



**Health  
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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:	Glyntown Care Centre
Name of provider:	Zealandia Limited
Address of centre:	Glyntown, Glanmire, Cork
Type of inspection:	Unannounced
Date of inspection:	10 October 2023
Centre ID:	OSV-0004921
Fieldwork ID:	MON-0033473

## About the designated centre

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

Glyntown Care Centre is located on an elevated site overlooking the village of Glanmire and is a 38 bedded care facility. The bedroom accommodation consists of 18 single bedrooms and ten twin bedrooms. The centre accommodates residents requiring the following: general nursing care, respite care, convalescence care, palliative care, and any other care following a comprehensive pre admission assessment. All residents admitted to Glyntown Care Centre will be over 18 years of age and can be either male or female. 24 hour nursing care will be provided which is supported by a team of nursing staff, health care assistants and other support services. Initial admission assessment and short-term care plans will be completed with 24 hours of admission.

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

Number of residents on the date of inspection:	35
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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
Tuesday 10 October 2023	09:00hrs to 17:15hrs	Robert Hennessy	Lead

## What residents told us and what inspectors observed

Overall, the registered provider, in Glyntown Care Centre, provided residents with a good quality of life. Residents who spoke with the inspectors were content living in the centre. This was an unannounced inspection, that took place over one day. The inspector met with most residents living in the centre on the day of the inspection and spoke with four residents in more detail. Feedback from residents was complimentary with regard to care and support received. The inspector spoke with a number of visitors who were visiting their relatives in the centre. Visitors spoken with on the day were happy with the care received by the residents in the centre. Residents who spoke with the inspector confirmed that they were visited regularly by their families and friends without any restrictions.

On arrival to the centre the inspector met with the assistant director of nursing and the clinical nurse manager. An opening meeting was held with the assistant director of nursing followed by a guided walk around of the centre. A vaccination team was in the centre on the morning of inspection administering booster vaccines to residents.

Glyntown Care Centre provides care for both male and female adults, with a range of dependencies and needs. The centre is situated outside Glanmire Village, on the outskirts of Cork City. It is a single storey facility that has been renovated and extended, to reach its current capacity of 38 residents. There were 35 residents living in the centre on the day of inspection. Bedroom accommodation in the centre comprises 18 single and 10 twin bedrooms. Seven of the single rooms and one twin room have en suite facilities. The remaining bedrooms have wash hand basins in the room, and residents in these rooms share access to communal bathrooms. Some of the bedrooms had recently been redecorated with new flooring and painting of the walls. There was a further plan to decorate the remaining bedrooms in a schedule of works. Some of the twin rooms were found to have issues with privacy curtains which will be discussed further in the report.

The centre was divided into three wings, namely, Beech, Ash and Oak. Communal space in the centre comprised a large sitting room, a library, a small tranquility room and a dining room. Resident had easy access to an outside areas via the sitting and dining room.

In general the centre was clean on the day of inspection. Cleaning staff that were spoken with told the inspector that were given all the materials needed to undertake their duties and were aware of their role in ensuring effective infection control.

On the morning of the inspection residents were seen interacting with staff and were seen having a sing along with the activities co-ordinator. The activity co-ordinator spoke to residents about their interests and current affairs. The residents were also heard playing word association games with the staff. An activity co-ordinator was with residents throughout the day and residents interacted well with

them.

Residents reported that they enjoyed the food in the centre and it was of a very good quality. The inspector saw that there was a good choice available to residents for their lunch time meal. Residents were seen availing of drinks and snacks at different times throughout the day. The inspector observed that approximately 12 residents had their meal together in the dining room at lunch time which offered a relaxed dining experience with tables appropriately set and adequate space to relax. The remainder of the residents had their lunch either in the day room or in their own bedroom. The inspector observed many of the residents being assisted with their meals in the day room area, this meant the day room appeared full and busy at this time. Residents who had their meal in the day room were seen by the inspector to spend much of their day in there as this was where the activities on the day took place also. The inspector found that the dining experience could be improved for some residents in the day room to ensure they had the same social dining experience as the residents attending the dining room and this is discussed under Regulation 9.

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

## Capacity and capability

In general, Glyntown Care Centre was a well-managed centre where residents received good quality care and services. Staffing levels at certain points of the day and weekends were an issue which will be discussed further under the relevant regulation.

This was an unannounced inspection conducted by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. There was evidence that the registered provider and team of staff were committed to ongoing quality improvement, for the benefit of the residents who lived in the centre.

Glyntown care centre is operated by Zealandia Ltd, a company comprising two directors. There is a clearly defined management structure in place. Both directors are engaged in the day to day operation of the centre, one being the named person in charge. From a clinical perspective, care is directed by the person in charge, who is suitably qualified for the role, as per the regulations. They are supported in their role by an assistant director of nursing, a clinical nurse manager and a team of nurses, health care assistants, domestic, catering and activities staff. The provider had demonstrated good governance by implementing systems of audit and identifying areas of improvement.

The health care assistant support was appropriate for the needs of the residents,

however a review of the rosters found that nursing staff levels did not meet all the needs of the residents in the centre. The number of residents in the centre had increased from 30 to 35 from the previous inspection. One nurse had the responsibility for all residents often from 6pm in the evening until 8am the following morning.

There was a training matrix in place which detailed a comprehensive programme of training for staff. Staff were facilitated to attend mandatory training and all of this was up-to-date. There were systems in place to support the induction and supervision of staff. Staff files presented to the inspector had the relevant information required by the regulations.

Complaints were recorded and were resolved in a satisfactory manner to the complainant. However, the statement of purpose had not been reviewed since May 2022 and did not contain the correct information in relation to Regulation 34 Complaints Procedure. The complaints procedure for the centre also required updating to ensure it complied with the regulations.

Incidents had been notified to the Chief Inspector and this had been done in line with the requirements of regulations and in a timely manner.

### Regulation 15: Staffing

Staffing levels and skill mix in the evening required action by the registered provider as there was only one nurse on duty from 6pm on some and 8pm on other evenings. This meant there was only one nurse on duty to administer the night time medications, supervise the care staff and provide nursing care to the 35 current residents and possibly up to 38 the centre is actually registered for. The nurse should not be disturbed when undertaking the medication round and a second nurse should be available to provide nursing care and to supervise the care staff as required in the evening.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

A review of the centres' training matrix identified that staff had completed mandatory training, as required by the regulations, in safeguarding vulnerable adults from abuse, fire safety, people moving and handling and responsive behaviours. There was a plan in place to provide training for new staff and refresher training for other staff.

Judgment: Compliant

### Regulation 21: Records

Records in accordance with Schedule 2, 3, and 4 were available for inspection. A review of a sample of four personnel records found that these records had the information required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Some of the management systems in place were not sufficiently robust to ensure oversight of the following areas that required action:

- arrangements for nursing staff allocations and levels of nursing staff from 6pm in the centre each evening (Regulation 15)
- management of residents' finances for which the centre acted as pension agent for (Regulation 8).

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose had not been reviewed since May 2022 and did not contain the relevant information in relation to Regulation 34 Complaints.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Notifications were submitted in a timely manner and a review of the incident log indicated that all notifications required to be submitted to the Chief Inspector had been submitted.

Judgment: Compliant



## Regulation 34: Complaints procedure

A review of the complaints log indicated that complaints were recorded in line with regulatory requirements. However, the complaints policy and complaints poster in the centre required updating to take into account the latest changes to the regulation.

Judgment: Substantially compliant

## Quality and safety

In general, the inspector found that residents had a good quality of life in the centre with their health care and well being needs being met by the provider. Overall, residents were supported and encouraged to have a good quality of life, which was respectful of their wishes and choices. Visitors to the centre were welcomed throughout the day and visitors spoken with were happy with the care their family members were receiving. Actions to increase compliance are identified under Regulation 17, Regulation 28, Regulation 8 and Regulation 9.

The premises was under going a programme of works and evidence of this could be seen on the day of inspection. Further action was needed in this area which will addressed under Regulation 17.

Residents had good choice at mealtimes and food that was served appeared appetising. There was sufficient staff at hand to support residents during their meal times. Dietitians and speech and language therapists were available through referral to support residents around nutritional issues. Action required for the residents dining experience is addressed under Regulation 9.

The centre on the day of inspection was clean. Household staff had access to appropriate equipment and supplies and were aware of their role in infection control. All laundry in the centre was outsourced and a staff member managed the incoming and outgoing laundry for the residents. Staff had been trained to become infection prevention and control leads in the centre with one staff member now a 'train the trainer' in this area.

Fire safety equipment in the centre was, in the main, correctly maintained and evidence of the equipment being correctly serviced in a timely manner was shown to the inspectors. However, emergency lighting which should be tested quarterly was only being tested yearly. Evacuation plans on the units and personal emergency evacuation plans for residents were in place and available throughout the residence. Evidence of staff education, training and simulation drills involving most members of staff was provided to the inspectors.

Residents views were sought on the running of the centre through residents meetings where relevant issues such as dining menus and activities were discussed. Management and staff promoted respected the rights and choices of residents in the centre. Dedicated activity staff implemented a varied schedule of activities and there was an activities programme available daily, which offered residents a wide range of activities to choose from. Action was required in relation to space used at meal times for residents and privacy curtains in shared bedrooms which is detailed under Regulation 9.

Residents had good access to relevant health care professionals and they were assessed when required. The general practitioner visited the centre regularly and the centre had a good relationship with them. Care plans, viewed by the inspector, were reviewed as required and contained relevant information to guide care for residents. Medications were managed in line with regulations and the centre had a good relationship with their pharmacy.

Residents money and valuables handed in for safekeeping were managed in a transparent manner. Action was required in relation to the system in place for the management of pension agent arrangements for residents that the centre acted as pension agent for. This is further discussed under regulation 8.

### Regulation 11: Visits

Visits were facilitated on the day of inspection and the visitors spoken with were complimentary of the service provided to their family members.

Judgment: Compliant

### Regulation 17: Premises

Although some improvements had been made to the premises since the previous inspection, further action was required.

Some flooring required replacement and areas required painting.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents were happy with the choices available for meal times. The food served on

the day of inspection was well presented and appeared nutritious.
Judgment: Compliant
<b>Regulation 27: Infection control</b>
The centre was clean on the day of inspection and household staff were aware of their responsibilities for infection control. Sluice rooms and cleaning store rooms had the correct equipment needed.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
Action was required as emergency lighting checks were not completed on a quarterly basis as required.
Judgment: Substantially compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
Medicines and pharmaceutical services in the centre were well managed and administered in adherence with best practice guidelines
Judgment: Compliant
<b>Regulation 5: Individual assessment and care plan</b>
Care plans were well maintained and contained relevant information about the care and social needs of residents to facilitate the provision of care. The inspector saw that care plans were personalised and contained sufficient detail to guide staff. Care plans were updated four monthly or as required when residents' needs changed.
Judgment: Compliant

## Regulation 6: Health care

Residents had access to GP services, speech and language therapy, dietetic services, occupational therapy services, tissue viability nurse, geriatrician services, and physiotherapy services.

Judgment: Compliant

## Regulation 8: Protection

The centre acted as a pension agent for seven residents. The system in place was not sufficiently robust to ensure that resident's monies were fully safeguarded. The centre did not have a resident's client account and pension monies were physically collected from the post office and the balance was maintained in the centre for the residents. Although there were good systems of signing and checking of all monies deposited the centre could not fully meet the requirements as set out by the department of social protection for pension agents as the balance was not lodged into an account for the residents.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Action was required to ensure all residents rights were respected in the centre:

- residents right to privacy was not fully protected as in some twin bedrooms privacy curtains did not fully enclose the bed and in one twin room there was no privacy at all for one of the beds.
- the dining experience did not allow choice for all residents at meal times, as the dining room was small and could not facilitate all residents at one sitting. A large number of residents were seen to have their meal in the day room where they sat most of the day. Residents in the day room for meal times did not have the same opportunity to have the same social dining experience as the residents in the dining room.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Glyntown Care Centre OSV-0004921

Inspection ID: MON-0033473

Date of inspection: 10/10/2023

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Discussions have taken place with management and nursing staff regarding the nursing staffing levels after 18.00hrs each evening. A review and reorganization of the nursing roster has taken place. We have changed one of our 08.00-20.00hrs shift to a 10.00hrs - 22.00hrs within the current staffing quota. This shift will ensure supervision and support for healthcare workers. The second nurse will be available from 20.00-22.00 to support the night nurse with the night medications. This nurse will also be available to support residents with any care needs they require and to communicate with visitors.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Discussions have taken place with management and nursing staff regarding staff nursing levels after 6pm each evening. A review and reorganization of the nursing roster has taken place. We have changed one of our 08.00hrs -20.00hrs shifts to a 10.00hrs - 22.00hrs within the current staffing quota. This 10.00hrs – 22.00hrs nurse will support the HCAs, residents and night nurse in the evening &amp; early night.</p> <p>The process for safeguarding residents' finances is changing in Glyntown Care Centre. The Management of Resident Finances policy has been updated. A residents client deposit account has been established in the Bank of Ireland.</p> <p>A local Private Property account is available in the center in the name of each resident.</p>	

Residents' monies is stored securely in the client property safe located in a locked press in the nursing administration office. Access to this safe is only permitted to Director of Nursing and office manager. Residents have needs for monies for personal use i.e., outings, family birthdays, events and Christmas.

As per our policy, we now specify a maximum amount of monies to be held in the Residents Private Property account in the center. Any amounts in excess of this will be lodged to the new Bank Deposit account in the resident's name. Details of monies lodged will be available through bank statements and an Excel spread sheet operated by the office manager.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  
 The Statement of Purpose for this center has been updated and includes the latest changes to Regulation 34 – Complaints Procedure.  
 The Statement of Purpose will be updated on an annual basis.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  
 The complaints policy for the center, the complaints poster located in the reception area and the Statement of Purpose have been updated to include the latest changes in relation to regulation 34 – Complaints procedure.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 A continuous program of painting and decorating both indoors and outdoors is ongoing throughout the year, in conjunction with our maintenance personnel and external contractors.  
 Upgrading works are discussed by management monthly and plans are put in place.



External painting contractors visit the center in Jan/Feb each year to paint public areas and bedrooms. External painting works takes place during summer months. Our maintenance personnel attend to any painting requirements/touch-ups throughout the year.

Flooring is reviewed on a regular basis and flooring that requires replacing is identified and external contractors are sourced to complete the replacement work. 4-bedroom floors have been replaced this year and we will continue this process.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Health & Safety officer within the center contacted the Emergency Light Technician during the inspection and informed him of the legal requirement as per Regulation 28 to have all emergency lights tested on a quarterly basis. The most recent emergency lighting inspection was undertaken in early November and inspections are now scheduled quarterly in the future. The center's fire register has been amended accordingly. The next quarterly inspection of emergency lighting is due in Feb 2024.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: The Management of Resident Finances policy has been updated.

A local Private Property account is available in the center in the name of each resident. To further safeguard the residents' monies a residents client bank deposit account has been established.

As per our policy, we now specify a maximum amount of monies to be held in the residents Private Property account in the center. Any amounts in excess of this will be lodged to the bank deposit account in the resident's name. The residents deposited monies will be available to view on bank statements and on an Excel spread sheet operated by the office manager. Any interest accrued on this account will be divided on a pro rata basis.

Residents' monies in the local Private Property account will be stored securely in a locked press in the nursing administration office and accessed only by the Director of Nursing and office manager and available to residents during office hours.

Residents frequently request monies from their private property envelope for family occasions, outings, events and Christmas.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  New privacy rails and curtains in the room identified during the inspection are in place. All twin rooms throughout the center have been reviewed regarding the residents' rights to privacy and are fully compliant.</p> <p>We recognize mealtimes as a very important social event in the residents' daily lives. Eating together promotes companionship, as food is not only about nutrition, but an opportunity for social interaction, caring and thoughtfulness. We are constantly reviewing our mealtime experience. Changes in residents' condition mean that our practices and routine at mealtimes need to re-organized on occasions.</p> <p>We operate a protected mealtimes protocol within the center. We welcome family members who wish to assist their loved ones at mealtimes.</p> <p>We have extended our dining experience to the library and residents enjoy each others company during lunch and supper in a pleasant atmosphere with a background of soft music. Music is often chosen by the residents themselves.</p> <p>In the day room we sit residents at 3 tables, whilst supervising and assisting those residents who require support to eat and drink. Soft music is played in the background. Staff assisting and supervising residents can engage in meaningful conversation with the residents, even though some residents are non-communicative.</p> <p>.</p>	

## 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/11/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	14/11/2023
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	30/11/2023

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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	03/11/2023
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	01/11/2023
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure 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.	Substantially Compliant	Yellow	01/11/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	30/11/2023

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.	Substantially Compliant	Yellow	14/11/2023
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