

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Joseph's Nursing Home
<b>Centre ID:</b>	OSV-0000169
<b>Centre address:</b>	Clones Road, Ballybay, Monaghan.
<b>Telephone number:</b>	042 974 1141
<b>Email address:</b>	olshballybay@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Congregation of the Daughters of Our Lady of the Sacred Heart
<b>Provider Nominee:</b>	Kathleen McQuillan
<b>Lead inspector:</b>	PJ Wynne
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	20
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 28 June 2016 09:30 To: 28 June 2016 17:10

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

The Health Information and Quality Authority (HIQA) received an application on the 1 June 2016 from the provider to vary a condition to the certificate of registration, granted to the centre in the January 2015. Namely, the maximum number of residents that maybe accommodated at the centre is increased from 20 to 31. This application was assessed during the inspection.

Notifications of incidents received since the last inspection was also considered and reviewed on this visit.

The inspection evidenced a good standard of evidence-based care and appropriate medical and allied health care access. There was good evidence of medical reviews shortly after admission and when a resident became unwell.

A new person in charge has been appointed since the last inspection. The person in charge is a registered nurse and fulfils the criteria required by the regulations in terms of qualifications and experience. There was an adequate complement of

nursing and care staff with the proper skills and experience. Staff had access to ongoing education and a range of training was provided during the past year.

A new extension has been added to the building. The extension has been built in accordance with HIQA's, National Standards for Residential Care Settings for Older People in Ireland, 2016. The accommodation comprises of seven single and two twin bedrooms each with ensuite facilities. A new sitting room and visitors room has been provided.

Ten Outcomes were inspected. The inspector judged six Outcomes as compliant with the regulations and four as substantially compliant. The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

***Outcome 01: Statement of Purpose***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

A revised Statement of Purpose was submitted to HIQA in June 2016.

The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

**Judgment:**

Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

The provider has ensured sufficient resources to ensure the delivery of care in accordance with the Statement of Purpose. There was a defined management structure in place with which staff were familiar. The governance arrangements in place are suitable to ensure the service provided is safe, appropriate and consistent.

The management team have a visible presence at all levels throughout the centre. The registered provider is actively involved in the centre and she is well known to residents and their families.

There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge. There was a variety of audit tools available and each audit completed described any deficits identified, the action to be taken within required timescales and the person responsible to implement the improvement plan.

**Judgment:**  
Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**  
Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge has changed since the last inspection. HIQA received a notification of a change of person in charge in February 2015. The person in charge is a registered nurse and is noted on the roster as working in the post full-time.

The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience. The nominated person to fulfil the role of the person in charge has more than three years experience of nursing older persons within the last six years as required by the regulations.

The person in charge has maintained her professional development and attended mandatory training required by the regulations. The person in charge facilitated the inspection well and provided all information requested by the inspector. She has a post graduate qualification in gerontology nursing and health informatics.

She was well known by residents. She had good knowledge of residents care needs and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

**Judgment:**  
Compliant

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

**Theme:**

Governance, Leadership and Management

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

**Findings:**

The inspector found that there were systems in place to maintain complete and accurate records. Records were stored securely and easily retrievable.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff.

A sample of three staff files were examined to assess the documentation available, in respect of persons employed. The information required by Schedule 2 of the regulations was available in the staff files reviewed. The provider was awaiting the outcome of Garda Síochána vetting for the two most recent staff recruited. One staff file did not have valid photographic identification in the form of a drivers licence or passport.

A directory of residents' was maintained and available for review. The directory contained the facility to record all the information required by Schedule 3, of the regulations. The directory was accurately maintained up to date. The details of the most recent transfer to hospital were recorded in the directory.

The certificate of registration was not displayed prominently as required by the regulations. The Statement of Purpose and residents' guide was available for review in the entrance lobby.

**Judgment:**

Substantially Compliant

***Outcome 07: Safeguarding and Safety***

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

*is promoted.*

**Theme:**

Safe care and support

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

**Findings:**

There were effective and up to date safeguarding policies and procedures in place. There were sufficient numbers of suitably qualified staff on each shift to promote residents independence.

The inspector observed and saw that residents were treated well, with safety at the forefront of care and support provided appropriately. The inspector viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults. The person in charge is a qualified trainer in adult protection and facilitates training with the staff.

No notifiable adult protection incidents which are a statutory reporting requirement to the HIQA have been reported since the last inspection.

There is a policy on the management of behaviour that is challenging. Staff were very familiar with resident's behaviours and could describe particular residents' daily routines very well to the inspector. However, all staff had not participated in training in caring for people with dementia and behaviours that challenge. The person in charge had organised training for staff in July 2016.

There was a policy on restraint management (the use of bedrails and lap belts) in place. In line with the national policy on promoting a restraint free environment further work is required. At the time of this inspection 75% of the residents had two bedrails raised. A risk assessment was completed and signed consent was obtained by the resident or their representative. A restraint/enabler register was maintained. This recorded the times bedrails were raised and taken down. All residents were checked periodically throughout the night. However, there was limited evidence of multi disciplinary involvement in the decision making process and documenting why alternatives trialled were unsuccessful.

**Judgment:**

Substantially Compliant

***Outcome 08: Health and Safety and Risk Management***

***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

**Findings:**

The governance arrangements to manage risk situations were specified. The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. Responsibility for health and safety procedures and an organisational safety structure was included in the risk management policy and health and safety statement. This was updated in April 2016.

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed. The needs of the residents had been assessed in the event of an evacuation of the centre. Personal emergency evacuation plans were developed for residents detailing both their day and night evacuation requirements.

There was an ongoing program of refresher training in fire safety evacuation. Records indicated fire drill practices were completed. The drill records recorded the date of the drill and the names of staff who took part. The fire drill records recorded the scenario/type of simulated practice, to include the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. There was documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

There were procedures to undertake and record internal fire safety checks. Weekly checks of the fire extinguishers were undertaken to ensure they were in place and intact, the fire panel and automatic door closer were operational. Records were maintained evidencing the fire escape routes were checked daily.

The training records showed that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Moving and handling risk assessments were completed for each resident. However, the type of hoist and sling size was not specified in each moving and handling risk assessment.

There was a contract in place to ensure hoists and other equipment to include electric beds and air mattresses used by residents was serviced and checked by qualified personnel to ensure they were functioning safely.

Hand testing indicate the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Restrictors were fitted to upstairs windows. Access to work service areas to include the kitchen and sluice room was secured in the interest of safety to residents and visitors.

**Judgment:**

Substantially Compliant

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

Each resident's medication was dispensed from a blister packs. These were delivered by the pharmacy and contained a monthly supply of each resident's medication. The drugs on arrival are checked against the prescription sheets in the signed kardex to ensure all medication orders received were correct for each resident.

The inspector reviewed a sample of drugs charts. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication. The prescription sheets reviewed were legible in all cases. The GP's signature was in place where medication was discontinued.

There were no drugs being crushed for any residents at the time of this inspection. The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs. There were four residents in receipt of controlled drugs at the times of this inspection. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the balances and found them to be correct.

**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):**

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

**Findings:**

There were 20 residents in the centre during the inspection. There were eight residents with maximum care needs. Five residents were assessed as highly dependent. Four had medium dependency care needs. Two residents were considered as low dependency. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition.

The arrangements to meet residents' assessed needs were set out in individual care plans. A range of risk assessments had been completed. These were used to develop care plans that were person-centred, individualised and described the current care to be given. There was good linkage between assessments completed and developed plans of care.

The inspector reviewed three resident's care plans in detail and certain aspects within other plans of care. There were plans of care in place for each identified need. Care plans described well residents' level of independence and what they could do for themselves.

In the sample of care plans reviewed there was evidence care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan.

Residents had access to general practitioner (GP) services and there was evidence of medical reviews at least three monthly and more frequently when required. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. A review of residents' medical notes showed that GP's visited the centre regularly.

There were no residents with pressure wounds at the time of this inspection. A number of residents were provided with air mattresses.

The policy of the centre is all residents are to be weighed at a minimum on a monthly basis. A review of records indicated each resident's weight was closely monitored.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Effective care and support

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

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

**Findings:**

A new extension has been added to the building. This is designed to meet the needs of dependent older people. The accommodation comprises of two single and one twin bedroom on the ground floor. There are five single and one twin bedroom on the first floor. All bedrooms have access to en-suites facilities to include toilet, wash hand basin and shower.

The extension has been built in accordance with HIQA's, National Standards for Residential Care Settings for Older People in Ireland, 2016. Each bedroom and bathroom is spacious and well equipped to meet residents' comfort and privacy needs. Showers are level with the floor surface ensuring ease of access. Grab rails and call alarms are provided in each bathroom. All bedrooms have good natural light. Suitable ventilation is provided in all areas. Each bedroom is fitted with a thermostat to allow residents individually adjust the temperature to meet their needs.

There is a sitting room and visitors' room with toilet facilities provided adjacently. Sluicing facilities are provided on each floor. There is a lift provided of a sufficient size to accommodate an ambulance trolley. A new enclosed garden space is available to residents. However, gates are required to be fitted to ensure safety for residents. The height of the handrail along the stairs in the part of the premises in which the new beds are to be registered requires risk assessment to ensure safety for residents accessing the stairway. This was discussed with the architect during the inspection who indicated it would be raised to a height in accordance with building regulations for public buildings.

Minor alterations to the existing part of the premises are planned to include increasing the size of the day sitting room and relocating the entrance to maximise privacy for residents with bedroom located close to the sitting room. The size of a bathroom is being increased. A new bath which is accessible to residents requiring hoist transfer is being provided.

**Judgment:**

Substantially Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs***

*of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**  
Workforce

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

**Findings:**

The provider and person in charge indicated new residents would be admitted on a phased, planned basis and any increase in the number of residents would be supported by a continuous review to ensure a suitable staffing level and skill mix is maintained.

The inspector reviewed the proposed staffing plan. This outlined the number and skill mix of whole time equivalent staff planned to meet the needs of prospective residents on each work shift.

The provider indicated recruitment is being progressed and all staff will be trained in line with the centre's policy on recruitment, selection and vetting of staff.

The current staff rota showed the staff complement on duty over each 24-hour period. The person in charge at all times was denoted on the rota. The inspector noted that the planned staff rota matched the staffing levels on duty.

There was an adequate complement of nursing and care staff on each work shift to meet the number of residents currently accommodated. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre.

Staff had access to ongoing education and a range of training was provided. Mandatory training required by the regulations was facilities on a rotational basis. The person in charge was reorganising the training records to facilitate clear oversight of each staff members training requirements.

**Judgment:**  
Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

PJ Wynne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



**Provider's response to inspection report<sup>1</sup>**

<b>Centre name:</b>	St Joseph's Nursing Home
<b>Centre ID:</b>	OSV-0000169
<b>Date of inspection:</b>	28/06/2016
<b>Date of response:</b>	29/07/2016

**Requirements**

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

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

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**  
Governance, Leadership and Management

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

One staff file did not have valid photographic identification in the form of a drivers licence or passport.

**1. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

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

the Chief Inspector.

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

All the staff files are updated with valid photographic identification.

**Proposed Timescale:** 26/07/2016

### **Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

All staff had not participated in training in caring for people with dementia and behaviours that challenge.

**2. Action Required:**

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

14 staff have attended training in Quality of Life for People with Dementia and management of behaviour that is challenging. More training days will be scheduled for rest of the staff to complete the training.

**Proposed Timescale:** 31/10/2016

**Theme:**

Safe care and support

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

In line the national policy on promoting a restraint free environment further work is required. At the time of this inspection 75% of the residents had two bedrails raised. However, there was limited evidence of multi disciplinary involvement in the decision making process and documenting why alternatives trialled were unsuccessful.

**3. Action Required:**

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

In line with the national policy we will review and update the documentation on use of alternatives. All decisions made by the multi disciplinary team will be reflected in the

resident care plans.

**Proposed Timescale:** 31/08/2016

### **Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

The type of hoist and sling size was not specified in each moving and handling risk assessment.

**4. Action Required:**

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

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

All the moving and handling risk assessments are updated, the type of hoist and sling sizes are specified.

**Proposed Timescale:** 26/07/2016

### **Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

Gates were not fitted to ensure safety for residents in the new enclosed garden space available.

**5. 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:**

Gates will be fitted to the extension in which the new beds are to be registered

**Proposed Timescale:** 05/08/2016

**Theme:**

Effective care and support

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

The height of the handrail along the stairs in the part of the premises in which the new beds are to be registered requires risk assessment to ensure safety for residents accessing the stairway.

**6. Action Required:**

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

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

The height of the handrail along the rails is raised and risk assessment is carried out to ensure the safety of the residents

**Proposed Timescale:** 26/07/2016