trust score in this area being above the national average across all sites except for The Longley Centre which scored a couple of percent under the 92% average nationally for Mental Health Trusts in this domain (please see Appendix 2 below).

As indicated in section 1.1 the 2019 full PLACE results are not comparable with the 2022 PLACE assessment due to the large-scale national review and additional questions included. Notably, there were three areas on the action plan from the 2019 PLACE:

- Increasing compliance for completion of MUST – Malnutrition Universal Screening Tool,

- Use of powerful extractor fans and housekeeping staff understanding how this impacts temperature of food
- Provision of three choices of main meal options

The first point was addressed but more work is required as the Trust is presently 87% in the screening of our patient although this data is higher than the 80% compliant as recommended by National Institute of Clinical Excellence, and the latter point has also been addressed.

## Engagement

- 1.5. PLACE Assessment require involvement of service users- people who use the building – patients, relatives, carers, friends, patient advocates, volunteers or trust membership and trust Governors. Ensuring strict adherence to the PLACE requirement for a patient assessor, Patient assessors participated in all assessment visits, as was the Trust’s routine practice in all previous PLACE assessment.
- 1.6. Effort was made to include the Trust’s clinical team including Matrons, IPC, and other specialist nursing team in the assessment visits, but this proved exceedingly difficult to arrange as we were not able to get any volunteer which may be due to the group busy schedule.
- 1.7. The Trust Engagement and Volunteer manager was incredibly supportive in the engagement and enlisting of patient assessors for the assessment

## Section 4: Implications

### Strategic Priorities and Board Assurance Framework

4.1 The PLACE assessments link to our strategic priorities:

- Covid-19 Recovering effectively.
- CQC Continuous improvement
- Transformation Changing things that will be effective
- Partnerships Working together to have a bigger impact:

#### **Covid-19 – Recovering effectively**

Ensuring environments are clean.

#### **CQC – Continuous Improvement**

Although as mentioned PLACE is not a technical or professional assessment, it does review standards of cleanliness, maintenance of premises, and access for disabled persons. All of these link to CQC Regulation 15 – Premises & Equipment and the Equality Act 2010, would be able to be used to evidence Trust delivery of this standard/the Act, albeit via a “snapshot on a day” approach.

#### **Transformation – Changing things that will make a difference**

The associated high level action plan demonstrates the Trust takes the outcomes from the assessments seriously and has plans to act on the findings to make improvements for our service users and thereby improve their overall care experience with the Trust

4.2 The PLACE assessments link to our Board Assurance Framework (BAF)

The related BAF Risks to be considered are:

**WARD ENVIRONMENT:** Patients could come to harm/quality could be impacted by our inpatient ward environment.

**STAFFING:** Risk of not retaining staff, not workforce planning effectively, failing to provide effective leadership impacting on quality of care.

- The PLACE assessments support improvements to our ward environments.
- Improved ward environments help support staff retention.

## Equalities, diversity, and inclusion

4.3 The PLACE assessments apply to all inpatient wards and the service users we care for in them, equally. One element of the assessment relates to provision for service users with disabilities/disabled access (links to the Equality Act 2010)



## Culture and People

4.4 We need to ensure our ward-based housekeepers are supported, resourced, have suitable and sufficient training to enable them to meet both the National Standards of Cleanliness and National Food and Drink standard requirements.

## Integration and system thinking

4.5 This should inculcate networking across SHSC to adopt best practice. This should also include the leadership team for the housekeeping being a member of relevant bodies i.e., Hospital Caterers Association, The Health Estates and **Facilities Management Association** (HEFMA) and **Association of Healthcare Cleaning Professionals** (AHCP)

## Financial

4.6 Financial implications relate to the high-level action plan. The resource implications for development of a travel plan (action designed to encourage safe, health and sustainable travel options) links to the implementation of the Trust's Green Plan; consultancy input is likely to be required. This needs further assessment to identify financial implications.

An assessment needs to be undertaken of the extent of seating requirements in our reception/waiting areas; this is likely to be clearer after the Ligature Anchor Point eradication and therapeutic environment programme has been completed *or* it may be possible to incorporate this development into that scheme as capital funding is likely to be required.

Longer term we will conduct, disabled access review and this may identify additional cost implications, currently unknown.

There is also a possible budgetary impact of future training in relation to a generic training offer for all staff regarding training in awareness of best practice in working together across housekeeping and clinical services to provide service users with a safe and high-quality catering offer that is seen as part of the holistic health and wellbeing of people's assessment, treatment, and care

## Compliance - Legal/Regulatory

4.7 The following standards and regulations apply:

- National Standards of Healthcare Cleanliness 2021
- National Food and Drink Standard 2022
- CQC Regulation 15 Premises and Equipment
- Equality Act 2010

## Section 5: List of Appendices

Appendix 1 – Full PLACE Assessment findings documents

Appendix 2- PLACE Results for the 2019 assessment published January 2020

Appendix 3 – High level Action Plan

Appendix 4 – Supplementary Action Plan for Maintenance Manager

**Appendix 1 - Place Assessment Wards Findings**

SHSC UNIT	Ward/Area	Assess. Date	Cleanliness	Condition, Appearance & Maintenance	Privacy, Dignity & Wellbeing	Food
Michael Carlisle Centre (MCC)	Dovedale 1	18/10/22	Assessors were happy with the cleanliness of the Ward	Assessor happy with the general conditions and appearance.	<i>The Trust does not have a travel plan in place which encourage safe healthy and sustainable travel options. By reducing car travel, travel plans can improve health and wellbeing, free up car parking space, and make a positive contribution to the community and the environment.</i>	Assessors report that the “The meal and service were very good”
	Dovedale 2	28/10/22	Assessors were happy with the cleanliness of the Ward	Assessor happy with the general conditions and appearance.		Assessors reported that “Staff were happy to help and appeared to enjoy their work. There was a quiet and good atmosphere. The food was well presented.

	<b>Stanage</b>	<b>28/10/22</b>	Assessors were happy with the cleanliness of the Ward but reported damage to some areas of high level.	Few maintenances reported.		Assessor reported the meals served were good”
	<b>Outpatient (SAANS)</b>	<b>31/10/22</b>	Assessors were happy with the cleanliness of the Ward	Assessors happy with the condition of the area		
	<b>General Area</b>	<b>18/10/22</b>	Assessors reported “The area was clean, tidy, and well presented. The receptionist was helpful”	Assessors happy with the condition of the area		
	<b>External Area</b>	<b>31/10/22</b>	The assessors reported that the external area is clean and safe	Assessors happy with the condition of the area		
<b>Longley Centre</b>	<b>Endcliffe</b>	<b>21/10/22</b>	The assessors were happy with the general cleanliness but reported that some areas require repairing,	Reported some areas require repairs	<i>The Trust does not have a travel plan in</i>	The Assessor reported that the meal is only acceptable as “The

	<b>Maple</b>	<b>21/10/22</b>	<p>Assessors reported that,</p> <ul style="list-style-type: none"> <li>● Most shower cubicles were 'grimy'.</li> <li>● Stained ceiling tiles.</li> </ul> <p>Remnants of old Christmas decorations.</p> <ul style="list-style-type: none"> <li>● Stained and missing shower curtains.</li> <li>● Damaged door frames and doors.</li> <li>● Stained shower corners.</li> <li>● Most areas need decorating, including skirting boards.</li> <li>● There is a lack of art in the bedrooms.</li> <li>● Damage to some radiators.</li> <li>● The clinic room chair is cracked.</li> <li>● The Wall gate sinks are stained despite daily cleaning.</li> <li>● Decoration throughout is required.</li> </ul>		<p><i>place which encourage safe healthy and sustainable travel options. By reducing car travel, travel plans can improve health and wellbeing, free up car parking space, and make a positive contribution to the community and the environment.</i></p>	<p>fishless 'fish' is like eating cardboard and is very bland. The chipped potatoes are frozen chips and are bland. Not great overall.</p> <p>The assessors reported that “Food is well presented and displayed. Alcohol hand gel is available, but service users are not prompted to use it. Staff are friendly and appear to love what they do”</p>
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	<b>General Area</b>	<b>21/10/22</b>	<p>Assessors reported that,</p> <ul style="list-style-type: none"> <li>● Low-level has scuff marks.</li> <li>● Floor was stained.</li> <li>● The external glazing on the staircase is dirty.</li> <li>● Staining above the radiator and the walls need decorating.</li> <li>● The corridor seating is stained.</li> <li>● Low-level dust, (skirting boards).</li> <li>● Fan requires cleaning.</li> <li>● Scuffed and needs decorating.</li> <li>● The pedal bin was grimy (in the WC).</li> <li>● Damage/staining is evidence in the bathrooms</li> </ul>			
	<b>External Area</b>	<b>21/10/22</b>	<p>Assessor reported that “The green spaces and car park/paths are well maintained and in good condition. There is adequate lighting for staff/service users to feel safe when leaving the building. The site was clean and no rubbish to be seen. There was clear signage to identify direction to department/ward etc. for visitors, staff, and service users”</p>	Assessors happy with the condition of the area		
	<b>DU</b>	<b>21/10/22</b>	Assessors were happy with the cleanliness of the Ward	Assessors happy with the condition of the area		
	<b>Memory Service</b>	<b>21/10/22</b>	Assessors were happy with the cleanliness of the Ward	Assessors happy with the condition of the area		



<b>Grenosid e Grange.</b>	<b>Ward G 1A</b>	<b>17/10/22</b>	Assessors reported that they were “Very impressed with the general conditions at the building”	Assessors were happy with the Wards appearance & maintenance	<i>The Trust does not have a travel plan in place which encourage safe healthy and sustainable travel options. By reducing car travel, travel plans can improve health and wellbeing, free up car parking space, and make a positive contribution to the community and the environment.</i>	The assessors reported that “The meal was tasty and well presented”
	<b>Ward G 1B</b>		Assessors were happy with the cleanliness and reported they are “Very confident that the service users are well cared for.	Assessors were happy with the Wards appearance & maintenance		
	<b>External Area</b>		Assessors reported that the external there is “No negative comment to make. Happy with the condition of the compound”	Assessors happy with the condition of the area		
<b>Forest Lodge.</b>	<b>Assess. Ward</b>	<b>26/10/22</b>	Assessors were happy with the cleanliness of the Ward	Assessors were happy with the Wards appearance & maintenance	<i>The Trust does not have a travel plan in place which encourage safe healthy and sustainable travel options. By reducing car travel, travel plans</i>	The assessors reported “The dining room had ambience, battery-operated tealights, Diwali decorations.
	<b>Rehab. Ward</b>	<b>31/10/22</b>	Assessors were happy with the cleanliness of the Ward	Assessors were happy with the Wards appearance & maintenance		

	<b>External</b>	<b>26/10/22</b>	Assessor reported that the external is "Well-maintained gardens with shrubs and plants. This is a low-secure area, but it has enclosed, external areas to the rear of the building with appropriate garden furniture and barbecue etc"	Assessors happy with the condition of the area	<i>can improve health and wellbeing, free up car parking space, and make a positive contribution to the community and the environment.</i>	The food was exceptionally good, and the service users appeared content"
<b>Forest Close.</b>	<b>Ward 1</b>	<b>31/10/22</b>	Assessors were happy with the cleanliness of the Ward	Assessors were happy with the Wards appearance & maintenance	<i>The Trust does not have a travel plan in place which encourage safe healthy and sustainable travel options. By reducing car travel, travel plans can improve health and wellbeing, free up car parking space, and make a positive contribution to the community and the environment.</i>	<i>The assessors reported "The meal was good and served in a good, clean dining room"</i>
	<b>Ward 1A</b>		Assessors were happy with the cleanliness of the Ward	Assessors were happy with the Wards appearance & maintenance		The assessors reported "A good, bright dining room. Napkins were provided. Fruit juice drinks were available. The service users appear to be enjoying themselves"
	<b>Ward 2</b>		Assessors were happy with the cleanliness of the Ward	Assessors reported- that Service user rooms requires redecorating		
	<b>External</b>		Assessors Reported that the external is "Spacious, clean, tidy, and welcoming. There are well maintained gardens and outdoor areas"	Assessors happy with the condition of the area		

**PLACE Lite (September 2022) Main Themes:**

**Ward area: G1A and B: Catering Method: Cook from fresh – incorporates some frozen**

**Areas of Excellence:**

- Service users offered choices of food
- Bright and clean dining area
- Staff interact with service users
- Protected mealtimes

**Areas of Recommendation:**

- Need more dessert options
- Better menu options (more visual)

**Ward area: Dovedale 1: Catering method: Cook Freeze**

**Areas of Excellence:**

- Options for dietary requirements were good
- Service users encouraged to sit in dining room
- Clean and bright dining room
- Good choice of food

**Areas of Recommendation:**

- Importance of ward staff to have awareness of Dysphagia (choking incident observed by Speech and Language Therapist whilst reviewing mealtime – managed safely)
- More accessible format for menu i.e., pictures

**Ward area: Forest Close 1, 1A and 2: Catering method: Self-Catering/Cook Fresh with occasional Cook Frozen**

**Areas of Excellence:**

- Protected mealtimes
- Service users enjoyed meals
- Variety of meal choice

- Staff interact with service users
- Clean and bright dining area

**Areas of Recommendation:**

- More fresh vegetables
- Feedback to staff on good practice
- More fresh choices when self-catering

**Ward area: Burbage (Dovedale 2): Catering method: Cook Freeze**

**Areas of Excellence:**

- Good variety of food available
- Staff interact with Service Users
- Good knowledge of Service User likes/dislikes
- Special Dietary requirements catered for
- Protected mealtimes on display

**Areas of Recommendation:**

- None noted

**Ward area: Maple: Catering method: Cook Freeze**

**Areas of Excellence:**

- Special diets and menus all on display
- Plenty of staff
- Good variety of food and well presented
- Dining area bright and clean
- Service users and staff interact well
- Service users' good comments about food
- Hot trolley

**Areas of Recommendation:**

- Some damaged furniture that needs replacing
- Staff sat on work surfaces
- Need larger boards (on order)

**Ward area: Endcliffe: Catering method: Cook Freeze****Areas of Excellence:**

- Special Dietary needs catered for
- Menus on display
- Bright and clean dining area
- Good choice of food on offer
- Protected mealtimes on display
- Allergy advice on display

**Areas of Recommendation:**

- Staff sat on work surfaces
- Need more fresh vegetables
- Some broken furniture that requires replacement

**Ward area: Stanage: Catering offer: Cook Freeze****Areas of Excellence:**

- Hygiene
- Good protection of mealtime although work talk was present
- Staff were at mealtimes and supportive
- Water, condiments all available
- Positive feedback from service users
- Alternatives offered for service users

**Areas of Recommendation:**

- Look at cultural food
- Area looks drab (due to be refurbished shortly)
- Watery vegetables – previously frozen

**Ward area: Forest Lodge: Catering method: Cook Freeze****Areas of Excellence:**

- Service users all complimented the food
- Alternatives available
- Salads are good and available often
- Bright and clean environment

**Areas of Recommendation:**

- Not enough vegetable option

The above information was discussed at the Nutrition and Hydration Steering group where the following main themes were agreed:

1. Some environmental improvements need to be made with reference to broken furniture and areas looking drab (any works required found at the visit have been taken forward and reported).
2. Fresh food options being more available with reference to fruit and vegetables (to be taken forward by new Catering Manager).
3. Staff conduct and support at mealtimes - need to be extra vigilant re: choking at mealtimes but also part of therapeutic mealtime (i.e. not sitting on work surfaces) – to be looked at by Nutrition and Hydration Steering Group and increase presence of Dietetic Service at mealtimes to support this important aspect of care.
4. Clearer, accessible menu options displayed – agreed that Dietetic Service and Catering staff are responsible for menu display – agreed to also involve OT workforce especially related to accessibility.

Appendix 2-*PLACE Results for the 2019 assessment published January 2020*

Please bear in mind that the 2019 results are not comparable with those in previous collections, due to the large-scale national review and question set changes.

Table A	Cleanliness			Food Overall			Organisational Food			Ward Food			Privacy Dignity & Wellbeing			Condition, Appearance & Maintenance			Dementia			Disability		
	Site	SHSC	Nat MH	Diff	SHSC	Nat MH	Diff	SHSC	Nat MH	Diff	SHSC	Nat MH	Diff	SHSC	Nat MH	Diff	SHSC	Nat MH	Diff	SHSC	Nat MH	Diff	SHSC	Nat MH
	%			%			%			%			%			%			%			%		
Firhill Rise (ISS)	100.00	98.50	1.50	93.20	92.10	1.10	87.14	90.00	-2.86	100.00	94.00	6.00	87.23	92.40	-5.17	97.17	95.70	1.47	N/A	N/A	N/A	81.58	87.50	-5.92
Forest Close	100.00	98.50	1.50	99.02	92.10	6.92	96.37	90.00	6.37	100.00	94.00	6.00	93.15	92.40	0.75	100.00	95.70	4.30	N/A	N/A	N/A	91.25	87.50	3.75
Forest Lodge	100.00	98.50	1.50	97.14	92.10	5.04	94.02	90.00	4.02	100.00	94.00	6.00	90.48	92.40	-1.92	95.24	95.70	-0.46	N/A	N/A	N/A	88.38	87.50	0.88
Grenoside Grange	98.63	98.50	0.13	95.29	92.10	3.19	91.30	90.00	1.30	100.00	94.00	6.00	95.24	92.40	2.84	94.53	95.70	-1.17	98.97	90.60	8.37	93.18	87.50	5.68
Longley Centre	99.35	98.50	0.85	89.96	92.10	-2.14	88.59	90.00	-1.41	90.79	94.00	-3.21	91.43	92.40	-0.97	96.53	95.70	0.83	88.18	90.60	-2.42	91.94	87.50	4.44
Michael Carlisle Centre	98.76	98.50	0.26	98.15	92.10	6.05	92.93	90.00	2.93	100.00	94.00	6.00	91.92	92.40	-0.48	97.02	95.70	1.32	94.52	90.60	3.92	90.48	87.50	2.98
SHSC Average	99.46	98.50	0.96	95.46	92.10	3.36	91.73	90.00	1.73	98.47	94.00	4.47	91.64	92.40	-0.76	96.75	95.70	1.05	97.22	90.60	6.62	89.46	87.50	1.96

Table B	Cleanliness			Food Overall			Organisational Food			Ward Food			Privacy Dignity & Wellbeing			Condition, Appearance & Maintenance			Dementia			Disability		
	Site	SHSC	Region	Diff	SHSC	Region	Diff	SHSC	Region	Diff	SHSC	Region	Diff	SHSC	Region	Diff	SHSC	Region	Diff	SHSC	Region	Diff	SHSC	Region
	%			%			%			%			%			%			%			%		
Firhill Rise (ISS)	100.00	98.80	1.20	93.20	93.20	0.00	87.14	92.10	-4.96	100.00	93.90	6.10	87.23	87.80	-0.57	97.17	97.50	-0.33	N/A	N/A	N/A	81.58	82.90	-1.32
Forest Close	100.00	98.80	1.20	99.02	93.20	5.82	96.37	92.10	4.27	100.00	93.90	6.10	93.15	87.80	5.35	100.00	97.50	2.50	N/A	N/A	N/A	91.25	82.90	8.35
Forest Lodge	100.00	98.80	1.20	97.14	93.20	3.94	94.02	92.10	1.92	100.00	93.90	6.10	90.48	87.80	2.68	95.24	97.50	-2.26	N/A	N/A	N/A	88.38	82.90	5.48
Grenoside Grange	98.63	98.80	-0.17	95.29	93.20	2.09	91.30	92.10	-0.80	100.00	93.90	6.10	95.24	87.80	7.44	94.53	97.50	-2.97	98.97	81.20	17.77	93.18	82.90	10.28
Longley Centre	99.35	98.80	0.55	89.96	93.20	-3.24	88.59	92.10	-3.51	90.79	93.90	-3.11	91.43	87.80	3.63	96.53	97.50	-0.97	88.18	81.20	6.98	91.94	82.90	9.04

Michael Carlisle Centre	98.76	98.80	-0.04	98.15	93.20	4.95	92.93	92.10	0.83	100.00	93.90	6.10	91.92	87.80	4.12	97.02	97.50	-0.48	94.52	81.20	13.32	90.48	82.90	7.58
SHSC Average	99.46	98.80	0.66	95.46	93.20	2.26	91.73	92.10	-0.37	98.47	93.90	4.57	91.64	87.80	3.84	96.75	97.50	-0.75	97.22	81.20	16.02	89.46	82.90	6.56

**Table C**

Site	Cleanliness			Food Overall			Organisational Food			Ward Food			Privacy Dignity & Wellbeing			Condition, Appearance & Maintenance			Dementia			Disability		
	SHSC	National	Diff	SHSC	National	Diff	SHSC	National	Diff	SHSC	National	Diff	SHSC	National	Diff	SHSC	National	Diff	SHSC	National	Diff	SHSC	National	Diff
	%			%			%			%			%			%			%			%		
Firhill Rise (ISS)	100.00	98.80	1.20	93.20	93.20	0.00	87.14	N/A	N/A	100.00	N/A	N/A	87.23	86.10	1.13	97.17	96.40	0.77	N/A	N/A	N/A	81.58	82.50	-0.92
Forest Close	100.00	98.80	1.20	99.02	92.20	6.82	96.37	N/A	N/A	100.00	N/A	N/A	93.15	86.10	7.05	100.00	96.40	3.60	N/A	N/A	N/A	91.25	82.50	8.75
Forest Lodge	100.00	98.80	1.20	97.14	92.20	4.94	94.02	N/A	N/A	100.00	N/A	N/A	90.48	86.10	4.38	95.24	96.40	-1.16	N/A	N/A	N/A	88.38	82.50	5.88
Grenoside Grange	98.63	98.80	-0.17	95.29	92.20	3.09	91.30	N/A	N/A	100.00	N/A	N/A	95.24	86.10	9.14	94.53	96.40	-1.87	98.97	80.70	18.27	93.18	82.50	10.68
Longley Centre	99.35	98.80	0.55	89.96	92.20	-2.24	88.59	N/A	N/A	90.79	N/A	N/A	91.43	86.10	5.33	96.53	96.40	0.13	88.18	80.70	7.48	91.94	82.50	9.44
Michael Carlisle Centre	98.76	98.80	-0.04	98.15	92.20	5.95	92.93	N/A	N/A	100.00	N/A	N/A	91.92	86.10	5.82	97.02	96.40	0.62	94.52	80.70	13.82	90.48	82.50	7.98
SHSC Average	99.46	98.80	0.66	95.46	92.20	3.26	91.73	N/A	N/A	98.47	N/A	N/A	91.64	86.10	5.54	96.75	96.40	0.35	97.22	80.70	16.52	89.46	82.50	6.96

The Report does not provide National Averages for the 'Organisational Food' and 'Ward Food' headings



**Appendix 3 – High level Action Plan from 2022 Assessment Outcomes**

Domain	Actions	Lead	Timescale	Resource Implications
<p>Cleanliness / Condition Appearance</p>	<p>The following minor items in some areas identified during the assessments:</p> <ul style="list-style-type: none"> <li>• Stain/Damage ceiling tiles</li> <li>• Damage floor</li> <li>• Dirty Shower curtain/ missing</li> <li>• Patient damage-Wall</li> <li>• Bathroom cubicles grimy</li> </ul> <p>The cleanliness of most areas was commendable by the assessors so the housekeeping team must ensure to continue this high standard as previous and current seen.</p> <p>Plan for these to be actioned via the Maintenance budget</p> <ul style="list-style-type: none"> <li>• Repairs to wall plaster &amp; paintwork required in various areas (patient damage)</li> <li>• A range of other minor items to be addressed via the maintenance dept.</li> </ul>	<p>Hotel Services Manager</p> <p>Housekeeping Manager</p> <p>Maintenance Manager</p>	<p>ASAP and Ongoing</p>	<p>No additional requirements</p> <p>No additional requirements</p> <p>Existing allocation</p>
<p>Privacy, Dignity &amp; Wellbeing</p>	<p>A travel plan (actions designed to encourage safe healthy &amp; sustainable travel options) which encourage safe healthy and sustainable travel options. By reducing car travel, travel plans can</p>	<p>Sustainability Manager</p>	<p>ASAP</p>	<p>Resource implications not yet assessed</p>

	<p>improve health and wellbeing, free up car parking space, and make a positive contribution to the community and the environment.</p> <p>The Trust need to conduct an access audit of reasonable adjustment for people with disabilities and they or a disability focus group should be involved.</p>	<p>Health and Safety Manager</p> <p>Hotel Services Manager</p> <p>Head of Soft FM</p> <p>Maintenance Manager</p>	<p>Review on-going but improvements to be instigated when identified</p>	<p>Resource implications not yet identified / assessed</p>
Food Safety	<p>To combine the recommendations of the recent PLACE Lite report (August 2022) with PLACE recommendations and these to be supported and monitored by the Nutrition and Hydration Steering group.</p> <p>Monthly audit of how simple daily menus are displayed on each ward with an accurate description of the meals on offer for the day. Must include catering staff keeping a daily record of when menu is deviated from due to catering supply restriction and offer of fresh produce.</p> <p>Continue to have choice regarding, when available, a seasonal menu with more availability and choice of fresh fruit and vegetables.</p> <p>Continued proactive approach to supporting inpatient areas to achieve MUST assessment compliance within 48 hours with discussion at team and directorate governance meetings (also counts towards Disability domain)</p>	<p>Chief Allied Health Professional</p> <p>Catering Manager/Lead Dietitian/Acute and Community AHP Lead</p> <p>Catering Manager/Lead Dietician</p> <p>Chief Allied health Professional/Head of Nursing</p>	<p>January 2023</p> <p>Ongoing</p> <p>Ongoing</p> <p>Tracked weekly and monthly</p>	<p>None identified</p> <p>None identified</p> <p>Some catering supply restriction due to global food supply pressure.</p> <p>None identified</p>

	<p>Review of the current training undertaken by catering staff with clear plan.</p> <p>Change Management process for Soft Facilities Management to be completed. Catering duties should be distinct from other housekeeping duties, this will give better assurance for food safety and in direct compliance with the new national food and drink standard.</p> <p>Continue to meet minimum compliance rating for MUST and Dysphagia Training for staff</p> <p>Review of existing Trust Catering policy and develop clear standard operating procedure (SOP) for serving of food and drink across all our inpatient areas. The SOP must include step by step instruction on food serving display and requirement at mealtime, hand washing practice and cleanliness, personal protective equipment (PPE) required, and role of all staff during meal preparation and at mealtime.</p>	<p>Catering Manager and Head of Facilities and Health and Safety</p> <p>Director of Strategy</p> <p>Chief Allied Health professional/Head of Nursing</p> <p>Head of Facilities and Health and Safety</p>	<p>February 2023</p> <p>November 2023</p> <p>Reviewed monthly</p> <p>April 2023</p>	<p>None identified – also dependent on change process underway for Facilities Management</p> <p>Transfer of housekeeping and cook housekeepers to Estates and Facilities Directorate followed by consultation on their roles and a review of job descriptions and resulting organisational change. This may have a resource impact through separation of the roles.</p> <p>Staffing vacancies and use of bank/agency impacting training uptake</p> <p>None identified</p>

Dementia	No actions identified in Dementia areas	-	-	-
Building and Facilities	Provide a range of seating in waiting areas for the range of patient's needs, e.g., diverse sizes including chairs with arms or without and bariatric chairs. (Also counts towards Dementia & Privacy & dignity domain)	Hotel Services Manager  Maintenance Manager  Health and Safety Manager	ASAP	Resource implications not yet assessed

## Appendix 4-PLACE 2022 – Supplementary Action List for Maintenance Manager

### **FOREST CLOSE-WARD 2**

Defect	Action Require	Location	Work Order (WO) & Date
Internal Redecoration- Service user rooms	Require repainting after repositioning of wall fittings	Bedrooms 8, 28 and 19	WO 156317 – Work to commence w/c 23/1/2022
Conservatory – windowsill damage	Require replacing using appropriate building material	Ward 2 conservatory	WO 156318 – Work to commence w/c 23/1/2022
Radiator on corridor dusty	Planned preventative maintenance	Corridor	Inhouse PPM to bring forward to Feb 2022
Damage to wall plaster where green exit button is	Repair	Nursing office ward 2	WO 156319 – Work to commence w/c 23/1/2022
Flooring in female toilet – old and worn	Repair / replace	Bedroom 28	WO 156328 – Work to commence w/c 23/1/2022

### **ENDCLIFFE WARD - LONGLEY CENTRE**

Defect	Action Require	Location	Comments
Wall-painting	Few areas of the ward require redecoration and paint	Corridors	The Ward is presently being painted.

### **MAPLE WARD – LONGLEY CENTRE**

Defect	Action Require	Location	Comments
Damaged/stained Ceiling Tiles	Ceiling tiles require replacement in G25, G27, H08, H09, J08, and D12,	G25, G27, H08, H09, J08, and D12,	Tiles to order
Wall flaking at elevated level	Require Repair and repainting in the kitchen	Kitchen	WO 156321 work to commence w/c 30/1/2022
visible crack on the wall	Require Repair and repainting in the Changing Area	Changing Area	WO 156323 work to commence w/c 30/1/2022
Damage door frame	Shower door frame require replacing	To confirm specific room numbers / areas	

Shower cubicle sealant worn	The showers sealant worn and needs to be replaced	All shower cubicles	WO 156323 work to commence w/c 30/1/2022
Shower Curtain missing	Some curtains are missing and require replacing.	To confirm specific room numbers / areas	
Shower curtain track damage	Shower curtain track damage will require replacement	To confirm specific room numbers / areas	
Radiator-rusty	Few radiators require repairs as they are rusty.	To confirm specific room numbers / areas	
Wall painting and redecoration rooms	Few areas on the ward require repainting	To confirm specific room numbers / areas	
Missing door grilles	Some rooms are missing door grilles which need to be replaced	To confirm specific room numbers / areas	
Wall painting corridors	Most areas of the ward require redecoration and repainting	Most areas	WO 156323 work to commence w/c 30/1/2022

### **DOVEDALE 1 WARD – MICHAEL CARLISLE CENTRE**

Defect	Action Require	Location	Comments
Room redecoration	Rooms 15,10, 9, 8, 7, 4, and 3 requires redecoration and paint	Rooms-15,10, 9, 8, 7, 4, and 3	WO 156348 – Access to be arranged with site for work to schedule
Damage wood floor	Door month of room 4 require repairs, there is gap in the flooring	Room 4	Flooring contractor (C) to assess for quotation purposes.

### **DOVEDALE 2 WARD – MICHAEL CARLISLE CENTRE**

Defect	Action Require	Location	Comments
Ceiling tiles-damage	Ceiling tile coming off will require fixing in place	To confirm specific room numbers / areas	
Shower curtain missing	There is need to replace shower curtain in the bathroom.	To confirm specific room numbers / areas	

Damage low level wall	There is a damage on the corridor that requires repairing.	To confirm specific room numbers / areas	
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### **FOREST LODGE**

Defect	Action Require	Comment	
Wall painting- Assessment ward	Corridor requires painting	All windows & door newly fitted across the unit so around doors & windows requires painting.	WO 156327 – Access to be arranged with site for work to schedule
Shower – requires resealing and there are stains on ceiling tiles- Assessment ward	Ceiling tile requires replacement and, the shower cubicle require sealant	This are both shower rooms on assessment.	WO 156325 - Access to be arranged with site for work to schedule
Ceiling tiles stained and damage-Rehabilitation Unit	Few ceiling tiles require replacement.	This are both shower rooms on Rehab.	WO 156324 - Access to be arranged with site for work to schedule

### **STANAGE WARD – MICHAEL CARLISLE CENTRE**

Defect	Action Require	Comment
Shower curtain-badly stained	The curtain will require replacement	Ward now vacated – work to be completed as part of whole ward refurbishment during 2023
Shower curtain Track	The track is damage and require replacement	Ward now vacated – work to be completed as part of whole ward refurbishment during 2023
Several ceiling tiles require cleaning /replacing	There are few ceiling tiles that requires replacement/ cleaning	Ward now vacated – work to be completed as part of whole ward refurbishment during 2023
Floor damage	Few areas floor require attention	Ward now vacated – work to be completed as part of whole ward refurbishment during 2023