Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

# Report of an inspection of a Designated Centre for Older People.

# Issued by the Chief Inspector

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| Name of designated centre: | Rosedale Residential Home |
| Name of provider: | Rosedale ( Kilmacow) Voluntary Housing Association Company Limited by Guarantee Trading as Rosedale Residential Home |
| Address of centre: | Rosedale, Upper Kilmacow, Kilkenny |
| Type of inspection: | Unannounced |
| Date of inspection: | 15 August 2024 |
| Centre ID: | OSV-0000740 |
| Fieldwork ID: | MON-0042031 |

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Rosedale Residential Home is located in the quaint upper village of Kilmacow, Co. Kilkenny. It is managed by a voluntary non-profit organisation and provides care for people who do not require full-time nursing care. Rosedale is set on three acres of well maintained gardens. It is a two-storey building with lift and stairs access between floors. Rosedale is registered to accommodate 15 residents, both male and female. Residents' accommodation comprises 13 single bedrooms with hand-wash basins and five bedrooms have en-suite shower and toilet facilities, a sun room, sitting rooms on both floors, dining room, chapel and comfortable seating throughout. Other facilities include a laundry, and day services which residents have access to if they wish to attend. Rosedale caters for people with low dependency assessed needs requiring long-term residential and respite care.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 15 |

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

**1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

**2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

| Date | Times of Inspection | Inspector | Role |
|---|---|---|---|
| Thursday 15 August 2024 | 10:20hrs to 16:40hrs | Catherine Furey | Lead |

## What residents told us and what inspectors observed

The inspector met with many of the residents during the inspection who gave positive feedback about their lives in Rosedale, including the quality of care and support they received, the facilities in the centre, the food, and the staff. Residents were happy to be able to receive care when it was needed, and said they were always encouraged to maintain their independence.

The centre, which was a two-storey building, was homely, accessible and provided adequate space to comfortably meet the needs of residents. The front door was kept unlocked during the day and residents were seen coming and going at their leisure, walking into the village or around the grounds. The grounds were well-maintained and contained plenty of seating for residents to the front, and to the back of the centre in the garden area known as The Orchard. Potted plants and garden ornaments gave the exterior areas a homely feel. Residents told the inspector that they enjoyed the freedom of being able to potter around outside.

The premises included a nice variety of communal spaces including a sitting room and conservatory downstairs and a large sitting room upstairs. There is also a quiet room which has a computer for residents use. A large traditional oratory on the ground floor was described by residents as " a beautiful addition" to the centre. There was a day centre beside the centre and residents generally used this room for activities and parties. A small courtyard to the back of the centre was a designated smoking area and it contained the appropriate equipment such as ashtrays and nearby fire-fighting equipment to allow residents to smoke safely. A large colourful mural on the wall was a new addition to the area, and residents said it really brightened up the place. The inspector also noted that residents were smoking in the front of the centre however there were no ashtrays, and instead a plant pot was used. This detracted from the otherwise nicely maintained area at the entrance to the centre.

There was a large dining room which could seat all residents, and the inspector saw that this was kept tidy and clean, and the tables were laid with placemats and napkins, with a variety of sauces and condiments at the centre of each table. Residents told the inspector they liked on attend the dining room and praised the food which they said was "always fresh and delicious" and said there was always plenty on offer.

Residents were all accommodated in single rooms which were spread out over both floors. These rooms contained wash-hand basins and five bedrooms had en-suite shower and toilet facilities. There were plans for a further room to be converted to an ensuite. Shared toilet and shower facilities were available on both floors. Many residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel. Residents who spoke with the inspector were

happy with their rooms and said that there was plenty of storage for their clothes and personal belongings.

The inspector observed residents talking to staff and addressing them by name and it was clear that the staff knew them well. Residents said that they could approach any staff member if they had any concerns. One resident said the staff were like family. Residents said they were always welcome to have visitors and they described a recent garden party which all families and friends had been invited to. Another resident spoke about the surprise birthday party held in the centre. It was clear that the staff treated the centre as the residents' own home.

Overall, this centre displayed a commitment to supporting and enhancing the residents quality of life, respectful of their individual choices and wishes.

The next two sections of the report will describe in more detail the specific findings of this inspection in relation to the governance and management of the centre, and the areas where this impacts on the quality and safety of the service provided to residents.

## Capacity and capability

Overall, the management systems in the centre were clearly-defined and well-established.This ensured that the service provided to residents was monitored and reviewed, with the aim of addressing and improving any identified deficits promptly. Some areas requiring improvement were identified by the inspector in relation to the provision of training, the maintenance of staff records, and the updating of policies and procedures including the complaints policy.

This was a one-day, unannounced inspection. The purpose of the inspection was to assess ongoing compliance with regulations and standards, following an application by the registered provider to renew the registration of the centre. The information supplied with the application was verified during the course of the inspection. The centre has a history of good regulatory compliance. The compliance plan following the previous inspection in June 2023 was reviewed by the inspector and the majority of actions had been completed.

The centre is operated by Rosedale (Kilmacow) Voluntary Housing Association Limited, who are the registered provider, comprised of a voluntary board of management. Funding for the service is granted by the Health Service Executive (HSE) under section 39 of the Health Act 2004, voluntary fundraising, and residents' own contributions. The centre's statement of purpose outlines that it provides care for residents with low to medium dependency levels. The centre does not provide care to residents requiring full-time nursing care, therefore the person in charge is not required to be a registered nurse. A nurse is employed on a part-time basis to provide oversight of resident's clinical needs. Residents can access medical services

through their own General Practitioners (GP's) and support from local public health nurses.

The centre was managed on a daily basis by the person in charge, a senior carer was assigned to deputise in their absence. There were established systems of communication between the board of management and the local management and staff team. Regular, systematic reports on clinical needs, admissions, risks and other areas of service provision were compiled by the person in charge and reviewed at senior level at board meetings. The board had good oversight of the service and actively promoted quality improvement initiatives, including improvements and upgrades to the premises.

There was a low level of incidents and accidents occurring in the centre, owing to the low dependency of the residents. When incidents did occur, they were responded to quickly, for example the falls audit showed that each resident was assessed immediately and a falls risk assessment was completed following a fall. Changes to the resident's plan of care were implemented as necessary. Records of board meetings and staff meetings were reviewed and the agendas included audit results, ensuring that required actions were taken and all staff were informed about changes to practice or required improvements. Some aspects of the service required greater oversight, to ensure an effective and safe service was consistently maintained. This is discussed under Regulation 23: Governance and management.

The person in charge carried out an annual review of the quality and safety of care in 2023 which was available to staff and residents. The review included feedback from the residents satisfaction survey and an improvement plan for 2024.

Training modules were provided for staff in a combination of online and in-person formats. training, for example, safeguarding vulnerable persons at risk of abuse and infection control were up-to-date for all staff. Only one staff member was present in the centre overnight, and these staff members were provided with training in some further areas such as falls management and recording of vital signs, should a resident require this attention overnight. Healthcare assistants were required to check and administer medication to residents, however, records showed that some staff did not have the required, up-to-date training to support them to complete this task, which posed a risk of medication-related errors occurring.

Overall management of records was good, with files and documents stored in a secure and accessible manner. Retention periods for records were in line with the timelines in the regulations. Records including the directory of residents were kept up-to-date with relevant information. The sample of staff files reviewed by the inspector identified that some files did not contain important required documentation such as references. There was a complaints policy in place which generally detailed the process and procedure to assist residents and relatives to make a complaint, however this required significant updating to come into compliance with regulatory requirements, as discussed under Regulation 34: Complaints, below.

## Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

## Regulation 16: Training and staff development

The centre's policy on medication management identifies that training will be done in conjunction with the pharmacy, and an evaluation of this training will be recorded. The policy further states that administration of medication will only be undertaken by suitably qualified staff. On the day of inspection, there was no evidence of medication management training for three of the staff who routinely administer medicines to residents.

Administration of medication is a high-risk practice and as such, the registered provider must be assured that staff are competent and confident to carry out this role.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

The directory of residents was maintained in paper-based format and contained all the information specified in paragraph 3 of Schedule 3 of the regulations. For example, the name and date of admission of each resident.

Judgment: Compliant

## Regulation 21: Records

A sample of three staff files was reviewed by the inspector. This review identified that not all files contained the documents required under Schedule 2 of the regulations. For example;

- one file had no evidence of employment history, relevant qualifications, or references

- a second file had no evidence of the staff member's full identity and contained a gap in the employment history.

Judgment: Substantially compliant

## Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents, which was up-to-date.

Judgment: Compliant

## Regulation 23: Governance and management

Further oversight was required in order to strengthen the governance and management of the centre, to ensure that the service provided is safe, appropriate, consistent and effectively managed. For example, the current oversight systems were not effectively identifying areas which were not fully in compliance with the regulations, such as the complaints procedure, the maintenance of fire equipment and the infection control procedures. These are discussed under the relevant findings throughout the report.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

The inspector examined a sample of contracts of care. There were signed by the resident, and where appropriate their nominated representative, outlined the weekly fees for care, and detailed the bedroom to be provided to the resident.

Judgment: Compliant

## Regulation 34: Complaints procedure

While there was a complaints procedure in the centre, it had not been updated in line with the revised regulations, which came into effect on 1 March 2023. For example, the complaints procedure did not provide for the following;

- That a review is conducted and concluded no later than 20 working days after the receipt of the request for review
- The nomination of distinct complaints officer and review officer

The registered provider did not ensure that the centre's annual review provided a report on:

- The level of engagement of independent advocacy services with residents
- Complaints received

Judgment: Not compliant

## Regulation 4: Written policies and procedures

Some of the policies and procedures required by the regulations had not been updated since 2018. For example; the policy on staff training and development, and the policy relating to residents' personal property, personal finances and possessions.

Judgment: Substantially compliant

## Quality and safety

The care and support of residents in the centre was delivered in a person-centred way. Staff promoted a human rights-based approach to life in the centre and residents were actively encouraged to choose how they spent their days. Residents told the inspectors that staff were kind and caring and ensured a warm and homely atmosphere in the centre. There was evidence of consultation with residents and their needs were being met through good support in accessing health and social care services. Some improvement in fire safety and infection control procedures was required to ensure the safety of residents at all times.

The approach to restrictive practice was one of positive risk-taking. The centre was home to residents who were assessed as low-dependency and physical restrictive practices were not in use. The inspector saw that the staff in the centre were actively promoting positive risk-taking, based on informed decisions for residents who wished to maintain their independent lifestyles. Residents were encouraged to communicate freely, and on admission, their specific communication needs were assessed and a where required, a care plan to support effective communication was put in place. These care plans also included details on how to support the resident should they be restricted in communication for a period of time, for example if they were required to isolate for a medical reason.

In terms of fire precautions, the building was subdivided into reasonable sized fire compartments to facilitate progressive horizontal evacuation. Fire compartments were clearly set out and were being utilised in the simulated evacuation drills. The fire alarm panel had recently been upgraded and the relevant certificates of commissioning were provided to the inspector. There were regular checks and servicing of means of escape, such as the emergency lighting system. Fire-fighting equipment was appropriately placed throughout the centre and staff were trained in it's use. While fire doors were subject to regular checking, on the day of inspection one of the sample of compartment doors checked by the inspector was not working effectively. Additionally, the arrangements for residents who smoke required review to ensure that risk of fire was assessed and minimised.

Overall, the main areas of centre were found to be clean. The centre's deficits in relation to infection prevention and control were generally centred around the oversight of the systems around managing sanitary and cleaning equipment, as discussed under Regulation 27: Infection control. There were good practices observed in relation to hand hygiene and the wearing of personal protective equipment (PPE). Training modules in relation to infection prevention and control were up-to-date for all staff.

The provider had systems in place for the management of medicines. Staff spoken to were knowledgeable about the systems and processes in the centre. Medicine administration record charts were compiled by the pharmacist, based off the original prescription provided by the residents' general practitioner (GP). Records showed that medication reviews of all residents were completed regularly by the person in charge and general practitioner.

A weekly activities schedule was in place and the inspector observed that residents could choose to partake in these activities. External personnel attended the centre to facilitate exercise classes and to play live music. Residents generally spent the day how they pleased, with some partaking in the activities, and others preferring not to. Residents were supported with access to religious activities and Mass was said regularly in the oratory and was also streamed from the local church every day. Residents were encouraged to maintain links with the community and keep up-to-date with national and international affairs through access to TV, radio, internet facilities and newspapers. Residents' feedback was sought and documented on a monthly basis, with evidence that any presenting issues were dealt with as soon as possible.

## Regulation 10: Communication difficulties

Residents with communication difficulties had their communication needs assessed and documented in individualised care plans. Staff were knowledgeable about the communication needs of residents and ensured residents had access to their specific aids which enable effective communication, for example hearing aids aids and materials for written communication such as whiteboards,

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider had prepared a guide for residents of the centre and this was made available to each resident. Information in the guide was up to date, accurate and easy for residents to understand. The guide included a summary of the services and facilities in the centre, terms and conditions relating to residence in the centre, the procedure respecting complaints and visiting arrangements.

Judgment: Compliant

## Regulation 27: Infection control

Despite the overall good oversight of infection control procedures in the centre, some aspects of the premises and equipment were not managed in a way that promoted good infection control practices. For example;

- The centre's sluice room required review as there were sections of exposed and broken tile to the flooring, which hindered effective decontamination and cleaning. The disinfectant used in the bedpan washer had expired in 2023. Some of the sanitary equipment that had been cleaned in the bedpan washer, for example commode buckets and urinals were visibly stained and required replacement.
- In one shared bathroom the toilet seat and lid were stained and required replacement. The veneer on the wooden windowsill in this room had worn away, meaning this surface could not be effectively cleaned.
- The household trollies contained a mixture of items, for example towels, mops and bedlinen. Best-practice guidance is that cleaning equipment is segregated from resident supplies.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The registered provider had not made adequate arrangements for the maintenance of fire equipment and means of escape:

Previously, the courtyard to the back of the centre was the only designated area for residents to smoke. On this inspection, residents were seen smoking in two other

areas; the top of the fire escape and outside the conservatory at the front of the building. These areas were not risk-assessed for their suitability as smoking areas and did not contain appropriate ashtrays or fire-fighting equipment.

The majority of fire doors in the centre were equipped with automatic closing devices which should close on sounding of the fire alarm. One of these devices was not functioning and the fire door was stuck in an open position. This would lead to the compartment not being protected from fire and smoke.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

There were good medicine management systems in place in the centre. There were procedures in place for the return of out-of-date or unused medicines. Medicines controlled by misuse of drugs legislation were stored securely and they were carefully managed in accordance with professional guidance for nurses.

Some staff who were administering medicines did not have a record of up-to-date medicines management training. This is discussed under Regulation 16: Training and staff development.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Due to being registered as a low-support centre, the provider does not admit resident with known responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was a policy in place to guide staff, should a resident develop these behaviours and all staff had completed training in responsive behaviours.

Judgment: Compliant

## Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents. Overall, residents' right to privacy and dignity was respected and positive respectful interactions were seen between staff and residents. Residents said that if they had any complaints or

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| suggestions that these were listened to by staff. Independent advocacy services were available to residents and the contact details for these were on display. |
| Judgment: Compliant |

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
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| **Capacity and capability** | |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 34: Complaints procedure | Not compliant |
| Regulation 4: Written policies and procedures | Substantially compliant |
| **Quality and safety** | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Rosedale Residential Home OSV-0000740

## Inspection ID: MON-0042031

## Date of inspection: 15/08/2024

**Introduction and instruction**
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider's response:**

| **Regulation Heading** | **Judgment** |
|---|---|
| Regulation 16: Training and staff development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br><br>All current staff that regularly administer medication have up to date medication management training completed. | |
| Regulation 21: Records | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records:<br><br>All staff files whether CE participants or Rosedale staff have been reviewed and are now fully compliant with all documents required under schedule 2 of the regulations. | |
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br><br>Monitoring governance and management systems will be strengthened to be effective in identifying risks and driving quality improvement. | |

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| Regulation 34: Complaints procedure | Not Compliant |

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The complaints procedure will be amended immediately where adjustments are required such highlighting who the review officer is, who the designated officer is, and so on. The statement of purpose will also be amended to clarify the complaints procedure

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| Regulation 4: Written policies and procedures | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

Our policies are scheduled to be updated as required but at least every 3 years, however on the day of inspection (having changed from printed policies system to a fully online system some policies were unavailable on the day for the inspector or in the instance of the complaints policy a previous version was shown to the inspector. In light of this confusion a full review of all policies and archiving of out of date policies will be completed in the coming weeks.

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| Regulation 27: Infection control | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 27: Infection control:

• The broken tiles in the sluice room will be replaced and the sluice room is scheduled for a repaint in the coming weeks.

• The out-of-date washer fluid was replaced.

• New sanitary equipment is ordered.
• The stained toilet seat was replaced.
• The cleaning trolleys are scheduled to be washed daily after each use and all supplies are completely segregated.

| Regulation 28: Fire precautions | Substantially Compliant |
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| Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br><br>The residents have been asked to smoke only in the designated smoking area.<br>All fire doors are checked regularly to ensure they are fully functioning | |

## Section 2:

## Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---|---|---|---|---|
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | Yellow | 30/10/2024 |
| Regulation 21(1) | The registered provider shall 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. | Substantially Compliant | Yellow | 30/10/2024 |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Substantially Compliant | Yellow | 30/10/2024 |
| Regulation 27 | The registered provider shall ensure that | Substantially Compliant | Yellow | 30/10/2024 |

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| | procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | | | |
| Regulation 28(1)(c)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services. | Substantially Compliant | Yellow | 30/09/2024 |
| Regulation 34(2)(e) | The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review. | Not Compliant | Orange | 30/10/2024 |
| Regulation 34(6)(b)(i) | The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on the level of engagement of independent advocacy services with residents. | Not Compliant | Orange | 30/10/2024 |

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| Regulation 34(6)(b)(ii) | The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on complaints received, including reviews conducted. | Not Compliant | Orange | 30/10/2024 |
| Regulation 04(3) | The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice. | Substantially Compliant | Yellow | 30/10/2024 |