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

Name of designated centre:	Phoenix Park Community Nursing Units
Name of provider:	Health Service Executive
Address of centre:	St Mary's Hospital, Phoenix Park, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	22 November 2023
Centre ID:	OSV-0000476
Fieldwork ID:	MON-0041906

About the designated centre

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

Phoenix Park Community Nursing Units can accommodate 146 residents, both male and female over the age of 18. The registered provider is the Health Service Executive and is located on the St. Mary's Hospital Campus, Phoenix Park in Dublin. The centre consists of two purpose-built buildings,Teach Iosa (100 beds) and Teach Cara (46 beds). Both buildings have two storeys, and are divided into six units. Residents of all levels of dependency can be accommodated in the centre, and 24 hours nursing care is provided. There are a range of multidisciplinary staff who strive to promote person centred care and aim to implement evidence based quality care for all residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	133

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
Wednesday 22 November 2023	08:00hrs to 17:15hrs	Karen McMahon	Lead
Wednesday 22 November 2023	08:00hrs to 17:15hrs	Margo O'Neill	Support

What residents told us and what inspectors observed

From inspectors' observations and from what residents told them, it was clear that the residents received a high standard of quality and personalised care living in the centre. The overall feedback from the residents was that the centre was a lovely place to live with plenty of activities and plenty of good quality food.

The centre was split over two units Teach Iosa and Teach Cara. Teach Cara had two units in it while Teach Iosa had four units in it. Bedrooms were a mix of single and multi-occupancy rooms. Each bedroom had en-suite facilities, including a toilet, hand wash basin and shower. Residents were supported to personalise their rooms with pictures photographs and personal items. Some residents' artwork was hanging in their rooms and created a very personalised space. Most residents had adequate storage in their rooms for their clothes and belongings, however residents in shared rooms had smaller wardrobes and some were bulging open as there was not enough space for their clothing and personal items.

The communal spaces were observed to be comfortable and spacious. There were additional rooms such as conservatories which provided spaces for residents to receive visitors in an area other than their bedroom. However, it was noted that there were no call bell facilities in the conservatories. There was a large spacious central courtyard on the ground floors of the two buildings. The courtyards had unrestricted access and residents could access them when they wanted. The doors were locked at night time for safety however if a resident wanted to go outside staff facilitated this. The door to the units did not have any restrictions or locks allowing residents to move freely throughout. On the day of the inspection it was observed that there were many fallen leaves on the ground which posed a slip hazard for residents.

Reminiscence areas around the centre were full of vintage memorabilia allowing residents to reminisce about their earlier years of life. There were old grandfather clocks and old style mantelpieces as well as items of clothing displayed on mannequins. There were areas of wall that had camouflaged wallpaper on them such as garden views and book shelves to provide visual and sensory distraction to residents who may display responsive behaviours, (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Staff members were observed to be gentle in their interactions with residents and did not hurry residents when providing care. It was evident that the staff members knew the residents' needs and particular behaviours well. Inspectors observed that many residents were up and dressed and participating in activities during the walk around the centre. Residents reported to inspectors that staff were ' great' and ' always around' to provide support and assistance. Residents reported they felt safe in the centre and were happy to bring concerns or any issues to the staff' attention

if required.

Activity notice boards throughout the centre clearly showed the planned activities for the day ahead. Inspectors observed a wide range of activities taking place on the day of inspection, including live music, arts and crafts and a men's den. Inspectors observed residents interacting and enjoying the activities provided. There was an independent advocacy service available and this information was displayed on notice boards throughout the centre. Religious preferences of residents were also facilitated. There was evidence of residents' meetings taking place, with clear indications that the resident's voices were being listened too and acted on.

Sufficient dining facilities were provided throughout the designated centre. Inspectors observed that meal times were relaxed and social occasion for residents, who sat together in small groups at dining tables. Residents were observed to chat with other residents and staff. Residents told inspectors that they liked the food provided and that there was always a choice of meals and plenty of food available to them. Tables were set with tablecloths and had condiments available for residents to use. The majority of residents attended the dining rooms to have their meals, however if a resident preferred to eat in their room or was unable to come to the dining room, this was facilitated by staff. Food was observed to be well presented, warm and with ample quantities on residents' plates. Food was cooked on site daily. There was an appropriate level of supervision and help for residents, who required it. Residents were offered frequent drinks and snacks throughout the day.

The centre was observed by inspectors to be clean throughout. There were on-going refurbishment works observed including new flooring being laid and rooms being painted. Many improvements were noted throughout the centre, addressing some of the findings of the previous inspection. Fire safety upgrade works had also been completed.

Inspectors spoke with many residents and visitors on the day of inspection. All residents who spoke with inspectors were full of praise and gratitude for the care they received from staff working in Phoenix Park Community Unit. Many residents said that the staff couldn't do enough for them. One resident said "they are exceptional here", while another resident said "I just love it here". Visitors said they felt free to visit when they wished and felt reassured knowing that their loved ones were safe and well cared for. Throughout the day, the atmosphere in the centre was relaxed and calm.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection were that Phoenix Park Community Unit was a

well-managed centre where there was a focus on ongoing quality improvement to enhance the daily lives of residents. Inspectors found that residents were receiving good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents. Much work had taken place to improve the overall compliance of the centre since the previous inspection. However, there were still some findings, from the inspection in January 2023, which had not been addressed. Primarily these were issues with privacy and dignity and the storage of personal possessions in the multi-occupancy rooms.

This was an unannounced inspection conducted over one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Phoenix Park Community Unit is a designated centre for older people registered and operated by the Health Service Executive (HSE). There is a management team with clear roles and responsibilities, including two full time persons in charge (PIC). There is also a director of nursing and a hospital manager who support the PICs in their roles. Other staff members include clinical nurse managers, nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. Records of audits showed that any areas identified as needing improvement had been addressed with plans for completion or were already completed. There were sufficient resources in place in the centre to ensure the effective delivery of high-quality care and support to residents. Staffing and skill-mix were appropriate to meet the assessed needs of the residents.

The management structure in the designated centre supported robust systems which facilitated ongoing quality improvement in the delivery of safe care and services and management oversight focused on resident well being with actions being taken to ensure that residents' lived experience in the designated centre was positive. However, better oversight of measures that support the quality and safety of the service was required based on the inspection findings. A number of areas in th compliance plan from the previous inspection carried out in January 2023 was followed up and some items had not yet been completed. This is further discussed under regulation 17, Premises.

A directory of residents had been established that met the requirements of the regulations. This was made available to inspectors during the inspection. A sample of contracts were also reviewed on the day and while major improvements had been made on previous inspection findings, some improvements were still required.

While a detailed complaints policy was in place within the centre, this was a generic policy used by the registered provider across all its health care settings referred to as ''Your service Your say''. A centre specific policy had not been developed and there was no evidence of a review taking place to reflect the recent regulatory changes which came into operation earlier this year. Appendices within the policy did not contain any reference to the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Regulation 19: Directory of residents

A directory of residents had been established that met the requirements of the regulations. This was updated as required.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good management systems in place to oversee the care and quality of service provided to the residents, the registered provider's oversight and review of premises, with particular regard to their previous compliance plan, in the designated centre required further action. For example;

- Ceiling tiles were noted to be missing in some areas of the designated centre.
- Extra storage for residents belongings had not been put in place, despite giving a completion date of 30th of April 2023 in their compliance plan, following inspection in January 2023.

Furthermore, contracts had not been fully revised to reflect findings of previous inspection. This is further detailed under Regulation 24.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The contracts for the provision of services did not detail the room number for occupancy by the resident.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider was not operating in line with it's own policy on complaints. There was no nominated complaints officer or review officer in the centre and both staff and residents were unaware of any such person. There was no evidence of any staff having recent training to allow them to be the designated complaints or review officer. Furthermore the complaints procedure was not on display within the

designated centre.

Judgment: Not compliant

Quality and safety

Overall, inspectors found that the care and support residents received was of high quality and ensured they were safe and well-supported. Residents' needs were being met through good access to health and social care services and opportunities for social engagement. However, some improvements were required in relation to premises, provision of adequate storage space for residents' belongings, residents' right to privacy and the oversight of information for residents to further enhance the safety and quality of the living environment for the benefit of the residents.

There was a low level of restraint in use in the centre, with on-going review and evaluation in an effort to reduce use further. Inspectors reviewed a number of care plans in relation to physical restraints. Care records showed that when residents had a restrictive practice in place such as bed rails, there was a risk assessment in place for it's use. Some gaps were seen however where restraint consent forms were not always signed by the resident.

Staff had relevant training in the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care plans were reflective of trigger factors for individual residents and methods of de-escalation that have a history of being effective for the resident.

There were arrangements in place to protect residents from abuse. The site-specific policy on the protection of the resident from abuse was under review at the time of the inspection. Safeguarding training had been provided to all staff working in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns, suspicions and allegations of abuse. Staff who spoke with inspectors reported that they would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team.

A review of the resident's records showed that when a resident had a communication difficulty, it was appropriately assessed, and all relevant information was recorded in a personalised care plan. The care plan was regularly reviewed and updated to reflect any changes to the resident's communication needs.

Residents receiving end of life care had their needs and wishes respected and clearly documented in their care plans. There was access to medical services as required and many staff had taken part in Caru training to enhance the end of life care that they delivered.

Residents' weights were routinely monitored and residents' individual dietary needs

and requirements were assessed. Person centred care plans were in place for each resident. A choice of hot meals and snacks were offered to all residents and daily menus were displayed and available for residents' in all dining rooms. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted in a dignified manner to ensure their safety and nutritional needs were met. Dining experiences observed by inspectors were seen to be relaxed and unhurried. There were adequate numbers of staff to provide assistance and ensure a pleasant experience for residents at meal times.

Residents had access to a safe system of pharmaceutical services in the centre. There was appropriate storage of medications including locked fridges, for medications that require refrigeration, with daily temperature readings recorded.

The design and layout of the centre were generally suitable for its stated purpose and met residents' individual and collective needs in a homely way. Inspectors found that many improvement had been made to the oversight of the general premises since the last inspection in January 2023 and observed that work had commenced on replacing flooring that had been identified as being heavily marked and damaged. Inspectors identified other issues that required attention to ensure that the registered provider was in compliance with all requirements as required by Schedule 6 of the regulations. This is detailed under Regulation 17: Premises.

A copy of the centre's resident guide was provided to inspectors and found that it did not contain all of the required information as outlined by the regulations. This is detailed under Regulation 2: Residents' information.

Inspectors found that residents' rights, and choices were respected and that residents were supported by staff to live a good live in the centre. Residents were actively involved in the organisation of the service through resident meetings and completion of surveys to inform quality improvement and services changes. Satisfaction surveys showed high rates of satisfaction with all aspects of the service. Residents had access to advocacy such as SAGE advocates. Inspectors observed Patient Advocacy service information posters and activities schedule on display throughout the centre for residents information. Residents has access to newspapers, televisions, and radios. There was a varied recreational and occupational programme facilitated by a dedicated activities team. Group activities such as arts and crafts classes and music entertainment took place over the day of inspection. Organised outings for residents had resumed and had taken place to local theatres, museums and shopping centres. Action was required in multi-occupancy bedrooms however to ensure that all residents' right to privacy was supported. This is detailed under regulation 9, Residents' rights.

Regulation 10: Communication difficulties

Residents with communication difficulties were assisted to communicate freely in the centre. They had access to specialist equipment and services including opthamology

and audiolgy. Residents individual needs were clearly documented in care plans.

Judgment: Compliant

Regulation 12: Personal possessions

As observed on the last inspection inspectors again noted that some residents did not have adequate space to store their clothing and other personal belongings. For residents accommodated in shared bedrooms only limited wardrobe space was available and most of these wardrobes that inspectors observed were unable to close fully.

Judgment: Not compliant

Regulation 13: End of life

Care plans for resident's receiving end of life care were appropriate and individualised. They clearly identified the personal beliefs and wishes of the resident. Family and friends who wished to stay with the resident, with their consent, were facilitated to do so. The centre had access to relevant medical services to provide comfort and support to the resident.

Judgment: Compliant

Regulation 18: Food and nutrition

The food served to residents were attractively presented and there was choices of the main meal every day. Snacks and drinks were accessible day and night. Fresh water jugs were seen to be replenished throughout the day in residents' rooms and there were water fountains observed in communal areas.

Judgment: Compliant

Regulation 20: Information for residents

A resident guide had been compiled in respect to the designated centre. A copy was provided to inspectors and found that it did not contain the following information:

- The terms and conditions relating to residence in the designated centre,
- The procedure respecting complaints, did not detail the review person or access to advocacy for support with complaints,
- Detail regarding advocacy arrangements for residents was not outlined.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

here was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Many restraint consent forms were not signed by the resident or family member, where appropriate. This was not in line with local or national policy.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had put measures in place to ensure that residents were place to safeguard residents from abuse, staff had received training in the safeguarding of vulnerable adults and there were records of safeguarding investigations completed and maintained for inspectors to review.

The registered provider acted as a pension agent for a number of residents at the time of the inspection. Inspectors found that there was a clear system in place to manage residents' finances and transparent records maintained.

Judgment: Compliant

Regulation 9: Residents' rights

As observed on the last inspection inspectors again found that residents in many

multi-occupancy bedrooms did not have effective privacy screens and therefore impacting on residents' rights to undertake personal activities in private. Most privacy screens in multi-occupancy bedrooms assessed by inspectors, when fully drawn still had gaps through which residents' private space could be see, therefore not providing an area for residents to carry out their activities of daily living in private.

Judgment: Not 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
Capacity and capability	
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Phoenix Park Community Nursing Units OSV-0000476

Inspection ID: MON-0041906

Date of inspection: 22/11/2023

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: o Maintenance department will replace all ceiling tiles which are damaged or missing by 29/03/2024 o Larger wardrobes to be sourced by facilities manager to accommodate all of the residents' belongings in the multi occupancy rooms. 29/03/2024	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: o Audit will be carried out on Contracts of Care to ascertain where room numbers are missing by admin support person asap. Completed on 08/01/2024 o PICS will ensure that room number is added to the Contract of Care and will be updated contemporaneously if the resident moves rooms by 28/02/2024	
Regulation 34: Complaints procedure	Not Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints	

procedure:
o National Policy "Your Service Your Say" which is used by the facility will include an addendum which includes the details of the nominated Complaints Officers
o Addendum will also include the details of review officers for the facility. 01/04/2024
o PICS will ensure that a copy of the Complaints Policy inclusive of addendum is displayed on the Residents notice board on each ward by 30/04/2024. Addendum will be drafted by Operations manager, DON and PICs by 15/04/2024.
o Complaints Resolution training to be organized for PICS by DON by 31/07/2024

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
o Larger wardrobes to be sourced and installed in the multi occupancy rooms by Facilities manager. Company coming on 10/01/2024. Work to be completed by 29/03/2024

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:
o Residents guide will be updated to reflect the addition of "terms and Conditions" of Contract of Care by PIC by 30/03/2024. Residents will be made aware of these changes at the Residents Forum Meeting. Residents Guide will be provided to all prospect residents and or family members who register their interest, come for viewing and wish to come to PPCNU for Long term care.
o Complaints section will be updated by PIC to identify complaints review officer by 30/03/2024
o PIC will add Information on Advocacy services available to residents by 30/03/2024
o Confidential Recipient information will be displayed by on Residents notice boards on each ward by 30/03/2024

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: o CNM's will carry out an audit on all restraint consent forms to ensure they are signed as appropriate by 01/04/2024. Going forward this will be a standing item on the CNM meeting agenda. o PIC's will ensure that future Restraint training will include the importance of ensuring that the consent for restraint is signed by the resident.	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • St Mary's Facilities manager to source extra screens or extension to existing Silentia screens to ensure the privacy and dignity of the resident in the multi occupancy rooms are protected at all times. Caretua commenced work on 05/01/2024 to be completed by 29/03/2024. In the interim and while the multioccupancy room are not full to capacity, the use existing screens will be optimised to ensure privacy and dignity of residents in these rooms	

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	29/03/2024
Regulation 20(2)(e)	A guide prepared under paragraph (a) shall include information regarding independent advocacy services.	Substantially Compliant	Yellow	30/03/2024
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external	Substantially Compliant	Yellow	30/03/2024

	complaints processes such as the Ombudsman.			
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	30/03/2024
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	29/03/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	28/02/2024
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure	Not Compliant	Orange	30/04/2024

	for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.			
Regulation 34(2)(a)	The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to investigate complaints.	Not Compliant	Orange	01/04/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Not Compliant	Orange	01/04/2024
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Not Compliant	Orange	01/06/2024

Regulation 7(3)	The registered provider shall 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.	Substantially Compliant	Yellow	01/04/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	29/03/2024