



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

## Issued by the Chief Inspector

Name of designated centre:	Caiseal Geal Teach Altranais
Name of provider:	Caiseal Gael Teoranta
Address of centre:	School Road, Castlegar, Galway
Type of inspection:	Announced
Date of inspection:	06 September 2023
Centre ID:	OSV-0005491
Fieldwork ID:	MON-0038363

## About the designated centre

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

Caiseal Geal Teach Altranais is a purpose built facility located in Castlegar, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed on three levels. There are two floors designated for residents, each having communal areas, dining room and sitting room in addition to residents' bedrooms. The first floor has a spacious sun terrace accessed from the day room and leading to an enclosed courtyard and gardens. Both floors have lift access to and from residents' own areas. Resident bedrooms and living accommodation is on the second and third level. There are 34 single bedrooms and four double bedrooms. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

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

Number of residents on the date of inspection:	39
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## 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 6 September 2023	10:05hrs to 18:10hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

Feedback from residents was that this centre was a good place to live, and that staff were very attentive to their needs. Staff were observed to deliver care and support to residents which was kind and respectful, and in line with their assessed needs.

This announced inspection was carried out over one day. There were 39 residents accommodated in the centre on the day of the inspection and three vacancies.

Following an introductory meeting, the inspector completed a tour of the building with an assistant director of nursing. Residents were observed to be up and about in the various areas of the centre. Some residents were relaxing in the communal areas or their bedrooms, while others were having their care needs attended to by staff. While staff were seen to be busy assisting residents with their care needs, the inspector observed that care and support was delivered in an unhurried and relaxed manner. The inspector observed that personal care was attended to a satisfactory standard.

Caiseal Gael Teach Altranais was located in Castlegar, County Galway. The designated centre was a purpose-built facility which provided accommodation for 42 residents. The centre comprised of single and multi-occupancy bedrooms, and a variety of communal spaces spread over two floors which were serviced by an accessible lift. Residents' bedrooms were bright and spacious, and provided residents with sufficient space to live comfortably. Many residents had decorated their rooms with items of personal significance, including ornaments and pictures. There was a visitors' room available, providing residents with a comfortable space to meet with friends and family members in private. All areas of the centre were found to be appropriately decorated, with communal rooms observed to be suitably styled to create a homely environment. The centre was clean, tidy, and well maintained on the day of the inspection.

There was safe, unrestricted access to outdoor spaces for residents to use. This space included a variety of suitable seating areas and seasonal plants.

The building was found to be laid out to meet the needs of residents, and to encourage and aid independence. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. Call-bells were available throughout the centre, and the inspector observed that these were responded to in a timely manner. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was bright and well-ventilated throughout. Closed circuit television cameras (CCTV) were used widely in the centre including some of the communal areas.

As the day progressed, residents were observed in the various communal areas, watching TV, reading, chatting to one another and staff or participating in activities. Residents moved freely around the centre, interacting with each other and staff, and

were observed to be content as they went about their daily lives. Other residents were observed sitting quietly, relaxing and watching the coming and goings in the centre. A small number of residents were observed enjoying quiet time in their bedrooms. The inspector observed that personal care was attended to a high standard.

There was a relaxed atmosphere in the centre on the day of the inspection and residents were observed to be content as they went about their daily lives. Throughout the day, residents were happy to chat with the inspector, and to provide an insight of their lived experience in the centre. The inspector spoke in detail with a total of 15 residents. When asked what it was like to live in the centre, one resident told the inspector that 'it is great and I get everything I want', while another resident said that they could not complain and that staff 'are looking after me too well'. Another resident told the inspector that they were 'as well as could be expected'. One resident described how they preferred to spend their day in their bedroom, reading and relaxing. Residents told the inspector that if and when they were not satisfied with any aspects of the service, they would speak with the management.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day. The inspector spoke with a number of visitors who were satisfied with the care provided to their loved ones.

Staff were knowledgeable about residents and their individual needs. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were monitored by staff throughout the day. Residents told the inspector that staff always responded to them when they called for assistance.

The dining experience at lunchtime was observed to be a social occasion and the inspector saw that the food was appetising and well presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently. Residents told the inspector that they had a choice of meals and drinks available to them every day. Residents were complimentary about the quantity and quality of the food provided. The catering staff were very knowledgeable about individual nutritional needs and preferences.

There were opportunities for residents to participate in recreational activities of their choice and ability, either in the communal sitting rooms or their own bedrooms. Residents were also provided with access to television, radio, Internet, newspapers and books. There was a schedule of activities in place including arts and crafts, exercise, bingo, gardening, card games and occasional parties. Residents told the inspector that they were free to choose whether or not they participated in planned activities. The activity co-ordinator on duty on the day was very knowledgeable about the social care needs of residents. The inspector observed group and one-to-one activities taking place during the day of the inspection. Staff ensured that all residents were facilitated to be as actively involved in activities as

possible.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations

## Capacity and capability

This was an announced inspection carried out 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 (as amended). The inspector reviewed the action taken by the provider to address identified areas of non-compliance found on the last inspection in December 2022.

Caiseal Geal Teoranta was the registered provider of this designated centre. The company had three directors, one of whom was present in the centre throughout the inspection. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The management team consisted of the registered provider and a person in charge supported by an assistant director of nursing (ADON). There was a full complement of staff including nursing and care staff, activity, housekeeping, catering, and maintenance staff. On the day of the inspection, the person in charge was not available and the ADON, who was deputising in their absence, facilitated the inspection.

Overall, the finding of this inspection was that this was a well-managed centre, where the quality and safety of the services provided to residents were of a good standard. The centre was sufficiently resourced to ensure that residents were supported to have a good quality of life. While the provider had taken action to comply with regulations in respect of staffing, governance and management, the management of records, premises, food and nutrition, infection control, medicines services and fire precautions, further action was required in relation to the oversight of the governance and management to ensure full compliance with the regulations.

The provider had systems of monitoring and oversight of the service in place. A number of clinical and environmental audits had been completed, including medicines management, infection control, falls analysis and end of life care. However, some of the known risks in the centre had not been appropriately addressed by the provider. For example, poor records management, poor oversight of premises, and ineffective fire safety checking systems remain outstanding.

The provider had systems in place to ensure the records set out in the regulations were available, safe and accessible. However, the inspector found that a small number of staff files were incomplete and therefore, action was required to ensure

full compliance with the regulation.

On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants. The person in charge and assistant director of nursing provided clinical supervision and support to all the staff. The inspector observed kind and considerate interactions between staff and residents

Staff had access to education and training, appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role.

There were effective communication systems in the centre. Minutes of staff meetings reviewed by the inspector showed that a range of topics were discussed such as staffing, training, clinical issues and other relevant management issues.

There was an effective system of risk management in the centre. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

A complaints log was maintained with a record of complaints received, the outcome of complaints received and the satisfaction level of the complainant. However, action was required to ensure the policy and procedures in place in the centre were in line with Regulation 34: Complaints procedure.

### Regulation 15: Staffing

There was sufficient staff on duty on the day of the inspection with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.



Judgment: Compliant

### Regulation 21: Records

The record management system in place did not ensure that records were maintained in line with the regulations. For example, a small number of staff files did not contain the requirements set out in Schedule 2 of the regulations. This is a repeated non-compliance.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The management systems in place to ensure effective oversight of the service were inadequate. For example, issues in relation to premises, records management and fire precautions were not fully addressed to ensure compliance with the regulations.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

A review of the contracts for the provision of service found that all residents who were in the centre had a contract of care in place.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector reviewed the complaints policy and procedure in place and found that, while it was reviewed, it was not updated to reflect regulatory requirements and did not provide assurances that there were arrangements in place to effectively manage complaints. For example;

- the complaints procedure did not include the provision of a written response informing the complainant whether or not the complaint was upheld
- the complaints procedure did not outline the process in place should a complainant request a review of any decision made, including the nomination of a review officer, the time frame of 20 days to conduct and conclude any

review and, a written response informing the complainant of the outcome of the review.

Judgment: Substantially compliant

## Quality and safety

The inspector observed that residents living in this centre received care and support which ensured that they were safe and that they could enjoy a good quality of life. Residents were complimentary about the service, and confirmed that their experience of living in the centre was positive. Care delivery was observed to be evidence-based and person-centred. Staff were respectful and courteous with residents.

The inspector reviewed a sample of eight residents' files. An individualised care plan was developed for each resident, within 48 hours of admission to the centre.

Individual care plans were comprehensive, with person-centred information that was updated every four months, or as changes occurred, to reflect residents' changing needs and to provide very clear guidance to staff on the supports required to maximise the residents' quality of life. Daily progress notes demonstrated good monitoring of care needs and the effectiveness of care provided.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals, in line with their assessed need.

There were a number of residents who required the use of bedrails and records reviewed showed that appropriate risk assessments had been carried out. There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre.

A policy and procedure for safeguarding vulnerable adults at risk of abuse was in place. All staff had appropriate vetting completed by an Gardai Siochana prior to commencement of work in the centre. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse in the centre. The training records identified that staff had participated in training in adult protection.

Residents were free to exercise choice about how they spent their day. All residents who spoke with the inspectors reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. Residents had the opportunity to meet together and discuss management issues in the centre including laundry management, food and nutrition, activities, and care issues. Satisfaction surveys were carried out with residents with positive results. Residents had access

to an independent advocacy service.

Closed circuit television cameras (CCTV) were used internally in the centre, including some of the communal areas. On the day of the inspection, there was no policy in place to guide the staff and, residents and their visitors were not provided with information regarding the use of CCTV in the centre. The provider could not give assurance that the use of CCTV in the centre did not intrude on residents' privacy.

Residents' nutritional care needs were appropriately monitored. Residents' needs in relation to their nutrition and hydration were documented and known to the staff. Appropriate referral pathways were established to ensure residents identified as being at risk of malnutrition were referred for further assessment by an appropriate health and social care professional.

While the design and layout of the centre was suitable for the number and assessed needs of the residents accommodated there, action was required to ensure fully regulatory compliance with Regulation 17: Premises.

Fire procedures and evacuation plans were prominently displayed throughout the centre. Personal evacuation plans were in place for each resident. There were adequate means of escape and all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Staff with whom the inspector spoke with were knowledgeable about what to do in the event of a fire. However, action was required to ensure full compliance with Regulation 28: Fire precautions.

### Regulation 10: Communication difficulties

The inspector observed that the provider had systems in place to ensure residents with communication difficulties were facilitated to communicate freely.

Judgment: Compliant

### Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents living in the centre had appropriate access to, and maintained control over their personal possessions.

Judgment: Compliant

## Regulation 17: Premises

The inspector found that the premises was not in compliance with Schedule 6 of the regulations. This was evidenced by;

- a number of residents did not have access to lockable storage space for their personal valuables
- there was no janitorial sink in the housekeeping room
- the management of storage was inadequate. For example, items of residents' equipment such as mobility aides were inappropriately stored in residents' bedrooms and ensuite bathrooms.

This is a repeated non-compliance.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

## Regulation 20: Information for residents

The resident guide available to residents did not include all the information required by the regulations. For example, the guide did not contain up-to-date and accurate information in relation to complaints management.

Judgment: Substantially compliant

### Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included the all of required elements, as set out in Regulation 26.

Judgment: Compliant

### Regulation 28: Fire precautions

The fire safety checking systems in place did not ensure that the fire doors in the centre were in working order. For example, a number of fire doors had gaps, did not close fully when released and some were missing smoke seals. This may compromise their effectiveness to contain smoke and fire in the event of a fire emergency.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

### Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life and palliative care.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

### Regulation 8: Protection

The provider had taken all reasonable measures to protect the residents in the centre from abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector observed that the use of the CCTV cameras did not always respect the residents' right to undertake personal activities in private in areas of the centre where privacy may be expected, such as communal day spaces and dining rooms.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Caiseal Geal Teach Altranais OSV-0005491

Inspection ID: MON-0038363

Date of inspection: 06/09/2023

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All staff files are being audited and a staff files audit has now been added to the audit schedule. There is a checklist in place on each staff file to ensure it meets the requirements of Schedule 2 of the Regulations.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Management audit systems have been strengthened with the addition of an external fire safety assessment, an audit of staff files and a review of the Premises (Reg 17) to ensure improved compliance.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints procedure is undergoing review to ensure it fully complies with the regulations.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  An audit of resident lockers has been completed and new locks are being fitted to any lockers which do not have keys.  A new janitorial sink is being fitted in the janitorial room.  Unneeded mobility aides have been placed in the external storage area and a room has been identified for the storage of other equipment when not in use.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:  The residents' guide is being updated to include updated information in relation to complaints management to ensure full compliance with the Regulations</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The seals on fire doors have been replaced. Where required doors have been adjusted to ensure they close fully without gaps. A night time evacuation of the largest compartment in the centre has been conducted. A weekly check of fire doors is being conducted.  An external fire assessment of the centre has been arranged.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  CCTV signage is now present in the centre. A CCTV policy is now available and use of</p>	

CCTV in communal areas is being reviewed by the PIC in consultation with residents.

## 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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	24/11/2023
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	16/11/2023
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	03/11/2023

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	24/11/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/01/2024
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	03/11/2023
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	Substantially Compliant	Yellow	03/11/2023

	(c).			
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.	Substantially Compliant	Yellow	03/11/2023
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Substantially Compliant	Yellow	03/11/2023
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	24/11/2023