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:	St Joseph's Home
Name of provider:	Nazareth Care Ireland
Address of centre:	Ballymacprior, Killorglin, Kerry
Type of inspection:	Unannounced
Date of inspection:	21 August 2025
Centre ID:	OSV-0000287
Fieldwork ID:	MON-0041559

About the designated centre

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

St. Joseph´s Home is a purpose-built home, designed for older people a short distance from Killorglin town in County Kerry. The centre provides 24-hour nursing care for up to 48 residents with varied levels of dependency to adults over sixty-five years of age from low/medium to maximum dependencies. The range of nursing care provided for each resident is assessed on an individual basis. The aim of St. Joseph's Home is to provide a residential setting wherein residents are cared for, supported and valued within a care environment that promotes the health and well being of residents. Bedroom accommodation consists of 30 single bedrooms and 9 twin bedrooms, all with en-suite facilities. The layout of St. Joseph´s Home allows ample space for mobilization, indoors and outdoors with a variety of communal spaces available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 21 August 2025	09:35hrs to 18:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

Residents living in St Joseph's Home told the inspector that they were happy with their life and that staff were extremely kind and caring. There were 48 residents living in the centre on the day of this inspection. The residents spoke very positively about their care they received and the homely environment. One resident told the inspector that "everyone is very nice here and they give us time", while another resident praised their life in the centre telling the inspector that they loved their room, their choices were respected and they were encouraged to go out with family.

The inspector arrived to the centre unannounced, and was met by the person in charge. The inspector began the inspection by walking through the centre and spending time observing the care provided to residents, talking to residents and staff, and observing the care environment. The inspector overheard polite and respectful conversation between staff and residents, in the morning and throughout the day. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings and the care provided to residents was observed to be person-centred. It was evident that staff knew the residents well and provided support and assistance to residents with respect and kindness.

St Joseph's Home is a single story premises, in the town of Killorglan, which provides long term care for both male and female adults with a range of dependencies and needs. It is registered to provide care for 48 residents. Bedroom accommodation consists of 30 single bedrooms and nine twin bedrooms, all with en-suite facilities. The inspector saw bedrooms were clean and well maintained with flat screen televisions and appropriate storage for resident's personal belongings. The majority of residents' bedrooms had were nicely decorated with personal items such as family pictures, blankets and memorabilia and some residents had brought in furniture from home. Residents expressed satisfaction with the homely environment and comfortable decor. The inspector saw a staff member's dog was in the centre on the day visiting residents. Residents told the inspector they loved to see him coming twice a week as he was so friendly and entertaining.

There was a sufficient amount of communal space within the centre for residents which included three sitting rooms, two dining rooms and a visiting room. The inspector saw the chiropodist was in attendance in the centre, on the morning on the inspection and many residents were observed attending them in the centres hairdressing room. There was a full time maintenance person employed and a planned schedule of ongoing redecoration and maintenance in the centre. The style of décor provided a comfortable homely feel to the centre.

Residents had access to a well maintained internal courtyard with nice planting, paving and seating. The inspector observed a gazebo had been added since the previous inspection, which had been donated by a family of residents who had passed away in the centre, to thank staff for the care provided. The outdoor area was decorated with memorabilia depicting the recent Puck Fair, such as cardboard

cut outs of horses and goats and colourful bunting. The inspector was informed that a BBQ had taken place for residents and staff in the centre, the weekend prior to the inspection, to celebrate the festival which had been taking place for over 400 years and was an important August tradition for many residents living in the centre. Residents told the inspector that they enjoyed the weekend and staff had gone to great lengths to ensure they marked the occasion.

The residents dining experience was observed to be a social and pleasant part of the residents day. The two dining rooms were homely and were seen to be appropriately furnished with nicely set tables. Condiments, cutlery, and drinks were placed on the tables for each resident and all residents were offered a choice from the menu. Staff were attentive to resident's requests for assistance, and were observed to engage with residents, adding to the social experience for residents. Staff were also observed attending to residents in their bedrooms to provide support during mealtimes. The inspector saw that there were electrical works being undertaken in the kitchen on the day. Staff working in the area were looking forward to them being completed as there had been some disruption to the normal day to day operations of the service. However, these had not impacted residents and food was available and served as normal.

The inspector spent time in the different areas of the centre chatting with residents and observing the quality of staff interactions with residents. Staff interactions with residents were respectful, polite, and person-centred. Staff were seen to assist residents in a discrete and supportive manner. Staff that spoke with the inspector were knowledgeable about residents and interacted with them in a kind and courteous manner.

Residents were observed to be receiving visitors with no restrictions throughout the day and those spoken with said they thoroughly enjoyed having people coming in to see them. A bride and groom were observed to be visiting a family member on their wedding day and staff were seen to be facilitating pictures being taken in one of the alcoves in the centre. Visitors spoken with, four in total, expressed satisfaction with the care their loved one received in the home.

There was a programme of activities scheduled for residents throughout the week. On the morning of the inspection, residents were offered a hand massage and other residents chose to go to mass in the centres chapel or go for a walk. In the afternoon, over 25 residents enjoyed a bread making class with one of the staff, where they discussed tips for baking, types of breads and told stories about how they made bread at home. Nine residents had visited a local creamery the day prior to this inspection and had spent the day learning about the process for making butter and other dairy products. Residents told the inspector that they were happy with the activities provided in the centre and there was always something to do.

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.

Capacity and capability

This was an unannounced inspection which took place over one day, to monitor ongoing compliance with the regulations. The findings of this inspection were that while there was a clearly defined management structure in place, some of the management systems required strengthening to ensure that an effective and safe service was continuously provided for residents. Action was required to comply with the regulations in relation to individual assessment and care planning, complaints management and monitoring of the service. These will be detailed under the relevant regulations in this report.

The registered provider of St Joseph's Home is Nazareth Care Ireland, a company comprised of 11 directors, who are also involved in the operation of seven other centres in Ireland. The provider was represented by the CEO of the company. Within the centre, care was directed by an appropriately qualified person in charge who was supported by two clinical nurse managers. The person in charge reported directly to the senior management team who attended the centre at a minimum monthly, to provide oversight and governance support to them. The centre also received support from a Chief Clinical Officer, and personnel from the group's quality department. The inspector followed up on the findings of the previous inspection in relation to fire safety. It was evident that the provider had ensured that all fire doors in the centre had been reviewed and there were evacuation drills taking place in the centre every two weeks, to ensure staff were competent in evacuation of compartments. An additional fire panel had also been installed, which had allowed for faster responses and a reduction in drill evacuation times.

On the day of this inspection, the inspector found that there were sufficient staff on duty in the centre, to meet the assessed needs of residents given its size and layout. The person in charge and the clinical nurse managers supervised care delivery. They were supported in their role by a team of registered nurses, healthcare assistants, administrators, catering, maintenance and household staff. There was a minimum of two registered nurses on duty on every 12 hour shift.

Staff in the centre were facilitated and encouraged to attend both mandatory and other professional training, in order to meet the needs of residents. All staff had completed their mandatory training. Additional training had taken place in falls management and palliative care for nurses and healthcare attendants.

Record keeping and file management systems consisted of both electronic and paper based systems. All records requested during the inspection were provided. However, a review of the electronic incident records found that the system in place did not support effective monitoring of the service and review. This finding is actioned under Regulation 23.

There were processes in place to oversee the quality and safety of the service. However, a review of completed audits found that where deficits in the service had

been found these had not been effectively actioned or addressed. For example; care plan audits of May 2025 had identified low levels of compliance, yet there was not action plan developed to address these findings. There was also not evidence that information collected was trended and analysed by management to identify areas for quality improvements. These findings are further detailed under Regulation 23.

A centre-specific complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints. From discussions with staff and management as well as a review of records the inspector was not assured that there were effective management systems in place to recognise and respond to complaints. This did not ensure that complaints and concerns were acted upon in a timely manner and resulted in inconsistent recording of complaints. This finding is actioned under Regulation 34.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector it was evident that the registered provider had ensured that the number and skill mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. The allocation of healthcare attendants rostered for the morning was in review, at the time of this inspection. The inspector was informed that there was a plan to increase resources to this area following this analysis. The inspector found that this was appropriate, when considering the dependency levels of residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the centre's training matrix identified that all staff had completed mandatory training. There was good oversight of training by management. The registered provider had appropriate staff supervision arrangements in place to ensure that care delivery was appropriately monitored and delivered.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had established and was maintaining a directory of residents in the

centre and this included all information as outlined in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Management systems required action to ensure that the service provided is safe, appropriate, consistent and effectively monitored as evidenced by the following findings:

- The management systems in place to recognise and respond to complaints did not ensure that complaints and concerns were acted upon in a timely manner and resulted in inconsistent recording of complaints. This is further detailed under Regulation 34.
- Although the provider had systems in place to monitor the service, where deficits in the quality of care planning had been identified this information did not inform appropriate quality improvement plans. This inspection found that although care planning training for staff had been provided in response to findings of previous inspections, training had not been fully implemented or monitored.
- The risk management system was not effectively implemented. A review of the risk register evidenced that it did not contain some of the known risks in the centre, such as the risks identified with rewiring of the centres kitchen. This is required to ensure risks in this area were identified and assessed, and measures and actions put in place to control the risks.
- The systems in place for the recording of incidents was not robust. This may prevent the identification of factors which may have contributed to the incident occurring, or to identify learning so that similar incidents could be prevented.
- An annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, however, this did not evidence that it had been prepared in consultation with residents and their families. Specifically, it outlined how feedback from residents was obtained by the provider, yet did not include suggestions made from residents surveys and residents meetings.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The provider charges an additional weekly service charge. Included in this fee as per the contract of care was routine therapies. However, this was ambiguous and required to be clarified to ensure that residents were clear on what specific

therapies would be included in the fee.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector was not assured that complaints were being recognised and recorded. For example, there was one complaint recorded for 2024 and there had been no complaints on record for 2025. However, from discussions with staff, residents and review of residents surveys it was evident that where a complaint was submitted this was being recorded in a residents records. Therefore, there was not a clear reporting system in use. The lack of clear procedure on the appropriate complaint reporting system to record complaints impacted on the timely review and resolution of complaints, as well as learning from complaints. Overall, complaints were not appropriately documented or managed within the complaints register, or in line with the centre's own complaints management policy.

Judgment: Not compliant

Quality and safety

Overall, this inspection found that residents were supported and encouraged to have a good quality of life in St Joseph's Home. There was evidence of good consultation with residents and their needs were being met through prompt access to medical care and opportunities for social engagement. However, improvements were required in individual assessment and care planning and risk management. This findings will be further are further detailed under the relevant regulations.

On the day of inspection, resident's health and social care needs were maintained, by a good standard of evidenced-based care and support from a team of staff who demonstrated a clear understanding of each resident's individual needs and preferences. A review of residents' records found that there was regular communication with residents' general practitioners (GP) regarding their healthcare needs, and residents had access to their GP, as requested or required. Arrangements were in place for residents to access the expertise of allied health and social care professionals for further assessment. The centre also had access to the Kerry Integrated Care Programme for Older Persons (ICPOP) via the Health Service Executive. This service provided residents access to a multidisciplinary healthcare team, including a geriatrician. The aim being to manage these residents medical care needs within the centre, and avoid hospital attendance.

Residents' needs were assessed on admission to the centre through validated

assessment tools, in conjunction with information gathered from the resident and, where appropriate their relative. However, this inspection found that this information was not always used to develop and inform care plans and care plans were not always developed within 48 hours of admission, as required by the regulations. This is required to provide guidance to staff, with regard to residents specific care needs and how to meet those needs. This and other findings pertaining to care planning are actioned under Regulation 5.

Residents nutritional care needs were assessed on admission to the centre, and at regular intervals thereafter. Arrangements were in place to monitor resident's nutritional intake on a daily basis. Resident's weights were monitored on a monthly basis, or more frequently if indicated. There were appropriate referral pathways in place for the assessment of residents identified as at risk of malnutrition by dietitian and speech and language services.

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The registered provider had a risk management policy that met the requirements of the regulation and a plan in place to respond to major incidents in the centre likely to cause disruption to essential services.

Residents' rights were promoted in the centre and residents were encouraged to maximise their independence with support from staff. Arrangements were in place for residents to meet with the management to provide feedback on the quality of the service they received. There were opportunities for residents to participate in meaningful social engagement and activities through one-to-one and small group activities.

Regulation 26: Risk management

The registered provider had ensured that the risk management policy included all components as set out in Schedule 5 of the regulations. A review of the risk management systems found that improvements were required to ensure that identified risks were managed in line with the centre's own policy, as actioned under Regulation 23.

Judgment: Compliant

Regulation 27: Infection control

The inspector identified some examples of good practice in the prevention and control of infection. Staff were observed to be adhering to good hand hygiene

techniques and reminders were displayed on designated notice boards, within the nursing offices. There were three cleaning staff on duty daily, and one allocated to the laundry. The centre was observed to be clean, clutter-free with adequate storage .The provider had addressed the findings of the February 2024 inspection with regards to the segregation of waste, oversight of the usage of antibiotics and instillation of a specimen refrigerator.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that they were not in line with the requirements of the regulations. For example:

- A resident living in the centre did not have a care plan formulated and they had been residing in the home for two weeks. This was contrary to the regulatory requirements which states that residents should have a care plan formulated within 48 hrs of admission to the designated centre. Therefore, there was no plan to direct care.
- Care plans did not always reflect residents' needs and the interventions in place to manage identified risks such as those associated with impaired skin integrity, risk of falls and risk of malnutrition. Therefore, there was not sufficient information to guide the staff in the provision of health and social care to residents, based on residents individual needs and preferences.
- Some information in residents care plans was found to be generic and did not relate to the specific residents care requirements.
- One residents individual care plans did not reflected their assessed and known care needs with regards to the frequency of blood pressure check as prescribed by their GP. Therefore, this had not been communicated to staff.

This was a repeated area of non-compliance.

Judgment: Not compliant

Regulation 6: Health care

A review of residents' files found that residents' health care needs were regularly reviewed by their general practitioner (GP). Residents were supported by allied health care professionals including a physiotherapist, dietitian, and a speech and language therapist. The residents were also supported by the community palliative care, psychiatry, and community mental health nurses if required. There was a very low incidence of pressure ulcer formation in the centre and skin integrity was being

closely monitored.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any residents living in the centre on the day of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for resident's occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents had access to an independent advocacy service and details regarding this service were advertised on the resident information board, displayed in the reception area of the centre. Residents' meetings were convened regularly to ensure residents had an opportunity to express their concerns or wishes. Residents had access to television, radio, newspapers and books. Religious services and resources were also available.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Joseph's Home OSV-0000287

Inspection ID: MON-0041559

Date of inspection: 21/08/2025

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	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: - The PIC and CNMs have reviewed existing audits and will ensure corrective action plans are completed for any deficits identified. - A weekly governance meeting is now in place with PIC, CNMs, and key staff to track progress. - The risk register will be updated monthly, with input from nursing and maintenance teams, to capture all known risks (clinical and environmental). - Staff will receive refresher training on incident reporting. CNMs will check incident records daily to ensure quality and consistency. - Residents and families will be actively consulted through quarterly meetings and annual surveys, and their feedback will form part of the annual review.	
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: - The Registered provider and PIC will update resident contracts to clearly list the therapies included in the weekly service charge. - Residents and families will be met individually to explain the revisions. - Signed revised contracts will be filed and spot-checked monthly by the Administrator.	

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
- A central complaints register will be maintained by the PIC .

- A Chief Clinical Officer will act as Complaints Review Officer to provide independent oversight of complaint follow-up.

- All staff will receive refresher training on recognising and recording complaints, reinforced at handovers and staff training days.

- PIC and CNM will check the register daily to ensure all complaints are recorded.

- Posters and reminders will be placed in the centre to encourage residents and families to voice concerns and explain how to make a complaint.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
- The PIC has already reviewed all residents' care plans to ensure compliance with support from the Chief Clinical officer and the Quality , Safety and Risk officer.

- A named nurse system is in place to ensure every resident has a personalised care plan within 48 hours of admission, reviewed every 4 months, and updated with any changes in needs.

-PIC and CNM will carry out monthly audits of care plans and provide feedback to named nurses.

- Admission documentation has been updated with a 48-hour care plan completion tick box, monitored by CNMs.

- Staff will receive refresher training on writing resident-centred, individualised care plans, ensuring interventions are clearly documented and specific to each resident by the Quality, safety and risk manager.

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 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/11/2025
Regulation 23(1)(f)	The registered provider shall ensure that the review referred to in subparagraph (e) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	30/11/2025
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether	Substantially Compliant	Yellow	31/10/2025

	under the Nursing Homes Support Scheme or otherwise, to the resident concerned.			
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).	Substantially Compliant		31/10/2025
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.	Substantially Compliant		31/10/2025
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the	Not Compliant	Orange	31/10/2025

	outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.			
Regulation 34(7)(b)	The registered provider shall ensure that all staff are aware of the designated centre's complaints procedures, including how to identify a complaint.	Not Compliant	Orange	31/10/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/10/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where	Not Compliant	Orange	31/10/2025

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			