

Unannounced Care Inspection Report 20 December 2016



Hollygate Lodge

Type of service: Residential care home
Address: 21 Hollygate Park, Carryduff, Belfast, BT8 8DZ
Tel no: 028 9081 3243
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Hollygate Lodge Residential Home took place on 20 December 2016 from 10.25 to 16.30.

The inspection sought to assess progress with any issues raised since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

A complaint was received by RQIA by telephone on 22 November 2016. This related to alarm mats and intercom systems not working properly thus leaving residents at potential risk, to the system of exchange of information at staff handovers, to the management of poor performance by a small number of identified care staff and to potential risk to staff associated with assisting residents on stair lifts. It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home. These issues were raised with the registered manager and the findings are detailed in the body of the report.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and risk management.

Two recommendations were made in relation to checks and audits and to the home's environment.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

One recommendation was made in regard to risk assessments.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Sharon Boyd, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Hollygate Care Service Ltd/ Ian George Emerson (Acting)	Registered manager: Mrs Sharon Boyd
Person in charge of the home at the time of inspection: Mrs Sharon Boyd	Date manager registered: 14 October 2015
Categories of care: I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia LD (E) – Learning disability – over 65 years	Number of registered places: 38

3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with five residents, four care staff, one resident's representative, the registered manager and the deputy manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Care files of three residents
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews, accidents and incidents (including falls), complaints, environment, kitchen hygiene and catering
- Equipment maintenance records
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment
- Programme of activities
- Policies and procedures manual

A total of thirty questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. 14 questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 9 August 2016

The most recent inspection of the home was an unannounced care inspection. There were no requirements or recommendations made as a result of this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 9 August 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, a resident's representative and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Completed induction records were reviewed during the last care inspection. Discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. One recently appointed staff member

described the process of induction, the regular support provided by senior staff and how effective induction prepared staff to meet the needs of residents in the home.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff confirmed during the last care inspection that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed at that time and were found to be satisfactory.

Review of the recruitment and selection policy and procedure during the last care inspection confirmed that it complied with current legislation and best practice. The registered manager advised that the policy and procedure was unchanged. Discussion with the registered manager confirmed that staff continued to be recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Discussion with the registered manager confirmed that Enhanced AccessNI disclosures were viewed by her for all staff prior to the commencement of employment.

The registered manager and the home's administrator were able to describe the arrangements in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion had been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager established that no adult safeguarding issues had arisen since the last care inspection. The registered manager confirmed that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager advised that staff checked alarm mats daily, that any faults were logged and that the mats were either repaired or replaced promptly. The registered manager

acknowledged, however, that there was no system in place to check and audit intercom or nurse call systems. A recommendation was made in this regard.

A review of policy and procedure on restrictive practice/behaviours which challenge at the last care inspection confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). The registered manager confirmed that this policy was unchanged since the last inspection.

The registered manager confirmed there were restrictive practices employed within the home for some residents, notably wheelchair lap belts, bed rails and pressure alarm mats. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. This was confirmed through inspection of equipment maintenance records.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. It was noted that carpets and curtains had been replaced in the downstairs communal areas and that these areas were pleasantly appointed.

It was also noted, however, that some areas were in need of attention. A small area of wallpaper in an identified downstairs toilet needed to be repaired; a shower seat in an identified downstairs bathroom had signs of rust on the legs; a wardrobe was not secured to the wall in one identified bedroom; the vinyl flooring in one identified bedroom was slightly

damaged; a metal door strip at one identified bedroom was not sufficiently attached to the floor. The registered manager gave a verbal undertaking that these issues would be addressed immediately. A recommendation was made in regard to environmental issues.

The home had an up to date fire risk assessment in place dated 5 January 2016 and all recommendations were noted to be appropriately addressed. The home’s arrangements for fire safety were examined during the last care inspection and were found to be satisfactory.

14 completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from residents and staff were as follows:

- “(The safety of the care is) very, very good.”
- “We feel completely safe.”
- “All training is kept up to date. Each morning senior (care assistant) has five care staff and each evening senior has four care staff.”

Areas for improvement

Two areas for improvement were identified in relation to a system to check and audit the intercom or nurse call systems and to the home’s environment.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of the care records of three residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessments and risk assessments (e.g. manual handling, bedrails, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. Records were stored safely and securely in line with data protection.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that they were familiar with person centred care and that this approach underpinned practice. Staff were able to describe the individual care needs and preferences of residents and how care was tailored to suit residents.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls), complaints, environment, kitchen hygiene and catering were available for inspection. The registered manager advised that most audits were completed monthly and that an enhanced

system of audit of care files was to be introduced in 2017. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

The registered manager described the system of exchange of information at staff handovers and advised that some new arrangements had been introduced. Care staff had access to residents' care records. Care staff were also actively encouraged to use any spare time to become up to date with any changes in residents' care needs. In addition, a handover communications book was in the process of being developed; this would provide a useful overview of any changes for care staff.

With regard to potential risk to staff associated with assisting residents on stair lifts, it was identified that risk assessments were not completed for this area of care. A recommendation was made in this regard. The registered manager provided a verbal undertaking to have this area included within future manual handling training for care staff.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. The registered manager confirmed that staff meetings occurred monthly and that the minutes were read and signed by staff.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

14 completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from residents and staff were as follows:

- "Staff provide me with very good care."
- "All residents are kept neat and tidy and care staff attend to ensuring residents' nails are kept clean."
- "My (relative) lives in the home and I am very satisfied with the care she receives."
- "Could be more staff meetings."

Areas for improvement

One area for improvement was identified. This was in relation to assessing and recording risks to staff associated with assisting residents on stair lifts and to ensuring that action is taken to manage identified risks.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records which identified that care plans were in place for triggers to pain, management of pain, prescribed medication and the care of chronic pain, where applicable.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment.

Discussion with residents, their representatives and staff, along with observation of care practice and social interactions, demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity; staff were able to describe how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them, that their needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. A suggestion box was available for residents and visitors to make comments or provide ideas for care. Residents' meetings were held and residents and their representatives were encouraged to participate in annual care reviews.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report. A notice was placed on display in the home advising residents and other interested parties that the report was available to read. Where necessary, an action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The activities for the month of December were displayed in the entrance hallway and it was noted that these included a wide variety of means by which residents could maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- “Hollygate is wonderful. They (staff) look after me really well and my health has improved since I moved here. The staff make sure that I have all my medications at the right time. The food is really good and I love living here.”
- “They are very good to me here.”
- “I love it here. They treat me very well.”

A resident’s representative spoken with during the inspection made the following comment:

- “This is a real home from home and I think the care is excellent. There is always plenty of staff who know my (relative) well and who are very attentive to her needs. The staff keep good communication with me and I ever had a problem, I would take it to Sharon (registered manager) or Lorraine (deputy manager) and I know they would deal with it. I am very happy to have found this place for my (relative).”

14 completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from residents were as follows:

- “We feel safe and protected.”
- “(The compassionate care) is so, so good.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. The registered manager advised that no formal complaints had been received since the last care

inspection. Records of any previous complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. Should complaints be received, the registered manager confirmed that an audit of complaints would be used to identify trends and to enhance service provision. It was discussed with the registered manager how complaints made to RQIA could be best managed.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was present in the home on an almost daily basis and was kept informed regarding the day to day running of the home.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff. These were found to be satisfactory. Staff spoken with during the inspection advised that management promoted quality of care for residents as paramount, also that the management team provided regular quality monitoring of care delivery and that poor staff performance was neither acceptable nor tolerated. Staff confirmed that there were open and transparent methods of working and effective working relationships with internal and external stakeholders.

14 completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments received from residents and staff were as follows:

- “We feel contented that we are in safe hands.”
- “Very happy with the care in Hollygate Lodge.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Sharon Boyd, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider should ensure that a system of checks and audit of the home's nurse call and intercom systems is put in place.</p> <p>Response by registered provider detailing the actions taken: An audit schedule of the intercom/ nurse call system is now in place since January 2017. This will be checked on a monthly basis by the Manager. Any faults/errors will be noted and passed onto maintenance for prompt attention. As the intercom system is used on a daily basis any immediate faults are dealt with promptly.</p>
<p>Recommendation 2</p> <p>Ref: Standard 27.5</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider should ensure that the following areas are addressed:</p> <ul style="list-style-type: none"> • the wallpaper in an identified downstairs toilet is repaired • a shower seat in an identified downstairs bathroom is refurbished or replaced • a wardrobe in one identified bedroom is secured to the wall • the vinyl flooring in one identified bedroom is repaired or replaced • a metal door strip at one identified bedroom is sufficiently attached to the floor <p>Response by registered provider detailing the actions taken: Wallpaper in downstairs toilet was repaired on 23/12/16. The shower seat in downstairs bathroom was refurbished 23/12/16 The wardrobe in one identified bedroom was secured to the wall 09/01/17. The vinyl in one identified bedroom was repaired on 11/01/17. The metal door strip in one identified bedroom was repaired 09/01/17.</p>
<p>Recommendation 3</p> <p>Ref: Standard 28.5</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should ensure that risks to staff associated with assisting residents on stair lifts are assessed, recorded and action is taken to manage identified risks.</p> <p>Response by registered provider detailing the actions taken: Ten individual risk assessments are now in place for those residents using the stairlift to access their bedrooms.</p> <p>A home risk assessment has now been completed in relation to staff managing the identified risks associated with assisting residents on the stairlift. The risks have been highlighted and action/advise for staff regarding these have been noted on the risk assessment.</p> <p>Early March 2017 during Moving and Handling training further advise will be sought from the trainor regarding this issue.</p> <p>All staff will read the individual risk assessments for the residents using</p>

	the stairlift and will read the home risk assessment outlining the risks to them. These two requirements will be completed 31/03/17.
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