



**Health
Information
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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:	Cratloe Nursing Home
Name of provider:	Cosgrave Nursing Consultancy Limited
Address of centre:	Gallows Hill, Cratloe, Clare
Type of inspection:	Unannounced
Date of inspection:	07 July 2025
Centre ID:	OSV-0005393
Fieldwork ID:	MON-0044696

About the designated centre

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

Cratloe nursing home was originally built as a domestic dwelling which had been extended and adapted over the years to meet the needs of residents. It is located in a rural area on the outskirts of the village of Cratloe in Co. Clare. It is split level building and it accommodates up to 32 residents. Accommodation for residents is provided on both levels with a lift provided between floors. It provides 24-hour nursing care to both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared bedrooms. There are separate dining, day and visitors rooms as well as an enclosed garden courtyard area available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29
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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
Monday 7 July 2025	10:10hrs to 18:35hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. The overall feedback from residents was that they were happy with the care they received and their life in the centre. The inspector heard positive comments in relation to staff such as 'they are all wonderful'.

The inspector was greeted by the person in charge upon arrival to the centre. Following an introductory meeting with the management team, the inspector walked through the centre, giving an opportunity to meet with residents and staff.

Located in the village of Cratloe, Co. Clare, Cratloe Nursing Home provides care for both male and female adults with a range of dependencies and needs. The designated centre can accommodate up to 32 residents. There were 29 residents living in the centre on the day of inspection.

The centre is a purpose built, split-level building, with stairs and passenger lift access between floors. The main entrance led to a reception area, a visitors room, utility rooms and offices. Resident bedroom accommodation was located on both floors of the centre, and resident communal rooms were located on the first floor.

Resident bedroom accommodation consisted of 14 single and nine twin bedrooms. There were en-suite facilities in one single bedroom and one twin bedroom in the centre. The remainder of resident bedrooms had shared toilet and shower facilities. The inspector noted that some of the shared facilities were accessible from corridors, while others were observed to be interconnected with resident bedrooms. The inspector noted that the removal of privacy locks from several bathroom doors, which were interconnected with resident bedroom doors, did not ensure the residents' privacy and dignity, as the doors could not be secured from the inside.

Some resident bedrooms were personalised with items of significance, such as photographs and ornaments. Call bells were provided and televisions were available in most resident bedrooms.

Communal spaces on the first floor, included a balcony room and a dining room. There was a large communal sitting room where activities were seen to take place. A second, smaller communal sitting room, which opened onto a courtyard, was used by several residents on the day of inspection. The enclosed courtyard contained seating and tables for resident use. The area was secured with fencing which was decorated with colourful hanging baskets. The inspector spoke with one resident who described how much they enjoyed a gardening activity in the centre. The courtyard also contained a designated smoking area and several residents were seen spending time socialising in the area. However, the inspector noted that there was no system in place to enable residents to request assistance, if required.

The programme of daily recreational activities was displayed in each resident bedroom. An exercise class took place in the main communal sitting room on the morning of the inspection. There was a relaxed atmosphere with background music playing softly, and several residents said they enjoyed this activity. Some residents chose to spend time in their bedrooms or walking outside in the enclosed garden. There were residents, who were living with a diagnosis of dementia or cognitive impairment, who were unable to express their opinions on the quality of life in the centre. However, those residents who could not communicate their needs appeared to be relaxed and content. Residents were generally satisfied with the quality and frequency of activities, with the exception of one resident who expressed that they would like a more varied recreational programme.

There was a dining room located on the first floor of the centre and a choice of menu was displayed. The inspector was greeted by a resident who was observed arranging napkins and table settings, in advance of the lunch time meal service. The resident appeared to enjoy this activity and told the inspector it kept them 'busy.' Resident feedback was positive in relation to the quality of food, which was described as 'lovely' and 'very good'. The majority of residents enjoyed their meals in the dining room and small number of residents were supported to eat their meals in their bedrooms.

The inspector spoke with residents who had recently come to live in the centre, and to residents who they had met on the previous inspection in July 2024. All residents' who spoke with the inspector were generally complimentary of the quality of the service provided, and they told the inspector they felt safe in the centre. The inspector observed that the management team were known to residents by name and interactions between residents and staff were observed to be kind and respectful. The atmosphere in the centre was calm and relaxed.

The inspector noted that information regarding advocacy services was displayed in the reception area of the centre and the inspector was informed that residents were supported to access this service, if required.

Visitors were observed being welcomed into the centre throughout the inspection. Residents met with their friends and relatives in their bedrooms or communal rooms. Visitors informed the inspector that they were satisfied with the quality of the service, and they could raise concerns to the management team with ease.

The following sections of the report detail the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This was an unannounced inspection conducted by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in

Designated Centre for Older People) Regulation 2013 (as amended). This inspection also reviewed the action taken by the registered provider to address issues of non-compliance with the regulations found on a previous inspection in July 2024. Overall, the inspection found evidence of improvements in protection and the management of responsive behaviours. However, the care environment, in relation to fire precautions and the premises did not meet the requirements of the regulations. In addition, residents' rights, contracts for the provision of care services, complaints procedure and governance and management, were not in full compliance with the regulations.

Cosgrave Nursing Consultancy Limited is the registered provider for Cratloe Nursing Home. The company is comprised of two directors, with one director representing the company and the second director being the person in charge. The person in charge worked full-time in the centre and they were supported in their role by two clinical nurse managers. Additional management support was provided by a facilities manager. A team of nurses, health care assistants, household, activity, catering, administration and maintenance staff made up the staffing complement. There were deputising arrangements in place in the absence of the person in charge. The clinical management team were knowledgeable regarding the individual care needs of residents living in the centre.

The inspector found that the staffing number and skill mix, on the day of inspection, was appropriate to meet the care needs of the 29 residents who were living in the centre. There was at least one registered nurse on duty at all times.

A review of the staff training records evidenced that all staff had up-to-date mandatory training in place. Arrangements were in place to ensure staff were appropriately inducted and records demonstrated that performance appraisals were completed by the management team.

There were management systems in place to monitor the quality of care and service provided, which included regular management meetings within the centre. Records showed that these meetings were used to review key clinical and operational aspects of the service, including key clinical performance indicators such as the incidence of wounds, falls and safeguarding concerns. An audit schedule was implemented, to support the management team to measure the quality of care provided to residents. The inspector viewed a sample of clinical audits relating to restrictive practices, food and nutritional care management. Any areas of quality improvement identified through these audits had a corresponding action plan that had been completed. There was a risk management policy and a risk register in place. However, this inspection found that some known risks, such as those related to resident privacy and dignity were not recorded in the centres' risk register. The decision taken to remove privacy locks from three shared bathrooms doors was not informed by a risk assessment. On the day of inspection, there were no control measures in place to mitigate the risks to resident privacy. This is discussed further under Regulation 23: Governance and management.

A record of all accidents and incidents involving residents that occurred in the centre was maintained. A record of investigation was available for any adverse incidents which occurred in the centre.

Records were seen to be stored securely in the centre. Staff personnel files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

A review of the contracts for the provision of care found that accommodation provided to some residents did not reflect the terms of the contract relating to the bedroom to be provided to the resident, such as the number of occupants of that bedroom. This is detailed further under Regulation 24: Contracts for the provision of care services.

There was a policy and procedure in place to guide on the management of complaints, however, it did not meet the requirements of the regulations. This is detailed further under Regulation 34: Complaints procedures.

An annual report on the quality of the service had been completed for 2024 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

Regulation 15: Staffing

On the day of inspection there were adequate levels of nursing and care staff on duty for the size and layout of the centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of residents.

Staff also had access to additional training to inform their practice which included infection prevention and control, falls prevention, care planning, and cardio pulmonary resuscitation (CPR) training.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems were insufficiently robust to ensure the service provided was safe, appropriate and effectively monitored. For example:

- The removal of privacy locks on three shared bathroom doors was not informed by an assessment of risk.
- There was inadequate oversight of residents' rights, premises and fire precautions.

The compliance plan submitted following the previous inspection was not fully implemented resulting in repeated non-compliance with Regulation 24: Contracts for the provision of care services and Regulation 34: Complaints procedure.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of care were reviewed and found that the terms relating to the admission of a resident to the centre, including terms relating to the number of occupants of that bedroom were not clearly described, as required by Regulation 24(b). This is a repeated finding.

The services included in the weekly social charge were not described in a sample of contracts reviewed.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector found that the policy in place for the management of complaints did not comply with requirements of the regulations, as it referred to another designated centre.

Judgment: Substantially compliant

Quality and safety

Residents living in the centre were generally satisfied with the quality of the service they received. The inspector observed staff engaging with residents in a kind and gentle manner. The inspector found that the provider had addressed non-compliance in relation to Regulation 8: Protection, found on the previous inspection in July 2024. Notwithstanding this positive finding, residents' rights, premises and fire precautions did not meet full regulatory compliance.

The centre employed a member of staff who was dedicated to the provision of resident activities. The programme of activities included music, exercises, and gardening. Residents had access to local television, radio and newspapers. Residents' views on the quality of the service provided were sought through satisfaction surveys and through resident meetings. Advocacy services were available to residents and there was evidence that they were supported to avail of these services as needed. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre. While residents' rights were generally promoted in the centre, the inspector found that residents were not able to undertake some personal activities in private. For example, privacy locks were not available in some resident communal shower rooms.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm and residents' accommodation was individually personalised. However, the inspector identified some areas of the premises which were in a state of disrepair, such as the residents' bath and wall surfaces in some resident bedrooms. The provider had a number of measures in place to ensure that residents were protected in the event of a fire emergency. These included regular servicing of fire safety equipment and regular checks of means of escape to ensure they were not obstructed. However, the provider did not have adequate precautions against the risk of fire in place in the designated smoking area.

A sample of assessments and care plans for residents were reviewed. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after a resident's admission to the centre and reviewed at intervals not exceeding four months. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as palliative care, tissue viability and in-house physiotherapy as required. There were no pressure injury related wounds in the centre at the time of inspection.

Residents' nutrition and hydration needs were assessed and monitored. A validated assessment tool was used to screen residents regularly for risk of malnutrition. Records demonstrated that residents' weights were regularly monitored and resident were referred to allied health professionals or their general practitioner, if required.

The use of restraint was underpinned by an up-to-date policy relating to the management of restraint. There was a low use of restraints in the centre and five residents were using bedrails on the day of this inspection. The implementation of restraint was informed by appropriate assessments which were subject to regular review.

There were systems in place to safeguard residents and protect them from the risk of abuse. A safeguarding policy and procedure was in place to safeguard residents from the risk of abuse. Staff were appropriately trained to recognise and respond to allegations of abuse. Staff demonstrated an awareness to the centre's safeguarding policy and procedure in place to safeguard residents and staff detailed the reporting structure within the centre to report suspected abuse of a resident. Safeguarding incidents that had occurred in the centre were investigated and safeguarding care plans were in place, where required, to direct staff on the measures required to protect residents' from harm.

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.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visiting arrangements were flexible and there was adequate private areas for residents to meet their visitors.

Judgment: Compliant

Regulation 28: Fire precautions

The provider did not have adequate precautions against the risk of fire in place. For example;

- A call bell, fire blanket and smoking apron were not available to residents who smoked in the secure courtyard.
- A slide bolt was fitted on the inside of one communal room door. This may create a risk of persons becoming trapped inside a room in the event of a fire in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of residents' records reviewed had a comprehensive assessment and risk assessments in place. Care plans were person-centred, and reflected the residents' care needs. Care plans were updated in line with regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

A review of a sample 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.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider was found to be working towards a restraint-free environment. There were five bedrails in use on the day of inspection. Each resident had a full risk assessment completed prior to the use of any restrictive practice, and the use of restrictive practices was reviewed regularly in the centre.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and appropriately managed to ensure residents were safeguarded. Staff who spoke with the inspector were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not ensured that some residents could undertake personal activities in private. For example;

- Door locks on some communal shower rooms were removed, and this impacted on residents ability to undertake personal activities in private.
- The privacy curtain in one shared bedroom did not surround the residents' bedspace completely.

Judgment: Substantially compliant

Regulation 17: Premises

Some areas of the premises did not meet the requirements of Schedule 6. For example:

- Residents did not have access to a bath as it was in need of repair.
- Some wall surfaces in resident bedrooms were scuffed.
- The wall surface in one equipment storeroom was damaged.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	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
Regulation 17: Premises	Substantially compliant

Compliance Plan for Cratloe Nursing Home OSV-0005393

Inspection ID: MON-0044696

Date of inspection: 07/07/2025

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: New (two-way Thumb) Locks are to be implemented by 12/09/2025. These Thumb Locks have been approved by Clare County Council Senior Chief Fire Officer. We also implemented new signage "Engaged/Vacant" as of 08/07/2025 to alert Residents and Staff that the toilet/bathroom is in use or not, to assist in minimizing any Privacy and Dignity issues occurring. Regulation 24: Contracts of Care for the provision of care services, as of 01/08/2025 now include: • The Residents Room Numbers, • The total number of Residents in each Bedroom i.e. Single Room or Twin Room • The Activity Programme & Charges are included in both set of contracts (Short-Term & Long-term). Regulation 34: Complaints Procedure: We have reviewed and fully updated our Complaints Procedure as of 11/08/2025 (incorporating all the new inputs are identified in the HIQA notification document, Informal Consolidation of S.I. No. 415 of 2013 – Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 as of March 2023.	

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: As documented above in point 2, Regulation 23: Governance and Management.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: As documented above in point 3, Regulation 23: Governance and Management.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: As documented above in point 1, Regulation 23: Governance and Management. The Red Fire Box in the Courtyard contains a Fire Blanket and Fire Extinguisher. These were implemented in July 2024 following the prior inspection. Both were also reviewed by the Clare County Council Senior Fire Officer in May 2025 and found to be in working condition and fit for purpose. External Contractor, Fire Safety Management records available in Fire Safety Management book. The 3 Residents living in the NH who do smoke have all been Risk Assessed to ensure they are safe to do so independently, Risk Assessments are completed annually on each resident or more frequently if there is a marked change in the Residents medical/psychological condition.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: As documented above in point 1, Regulation 23: Governance and Management. A contracted company has been procured to upgrade the Privacy Curtain in the shared bedroom to maintain the privacy and dignity of the Resident using this space. An assessment of the Bed Space has been completed on 25/07/2025 and the new privacy curtain/rail is due for implementation by 05/08/2025.	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Bath has been repaired as of 08/07/2025 and the residents a free to use as they wish. An ongoing Maintenance Program (including Painting and Decoration) continues monthly, and which is discussed and updated quarterly at our Clinical Governance Management Meetings (which includes the management of the Nursing Home environment), the next Clinical Governance meeting due to be held 03/010/2025. It is expected that all wall surfaces with scuffing will be painted freshly by this date. As documented in point 11, but which will include some plaster repair and bonding in addition to painting and decoration. It is due to be completed by 03/10/2025.	

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	03/10/2025
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.	Substantially Compliant	Yellow	12/09/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant	Yellow	01/08/2025

	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
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 under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	01/08/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	12/09/2025
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which	Substantially Compliant	Yellow	11/08/2025

	includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.			
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	05/08/2025