



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

Issued by the Chief Inspector

Name of designated centre:	Youghal and District Nursing Home
Name of provider:	Gortroe Nursing Home Limited
Address of centre:	Gortroe, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	07 August 2026
Centre ID:	OSV-0000307
Fieldwork ID:	MON-0050579

About the designated centre

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

Youghal and District Nursing Home is a purpose built 54 bedded residential nursing home. All bedrooms are single bedrooms with en-suites. There is 24 hour nursing care available, the centre can provide care for low, medium, high and maximum dependency residents. The centre can accommodate both female and male residents over the age of 18 years, who have the following care needs: general care, respite care, elderly care, palliative care and convalescent care. To enhance the care provided and enable residents to fulfil your personal, social and psychological needs the following services and activities are available within Youghal & District Nursing Home: hairdresser, arts and crafts, live music & song, exercise, etc. Complementary therapy services are also provided: reflexology, homeopathy and acupuncture. Mass is held weekly on Friday. There is a resident's council operated on a 2 monthly basis or more frequently if deemed necessary.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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
Friday 7 August 2026	08:30hrs to 17:15hrs	Erica Mulvihill	Lead

What residents told us and what inspectors observed

There were 54 residents living in the centre on the day of this unannounced inspection by one inspector of social services. The inspector spoke with many of the residents to gain an insight into their experience of living in Youghal and District Nursing Home and spoke to 14 in more detail. Residents reported that the staff are "all so helpful" and that they receive great care. One resident stated when asked about living in the centre that they are living a life of "unimaginable luxury".

Youghal and District Nursing home is a spacious two story premises. The design and layout of which meets the needs of the residents and promotes free movement and relaxation with multiple communal spaces to rest, reflect and enjoy the surrounding garden views. Resident bedroom accommodation is provided in single bedrooms, all with en suite facilities. Many of the residents' bedrooms, communal areas and shared bathrooms were observed to be clean, clutter free and overall well maintained by a team of maintenance and household staff.

Throughout the day of the inspection, staff were observed to be attentive to residents, assisting them in an unrushed, kind and patient manner. Call bells were observed to be answered promptly with residents stating that the staff come to them without delay when they required assistance. The inspector spoke with staff, there was a sense of community in the centre, in which, they displayed very good knowledgeable of the residents they cared for and their choices and preferences.

There were opportunities for meaningful recreation and activities as outlined in the centres' activity schedule which was displayed in residents' bedrooms. Findings on the day showed that residents could attend an activity of choice as per their preference. In the reception area, there was a large display of beautiful water and oil paintings which were completed by residents in the centre. These paintings were colourful and residents and families were very proud to have them displayed prominently. Two residents were observed sitting by the windows on the ground floor, in the morning, reading the daily newspaper and relaxing in their surroundings. One resident, who staff said likes to sit in one of the alcoves daily, had art supplies and books at their disposal which were left there on the window for them to use when they wanted to.

At around 11am, the inspector observed 11 female residents having fun and good conversation in one of the centres communal spaces. They were being offered refreshments from catering staff and were very jovial in their interactions with the inspector. The activity staff organised specific activity sessions for women, "tea with the ladies" and for the gentlemen, a "men's shed" to ensure they captured interests of all residents through their varied programme of events. A hairdresser attended the centre weekly and a large bright hairdressing room overlooking the gardens was

available in the centre for residents. Residents told the inspector they love when the hairdresser is in as they enjoyed getting their hair done.

Visitors were observed coming to and from the centre throughout the day. They visited residents in their bedrooms and in the communal spaces available. Visitors confirmed they were welcome to the home at any time. Visitors stated to the inspector how grateful they were to have such excellent care from staff who knew them well.

Residents could choose to dine in the main dining room on the ground floor or in their bedrooms as per their preference. In the dining room on the ground floor, during the morning time, residents were seen coming to and going for their breakfast at a time of their choosing. At the lunch time meal, many residents attended this space and it was observed to be a social and enjoyable experience for residents. The service of food to residents was observed. There were adequate numbers of staff to ensure the food was served hot and that residents who required assistance were attended to.

Food served to residents appeared appetising, well presented and nutritious. Residents were complimentary and confirmed that they were afforded choice. Some residents upstairs in the centre chose to have their meals at a dining area called "Kathy's Corner". In this area, residents were observed to having enjoyed their meals in the company of others and had ample assistance from kind and respectful staff also.

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 impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that residents benefited from a well-run centre with good leadership and good governance and management arrangements in place. This inspection was carried out to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The registered provider of Youghal and District Nursing Home is Gortroe Nursing Home Limited. There were two company directors, who were actively involved in the day to day running of the centre. There was a clearly defined management structure in place. There were systems in place for the oversight and monitoring of care and services provided for residents.

The annual review for 2025 was reviewed which showed evidence of resident participation and involvement in the preparation of same. The management team

had developed an audit schedule which identified where improvements were required and records of these audits were available for the inspector to review.

A record of incidents occurring in the centre was maintained on the centres' electronic care record system. Upon review, it was evident that all incidents requiring notification to the Office of the Chief Inspector was completed as per regulatory requirements. The centre had good oversight in relation to falls prevention and trended incidents in the centre to ensure that findings were disseminated to staff to mitigate risks in incidents recorded.

On the day of the inspection, from what the inspector observed and in conjunction with a review of rosters and communication with residents and visitors, the number and skill mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. The person in charge worked full time at the centre and was well known to staff and residents. They were supported by two clinical nurse managers (CNM2), a team of nursing, care assistants, household, administration, activity, catering and maintenance staff.

Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. The provider had structures in place to oversee and ensure all staff had received training appropriate to their role. Oversight of the training matrix was monitored by one of the centres' administration team and they ensured that a schedule was in place to ensure ongoing refresher training for those who required same. Training included fire training, safeguarding vulnerable adults, responsive behaviour training and Infection prevention control with further training as defined within the centres staff training and development policy.

Regulation 14: Persons in charge

The person in charge was a registered nurse who worked full-time in the centre and had the necessary experience and qualifications as required by regulation.

Judgment: Compliant

Regulation 15: Staffing

Upon a review of rosters and general observation on the day of the inspection, the centre had adequate numbers of staff on duty with an appropriate skill mix to meet the assessed needs of the 54 residents, taking into account the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development
<p>Training records in the centre were well maintained. These records reviewed showed that all mandatory training had been completed by staff with refresher training booked as appropriate. Staff were knowledgeable on the training they received which was specific to their roles and responsibilities. A robust induction plan was in place for all new staff to ensure they are supported in their integration to the centre.</p>
Judgment: Compliant
Regulation 19: Directory of residents
<p>The Directory of residents was maintained, up-to-date and contained all required details on admissions, discharges and deaths of residents.</p>
Judgment: Compliant
Regulation 23: Governance and management
<p>The registered provider had ensured that there was sufficient resources available to ensure the effective delivery of care to residents. There was a clearly defined management structure in place which set out clear lines of authority and accountability.</p> <p>Management systems were in place to ensure that the service provided to residents was safe. There was a clear audit schedule in place and from a review of completed audits, the registered provider was self-identifying areas for service improvement and putting measures in place to ensure audit findings were resolved.</p>
Judgment: Compliant
Regulation 24: Contract for the provision of services
<p>A sample of contracts of care were reviewed. A number of contracts were not updated to include any other services of which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or to which the</p>

resident is not entitled to under any other health entitlement. Some but not all of the contracts reviewed had this required information available.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the incidents log in the centre indicated that any incidents that required notification to the office of the Chief Inspector had been submitted as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints management in the centre required action as follows:

Whilst complaints were investigated appropriately, the provider had not ensured the provision of a written response informing the complainant of the outcome of the review and whether their complaint had been upheld and if so, details of any improvements recommended from the review to improve the service for residents.

Judgment: Substantially compliant

Quality and safety

Overall, residents in Youghal and District Nursing Home were found to be supported to have a good quality of life. There was timely access to health care services and appropriate social engagement. A human rights based approach to care was evident and seen to be promoted. Residents who spoke to the inspector stated they felt safe in the care of the staff in the centre. Staff were known to residents and all staff were observed to be knowledgeable of individual residents' wishes and preferences. Interactions observed were person centred, kind and respectful.

Care plan records were available through an electronic record system and was available for each resident in the centre, as per regulatory requirements. Validated assessment tools were used to inform individualised care planning. Improvements overall since the last inspection was evident, however, care plans in relation to ongoing safeguarding measures were not evident where there were active measures

to protect residents but this was not documented to direct care for staff appropriately. This is actioned under Regulation 5: Individual assessment and care plans.

The inspector was assured that residents' health care needs were met to a high standard. There were six General Practitioners (GP) that visited the residents in the centre. Residents had good access to their services and records showed that there was good interaction and review of residents if they required it. Allied health and social care professionals, such as physiotherapy, speech and language therapy, dietetics and tissue viability nursing as required. Evidence of referral was available for review in resident care records.

The centre was promoting a restraint free environment. Evidence of risk assessments, consent and discussion with residents in relation to any restrictive measures was available for the inspector to review. It is acknowledged that there was some good practice observed in the centre in relation to safeguarding and protection of residents. Allegations of abuse were investigated appropriately.

Residents who required modified and fortified diets were seen to be facilitated, with meals prepared as recommended by dietetics for those residents who required same. The quality of food in the centre appeared wholesome and nutritious and feedback from residents was reflective of the inspectors observations.

On the day of the inspection, the centre appeared clean and comfortable for residents. The premises in general was well maintained internally and externally and household staff were observed cleaning the centre throughout the day. Most residents had access to call bells in their bedrooms, however, during the walk through the centre by the inspector, a number of call bells were not visible in rooms. The person in charge assured the inspector that all call bells would be reviewed and replaced as a matter of urgency. This is actioned under Regulation 17: Premises.

The inspector observed good practices in relation to standard precautions to minimise cross contamination and spread of infection. New clinical hand wash sinks which had been installed were in use for staff on corridors to further promote hand hygiene practices. The clinical nurse manager was the Infection prevention and control link practitioner for the centre and held training sessions with staff. Allocation of alcohol gel was evident at points of care and were in plentiful supply in the centre.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure the premises conforms to the matters set out in Schedule 6 of the regulations. As evidenced by:

- seven call bells were observed to be either missing from the wall socket or required replacing.

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. Choice was offered at mealtimes and residents with special dietary requirements or modified textured diets were accommodated. There was positive feedback in relation to the quality of food offered to residents in the centre. The inspector observed adequate numbers of staff to assist with resident dining.

Judgment: Compliant

Regulation 27: Infection control

The clinical nurse manager had assumed the role of Infection Prevention and Control link practitioner and was available to staff for information or training in this area. This training included hand hygiene, PPE (personal protective equipment) and MDRO (multi drug resistant organisms) awareness.

Observations on the day of the inspection showed a responsive staff who were aware and were supported to implement the standards for the prevention and control of health care infections as required. MDRO care plans were in place for residents who required it to direct care for staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Further action was required to ensure that care plans were updated appropriately where required to direct care to staff. For example:

Safeguarding care plans were not developed to direct staff when there was ongoing safeguarding measures put in place by the provider.

This is contrary to the centres safeguarding policy in which it outlined that a residents care plan will be updated to focus on interventions to assist the resident with recovery and to manage any adverse effects relating to an abuse incident.

Judgment: Substantially compliant

Regulation 6: Health care

Records reviewed showed that residents had access to a high standard of evidence based nursing care in accordance with professional guidance. Wound care assessments and reviews were carried out to ensure up to date information was available to direct care for staff.

Residents had timely access to their general practitioner(GP) and access to additional medical professional expertise as required such as Tissue viability nursing, dietetics, speech and language, occupational therapy and physiotherapy.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had up to date knowledge and skills, appropriate to their role, to manage and respond to residents displaying responsive behaviours. There was good oversight and management of restrictive practices with good evidence of multidisciplinary discussion around reductive measures as necessary.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for all staff. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported feeling safe living in

the centre. Incidents of allegations of abuse had been investigated in line with national policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents said that they could choose when to get up, and how to spend their day. There were very happy with the range of meaningful activities in place and reflected positively about the kindness of staff.

Resident meetings were held every three months, facilitated by activity staff. Minutes reviewed showed good discussion points and evidence of resident feedback on the running of the centre. Meetings were well attended and residents were empowered to raise any issues they wished to discuss.

Outings were organised for residents and two upcoming outings to the local Golf club and the garden centre were planned to take place shortly.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Youghal and District Nursing Home OSV-0000307

Inspection ID: MON-0050579

Date of inspection: 07/08/2026

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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>We would, however, like to provide some context regarding how this information was managed within the nursing home.</p> <p>Historically, in line with previous guidance received from HIQA, the supplementary costs and associated price list were included within the Statement of Purpose. This approach was reviewed during the 2023 inspection and was accepted at that time.</p> <p>Following a subsequent HIQA inspection, we were advised that this information should instead be incorporated directly into the individual resident's Contract of Care. In response to this advice, the nursing home amended its process and began including the relevant supplementary service and cost information within residents' contracts.</p> <p>The finding identified during this inspection relates primarily to a number of older contracts which had not been updated to reflect this change in format. The information had not been withheld from residents or their representatives; rather, it had previously been provided through the Statement of Purpose and associated supplementary cost information.</p> <p>We will ensure that all residents whose current Contract of Care does not contain the required information regarding supplementary services and associated costs are provided with this information. The relevant information will then be added to and incorporated into their existing Contract of Care, ensuring that all residents' contracts are consistent and contain the required information.</p>	
Regulation 34: Complaints procedure	Substantially Compliant

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

Complaints received by the nursing home are investigated appropriately and are reviewed by the relevant personnel. However, we accept that, in some instances, although the complaint investigation was completed and the outcome was established, a formal written response was not provided to the complainant confirming the outcome of the review, whether the complaint was upheld, and any improvements identified as a result of the review. We will ensure that all complaints will have a written response in future.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

We acknowledge the finding regarding seven call bells which were observed to be either missing from their wall sockets or requiring replacement.

We would like to provide some context regarding the rooms identified. The call bells had been removed in a number of rooms where residents, due to cognitive decline, were unable to independently use the call bell system. In other rooms, the call bell socket was being utilised by fall sensor equipment connected to the resident call bell system.

While this was based on the individual needs and circumstances of the residents concerned, we acknowledge that a call bell should nevertheless be available in every resident's room and that the premises should provide the required equipment in accordance with the regulations.

Corrective Action

Following the inspection, we have ensured that a call bell is now available in every resident's room, regardless of whether the individual resident is able to independently use the call bell due to cognitive or other impairment.

Where fall sensor equipment is connected to the call bell system, an additional call bell socket has now been installed. This ensures that the fall sensor equipment can remain connected while a separate call bell remains available within the resident's room.

We have therefore addressed both issues identified and have taken additional measures to ensure that the availability of a call bell is not compromised by the use of other equipment connected to the call bell system.

Going forward, routine checks will ensure that call bells remain present, accessible and operational in all resident rooms. Any defective or missing equipment will be identified and addressed promptly.

These measures ensure that all residents have access to a call bell, irrespective of their individual ability to use it, and that the use of fall sensor equipment does not prevent the provision of a call bell within the room.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>We acknowledge the finding regarding the safeguarding care plan for the resident who was affected by the safeguarding concern.</p> <p>In this instance, the safeguarding measures and interventions were put in place appropriately. The inspector confirmed that the care planning for the resident who was the subject of the concern was completed appropriately and provided clear direction to staff.</p> <p>The area identified for improvement was that the care plan of the resident affected by the concern had not also been updated to clearly reflect the ongoing safeguarding measures that had been put in place to protect and support them.</p> <p>We accept this finding. While the appropriate safeguarding measures were in place, we recognise that these should also have been clearly documented within the affected resident's individual care plan so that staff could readily identify the measures in place and the interventions required to support and protect the resident.</p> <p>This was therefore a documentation and care-planning omission rather than a failure to implement the safeguarding measures themselves.</p> <p>Corrective Action</p> <p>The resident's care plan has been reviewed and updated to clearly document the safeguarding measures and interventions in place to protect and support the resident. The care plan now provides staff with clear direction regarding the ongoing measures required and the support to be provided.</p> <p>Going forward, where a safeguarding concern involves another resident or person, the care plans of all residents directly affected by the concern will be reviewed to ensure that any necessary protective measures, interventions, monitoring and support are clearly documented in the relevant resident's care plan.</p> <p>Staff will also be reminded that safeguarding care planning must consider both the resident who is the subject of the concern and any resident who may have been affected, ensuring that appropriate measures are clearly reflected in each individual's care plan.</p> <p>This will ensure that the safeguarding measures implemented by the provider are consistently reflected in the care plans of all residents affected and that staff have clear and accessible direction regarding the ongoing protection and support of the resident.</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 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	14/08/2026
Regulation 24(2)(d)	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 any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any	Substantially Compliant	Yellow	15/12/2026

	other health entitlement.			
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	07/08/2026
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	07/08/2026