

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Asgard Lodge Nursing Home
<b>Centre ID:</b>	OSV-0005187
<b>Centre address:</b>	Monument Lane, Kilbride, Arklow, Wicklow.
<b>Telephone number:</b>	0402 32901
<b>Email address:</b>	asgardlodge@yahoo.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Asgard Lodge Nursing Home Limited
<b>Lead inspector:</b>	Nuala Rafferty
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	32
<b>Number of vacancies on the date of inspection:</b>	2

## **About Dementia Care Thematic Inspections**

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 26 March 2018 11:00 To: 26 March 2018 18:30

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

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

**Summary of findings from this inspection**

This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also followed up on actions required from the previous inspection and considered information received by the Health Information and Quality Authority (HIQA) in the form of notifications and other relevant information.

The provider had completed a self- assessment tool on dementia care and had assessed the compliance level of the centre as compliant for safeguarding, rights, dignity and consultation and complaints, substantially compliant for health and social care needs and staffing. The provider assessed premises as moderately non-compliant.

This inspection agreed with the provider's assessment for complaints and also found

staffing to be compliant. The outcomes for safeguarding, premises and rights, dignity and consultation were substantially compliant. The outcome for health and social care was moderately non-compliant.

The inspector found that residents received person-centred care from a team of staff who were appropriately trained to carry out their role effectively. The inspector spoke with several residents who, although unable to explain their level of satisfaction with the service, demonstrated behaviours associated with feeling safe and content.

Residents' had access to medical officers and allied health professionals, such as physiotherapy and speech and language therapists, and access to community health services was also available.

The premises were designed and furnished to offer resident's comfortable accommodation. Bedrooms were appropriately furnished and there was adequate wardrobe and storage space for clothing and personal possessions. The centre was appropriately and pleasantly decorated and well maintained.

Overall, there was a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. A good system of governance was in place but would benefit from a greater emphasis on continual improvement. Some areas of ongoing improvement were identified with regard to medication management, care planning and reviews and increased opportunities for residents for meaningful engagement.

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

*Outcome 01: Health and Social Care Needs*

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents had access to medical care, out-of-hours doctor services and a full range of other services available on referral, including occupational therapy, speech and language therapy, dietician, chiropody, dental services and optical services.

Evidence of referral and review was available and viewed, with early recognition of the signs of clinical deterioration and appropriate management.

Samples of clinical documentation including nursing and medical records were reviewed. These showed that all recent admissions to the centre were assessed prior to admission. The pre-admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident.

Transfer of information within and between the centre and other healthcare providers was good. Discharge letters for those who had spent time in acute hospital and results of blood tests and other health screening detailing findings after clinic appointments were maintained.

Evidence of referral and review was available and viewed with early recognition of the signs of clinical deterioration and appropriate management. Regular review of all residents by a medical officer as needs changed or every four months was found.

There were systems in place to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health. Comprehensive risk assessments on which to base care plans were found and there were efforts to plan and deliver care in a person-centred manner. Care plans to guide staff on the appropriate use of interventions to manage residents' identified needs were in place but there were areas that needed to be improved.

Some care plans did not contain enough detail to guide staff and were not reviewed regularly enough to determine their effectiveness to manage and /or treat the need. In addition, the inspector found that some care plans were not updated to reflect changes to the interventions or treatment required to manage the needs, and some care plans were not fully or consistently implemented.

Examples included care plans for pressure ulcers and responsive behaviours management.

The inspector also noted that assessments of residents' former interests or current social

needs was not carried out and care plans to guide staff to meet these needs in an holistic manner were not in place.

Aspects of other nursing documentation required improvements to support coordinated clinical care management of residents' needs. Nurses' daily progress records did not provide enough detail on the overall status of residents. The notes did not always comment on the care delivered, signs of improvement or deterioration in physical emotional or psychological state. They did not indicate how the resident had spent their day. This meant that a general picture of each person's overall health and well being could not be determined.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents' weights were checked on a weekly basis, and where required daily intake charts were in place to monitor food or fluid intake.

Menus were available and all residents were offered choice at each meal. Residents on modified diets were provided with the same choices and each element of the meal was separately presented on the plate. The inspector observed residents having their lunch in the dining room, where a choice of meals was offered. All of the residents in the dining room were capable of having their meal independently. The assistant director of nursing supervised the dining experience for residents and sat and chatted with them or assisted to source additional condiments, mint sauce or drinks. Residents who required assistance with their meals were in the main sitting room and the inspector observed that appropriate assistance was given and staff were noted to patiently and gently encourage the resident throughout their meal.

There were written operational policies relating to the ordering, prescribing, storing and administering of medicines to residents. Nursing staff were observed administering medicines to residents and following appropriate administration practices. The nurse knew the residents well, and was familiar with the residents' individual medication requirements.

Details of all medicines administered were correctly recorded. Prescribed medicines were regularly reviewed by a medical officer. Medicine audits were conducted in the centre and a process for recording medicine errors was also in place.

The inspector reviewed a number of the prescription and administration sheets and identified a number of issues that did not conform with appropriate medicine management practices including:

- Where more than one medicine was prescribed as part of a therapeutic regime for responsive behaviours on a p.r.n. basis (medicine given occasionally on an as required basis) the prescription did not indicate when the medicines were to be used or which medicine was to administered first and there were no protocols in place to guide practice to ensure appropriate consistent administration.
- The maximum dose of p.r.n. medications to be administered in a 24 hour period was not consistently indicated on the prescription sheet.
- A number of residents required their medicines to be crushed prior to administration however the medicines that could be crushed were not individually identified on the prescription.

**Judgment:**

Non Compliant - Moderate

### *Outcome 02: Safeguarding and Safety*

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

There were procedures in place for the prevention, detection and response to abuse, and residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia. Residents spoken with confirmed they felt safe and knew who they would speak too if they were concerned. Residents who were unable to verbalise their thoughts, did not exhibit behaviours associated with fear or distress.

Staff spoken with by the inspector confirmed that they had received recent training on recognising abuse and were familiar with the reporting structures in place. The inspector observed staff interactions with residents and noted their person-centred approach using good communication skills in a patient, calm manner.

The promotion of a restraint free environment culture required improvement. The inspector discussed the use of bed rails with the person in charge. It was noted that bed rails were in use for almost half of the residents. The inspector was told and there was some evidence that many residents had requested the use of the rails to feel secure at night. For other residents the use of the bed rails was identified as an enabler. An enabler can be described as an item or approach that does not restrict independent movement and is used for specific periods.

However, it was noted that in some instances that bed rails were identified as enablers rather than restraints, but the rationale for the use of the rail as an enabler was not clear. On review of a sample of risk assessments, inspectors found that for some residents the rails were identified as a safety measure or to aid re-positioning by the resident themselves. However, the inspector noted that not all residents, for whom this assessment was made, could maintain their own posture or re-position themselves using the rail.

The inspector reviewed the system in place to manage residents' money and found that reasonable measures were in place and implemented to ensure resident's finances were fully safeguarded.

**Judgment:**

Substantially Compliant

### *Outcome 03: Residents' Rights, Dignity and Consultation*

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector observed that residents' rights, privacy and dignity were respected with personal care delivered in their own bedroom or in bathrooms with doors closed, and the right to receive visitors in private.

The inspector observed that staff paid great attention to detail to ensure residents were appropriately dressed and immaculately groomed. The person in charge said that all of the residents had great pride in their appearance and their families loved to see them looking well dressed.

There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends reading or chatting in their bedrooms.

Choice was respected and residents were asked if they wished to attend activity sessions. Control over their daily life was also facilitated in terms of times of rising or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. Residents' religious needs were met through monthly Mass and weekly Eucharistic service in the centre.

Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious, restless or agitated.

All staff were involved in the delivery of activities with residents. A programme was in place and included activities for physical and mental stimulation such as exercise classes, quiz games, art therapy and flower arranging. Community involvement was facilitated and several groups visit the centre on a weekly basis. The importance of intergenerational relationships was recognized and facilitated by the provider and person in charge. Social mornings were held weekly with the transition year students from a local school. This included music and opportunities for conversation. Pre-school children from a local Montessori school also visited weekly. The programme also reflected the needs of those with dementia and included reminiscence and sensory stimulation through hand massage and touch therapy.

Organised outings were usually at weekends and were dependent on family involvement. Some residents said they liked to get out but recognized the difficulty in arranging this for them.

However, it was noted that the programme was not linked to any information gathered in the form of residents' life stories in order to include purposeful activities linked to former interests or lifestyles. Limited meaningful mental or sensory stimulation was provided to residents during the inspection with the exception of one planned group exercise activity. It was noted that only a small number of residents engaged in this activity. The inspector observed that residents were seated in armchairs or specialised seats, most of which were lined up against the walls of the sitting rooms. Staff were observed to be busy and concentrated most of their time meeting residents physical needs. Staff engaged well with residents but usually only when a resident required



assistance with an aspect of daily living such as eating, drinking or moving. The person in charge and the assistant director of nursing were observed to take a moment to stop and chat to one or two residents on every occasion when they passed through the smaller sitting room. Otherwise there were few opportunities provided to residents to converse or interact, in particular for those with communication difficulties, to try to dispel loneliness or boredom.

The inspector observed that one-to-one time for residents with more severe dementia or cognitive impairment, who were frail, or who would not participate in the group activities, was limited and discussed this with the person in charge. The inspector observed that several residents remained in their bedroom for most of the day. Staff confirmed these residents spend only a few hours in the sitting room each day and rarely joined in group activities.

On review of documentation and in discussion with staff, it was found that interactive socialisation, through conversation with staff during personal care interventions, was the primary source of stimulation.

All residents spoken with praised staff for their hard work and the manner in which they carried out their work. All said staff were respectful, helpful and kind.

Evidence that residents and relatives were involved and included in decisions about the life of the centre was viewed. A meeting was held generally every month where residents were consulted about future activities or outings. Minutes of these meetings were viewed.

Overall, although the inspector observed that some residents appeared to engage in, and enjoy, the planned activity provided and others were content to read the newspapers and chat to each other and visitors, there were long periods throughout the day where many residents experienced a neutral environment that was passive and not stimulating.

**Judgment:**

Substantially Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

A complaints process was in place to ensure the complaints of residents, their families or next of kin, including those with dementia, were listened to and acted upon. The process included an appeals procedure.

The complaints policy met the regulatory requirements. Some residents spoken to with could tell inspectors who they would bring a complaint too. Few complaint were made to date and were dealt with promptly, and there were records available to document the outcome and satisfaction of the complainant.

**Judgment:**

Compliant

**Outcome 05: Suitable Staffing****Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The centre was well resourced with sufficient nursing and care staff on duty to deliver care to residents on the days of inspection.

The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

There were also sufficient support staff available including household, catering, administration and maintenance staff. Arrangements to replace staff to fill unexpected absences were in place. The inspector was told that part-time staff were available to fill unexpected absences and agency staff were not used. This helped to provide more consistency of practice in delivering quality care.

Staff were up to date in their mandatory training in fire safety, safeguarding of vulnerable adults, and manual handling. There was a tracking system in place to identify staff due to attend training sessions. Staff spoken with said they were provided with opportunities to attend new and refresher training in areas relevant to their role such as basic nutrition, falls prevention and infection prevention and control.

The inspector spoke with some staff and observed the standard of interactions and care delivery with residents. Staff were observed to be patient, friendly and respectful to residents. The staff were knowledgeable on the needs, preferences, interests and backgrounds of residents. Residents appeared comfortable with staff and spoke highly of the standard of care delivered by them.

Inspectors reviewed a sample of personnel files for different categories of staff members and found them to contain all documentation required under Schedule 2 of the regulations, including Garda Síochána (police) vetting and evidence of active registration with the Nursing Board of Ireland.

**Judgment:**

Compliant

**Outcome 06: Safe and Suitable Premises****Theme:**

Effective care and support

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

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

**Findings:**

The designated centre is a purpose-built building with residents' bedroom and communal facilities on the ground floor and six bedrooms on the first floor. It has been extensively refurbished and finished to a high standard.

The centre has 24 single bedrooms and 5 twin rooms. Eighteen of these rooms have an en suite facility (some are a shared en suite facility). Facilities such as; sitting room, dining room, kitchenette, assisted bathrooms, nurses station were also available and all of the required equipment storage and other facilities to meet residents needs

Inspectors noted that the centre was appropriately and pleasantly decorated and well maintained.

Residents were observed strolling independently throughout the day, and this was facilitated by safe and even floor covering, grab rails on hallways and adequate corridor space to navigate a wheelchair or walking frame.

Rest spots were available along some corridors which were nicely decorated and featured magazines, pet birds and external views.

Bedrooms and communal areas were comfortable and of adequate size for the number and requirements of residents, and were furnished and decorated in a non-clinical, home-like fashion. Bedrooms were personalised to the residents' preferences with decorations and photographs, and some residents had availed of the option to have some of their own furniture in the centre.

However, all bedrooms did not contain a lockable storage space and locks were not available on all shared en suite doors.

Efforts to provide appropriate signage and cueing to support freedom of movement for residents with dementia was found although some further improvements were required. Names of residents were posted on bedroom doors to assure residents that they were at the correct room. Call bells were available in resident's bedrooms, toilets and communal rooms. Universal signage using pictures and objects were in place in the communal areas. A large spoon hanging on the door of the dining room clearly indicated the function of the room. Pictures of armchairs and TV's indicated the function of the sitting areas.

However, way-finding for residents with dementia could be improved through use of navigational signage. Also, colour contrast to aid residents with confusion or impaired vision, such as on grab rails, bathroom doors and toilet seats in bathrooms would be of benefit. It was also noted that the purpose and function of some rooms were not identified such as staff facilities, some store rooms and a quiet room used to facilitate the transfer of residents in twin rooms who were ill or at end-of-life.

An enclosed garden at the back of the centre, provided a secure and relaxing space to enable residents enjoy the outdoor landscaped garden and safe walk ways.

**Judgment:**

Substantially Compliant

## Closing the Visit

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

### **Acknowledgements**

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

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

Nuala Rafferty  
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>	Asgard Lodge Nursing Home
<b>Centre ID:</b>	OSV-0005187
<b>Date of inspection:</b>	26/03/2018
<b>Date of response:</b>	26/04/2018

### Requirements

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

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

### Outcome 01: Health and Social Care Needs

#### Theme:

Safe care and support

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

Assessment and care planning were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

#### **1. Action Required:**

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by

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

an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

We have audited and reviewed all care plans to ensure that the specific needs of residents are documented and implemented.

**Proposed Timescale:** 26/04/2018

**Theme:**

Safe care and support

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

Some care plans were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

**2. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Following audit all plans have been reviewed and provide a clear consistent plan of care for all Residents which is kept up to date.

**Proposed Timescale:** 26/04/2018

**Theme:**

Safe care and support

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

Reviews of some care plans were not carried out on a four monthly basis and did not include a determination of the effectiveness of the plans to manage the needs identified.

**3. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

We intend to keep all care plans under review to determine effectiveness. We will ensure that all care plans are reviewed within the time scale.

**Proposed Timescale:** 26/04/2018

**Theme:**

Safe care and support

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

The documentation of care was not sufficiently accurate or complete to provide an accurate record of residents current overall condition.

**4. 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 the Chief Inspector.

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

We have revised our method of documentation to reflect the changing needs of Residents by introducing a standard format of report writing.

**Proposed Timescale:** 26/04/2018

**Theme:**

Safe care and support

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

Prescribing practices and supporting guidance on the appropriate use of all medications were not sufficiently specific to guide nursing staff to ensure the safe administration of all medication.

**5. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

We have reviewed all Resident's medication kardex's and consulted with GP's to ensure that all medications are appropriately prescribed and recorded and changes are recorded in medication care plan.

**Proposed Timescale:** 26/04/2018

**Outcome 02: Safeguarding and Safety**

**Theme:**

Safe care and support

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

There was limited evidence that the least restrictive approach was consistently followed in line with national policy from the Department of Health.

**6. 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:**

We are systematically reviewing restraint procedures in consultation with Residents and documenting outcomes of all reviews.

**Proposed Timescale:** 26/04/2018

**Outcome 03: 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:**

Opportunities for socialisation, and purposeful and meaningful stimulation to promote residents' physical and mental health and wellbeing, in accordance with their interests and capacity were limited.

**7. Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

We are reviewing activity schedule to include more therapeutic activity for Residents.

**Proposed Timescale:** 28/06/2018

**Outcome 06: Safe and Suitable Premises****Theme:**

Effective care and support

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

Improvements to the premises were required in order to fully meet the aims and



objectives of the service as outlined in it the statement of purpose. These included:  
Provision of lockable storage space and locks on all shared en suite doors.  
Improved use of navigational signage for residents with dementia.  
Colour contrast to aid residents with confusion or impaired vision, such as on grab rails, bathroom doors and toilet seats in bathrooms.  
The purpose and function of all rooms to be identified.

**8. 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:**

- Locks on all shared en-suite doors and lockers have been fitted. (Complete).
- Updating of navigational signage is in progress. (28/06/2018).
- We will do an environmental audit to review colour contrasting. (28/06/2018)
- The purpose and function of all rooms are identified in the Statement of Purpose and Function. (Complete).

**Proposed Timescale:** 28/06/2018