



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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Supported Care Home
Name of provider:	St Joseph's Supported Care Home CLG
Address of centre:	Kilmoganny, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	14 November 2023
Centre ID:	OSV-0000555
Fieldwork ID:	MON-0039266

About the designated centre

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

St. Joseph's Supported Care Home commenced operations in 1982 to offer accommodation, in a homely environment, to residents from surrounding parishes who have low to medium dependency needs. It is managed by a voluntary non-profit organisation. It can accommodate 19 residents, both male and female, over the age of 18 years. Nursing care available is for low to medium dependency needs as there is not a nurse on duty on the premises over a 24-hour period. Healthcare assistants provide care under the supervision of the nurse and manager. It is constructed over two floors and is well decorated and maintained. Two stairwells provide access to the first floor and both are serviced by stair-lifts. The centre has 17 single and one twin room. There are two sitting rooms and a dining room off the kitchen. There is also a small church where mass is celebrated regularly. There is a parking area to the front and side of the premises with extensive gardens to the front.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 14 November 2023	10:00hrs to 16:15hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspector and discussions with residents and staff, St Joseph's Support Care Home was a nice place to live. There was a welcoming and homely atmosphere in the centre. The inspector spoke with nine residents living in the centre. Residents' rights and dignity were supported and promoted by kind and competent staff. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities.

On arrival the inspector signed the centres visiting book. The inspector was met by the person in charge and following a brief introductory meeting to outline the format of the inspection, the inspector walked the premises. The inspector greeted, spoke with, and observed residents in communal areas and in their bedrooms.

St Joseph's Supported Care Home was located on the out-skirts of the village of Kilmaganny in Co.Kilkenny. The centre is registered to accommodate 19 residents. The centre had 17 single rooms and one twin room. The premises comprised of a ground floor level and two separate first floor levels. There was a stair lift to both first floor levels. The centre was warm throughout and appeared clean to a high standard. Alcohol gel was readily available throughout the centre to promote good hand hygiene. The atmosphere was calm and relaxed.

The inspector met with residents both individually, and in small groups during the inspection. Residents mobilised freely throughout the centre, and the grounds. Residents were observed in the communal dining room and sitting rooms. The centre was nicely decorated. There was antique furniture and table lamps placed appropriately across the centre. There were large televisions and fireplaces in both of the sitting rooms. The centre had a oratory where Mass took place every week. Residents had access to a hairdressing room and a physiotherapy room. The centre had a production kitchen, laundry, staff changing facilities, and a house keeper's room. The central court yard had attractively decorated walls and the residents had access to mature garden grounds and a small herb garden to the rear of the centre.

Visitors were observed attending the centre on the day of the inspection. The inspector was informed that there was no booking system for visits. Residents whom the inspector spoke with confirmed that their relatives and friends could visit anytime.

The centre provided a laundry service for residents. Residents whom the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents told the inspector that the quality of food was excellent. The daily menu was conveniently displayed on a blackboard and a weekly

menu was available in the dining room. Jugs of water and cordial were available for residents in communal areas and bedrooms. Many residents told the inspector that they had a choice of having breakfast in the dining room or their bedroom. The inspector observed the dining experience at dinner time. The dinner time meal was appetising and well present and the residents were not rushed. The dinner time experience was a social occasion where residents were seen to engage in conversations and enjoying each others company.

Residents whom the inspector spoke with said they were very happy with the activities programme in the centre. The daily activities programme was displayed near the dining room. The inspector observed residents attending a live-streamed Mass in the morning and music entertainment session in the afternoon. The inspector observed staff and residents having good humoured banter throughout the day and observed staff chatting with residents about their personal interests and family members. The inspector observed many residents walking around the corridor areas of the centre. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Books, games and exercise equipment were available to residents. Residents told the inspector that they had enjoyed attending a local tractor run and were looking forward to the local Christmas fair where some residents were planning to display their hand crafted Christmas cards. The inspector spoke with a resident who had their own car, and would regularly visit family nearby or the local towns. A resident had a motorised bike, and spent most days travelling around the surrounding areas villages and towns. One resident took responsibility for the centre's herb garden, which supplied the kitchen with home grown produce. Another resident was responsible for looking after the cats which were accommodated in the back yard area on the grounds of the centre.

Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents stated that the person in charge and all of the staff were very good at communicating changes, particularly relating to their medical care needs.

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

Capacity and capability

This was an unannounced risk inspection carried out to monitor ongoing compliance with the regulations and standards. The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following the previous inspection in March 2023, and improvements were found in Regulation 17:

premises and Regulation 27: infection prevention and control. On this inspection, the inspector found that actions were required by the registered provider to address areas of Regulation 5: individual assessment and care planning, Regulation 16: training and staff development, Regulation 28: fire precautions and Regulation 34: complaints procedure.

St Josephs Supported Care Home CLG Limited is the registered provider for St Joseph's Supported Care Home. The registered provider is operated by a voluntary board of management. The chairperson of the board is the registered provider representative (RPR). The centre was established for the supported care of older people from the local, and surrounding areas. The centre provides long-term, and respite care for a maximum of 19 residents' who require minimal assistance only, in a homely environment. The centre is registered on the basis that the residents do not require full-time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The person in charge worked Monday to Friday in the centre and was supported in their role by a staff nurse, a team of care staff, housekeeping, catering and maintenance staff. The staff nurse deputised for the person in charge in their absence. There were no nurses on duty at the weekend. The person in charge and staff nurse alternated on call for out of hours cover for emergencies. There were two care staff on duty from 8am to 10pm. One care duty staff member worked a 12 hour night duty shift who was the only staff member on duty between 10:00pm to 8:00am. The care staff on duty on the day of inspection were well informed of the individual residents' personal and social needs. The staff on duty were observed providing assistance in a caring and respectful manner.

Staff were supported and facilitated to attend training and there was a high level of staff attendance at training in areas such as fire safety, medication management, and infection prevention and control. All care staff had completed training in medication management and a medication management competency assessment was completed by the staff nurse with all health care assistant staff. Improvements were required in the oversight of staff training in the centre, this is discussed further under Regulation 16: training and staff development.

Records and documentation were well presented, organised, and supported management systems in the centre. Records were stored securely. Records of regular staff and resident meetings were available. A review of four personnel records indicated that all the requirements of schedule 2 were met including Gardaí Síochána (police) vetting disclosures.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate, and consistent management of risks. There was evidence of an ongoing schedule of audits in the centre. The schedule of audits completed included infection prevention and control, care planning and medication management audits. Audits were objective and identified improvements. There were records of board of management meetings and local staff meetings which took place regularly in the centre. The person in charge met with the board of management weekly. Records of weekly KPI (Key performance indicators) reports were discussed

with the board of management and items included occupancy, resident dependency levels, activities, training, staffing and actions required from audits completed which provided a structure to drive quality improvement. The annual review for 2022 was completed in line with the national standards. It set out the improvements completed in 2022 and improvement plans for 2023. A copy of the centre's annual review of quality and safety of care 2023 was available to residents on the day of inspection.

There was no records of complaints in the centre recorded since 2020. The person in charge confirmed that the resident's had not made any complaints since then. Residents said they were aware they could raise a complaint with any member of staff or the person in charge. Actions were required to align the complaints procedure with SI 628 of 2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations, and this will be addressed under Regulation 34 of this report.

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. This was a low support centre which did not require 24 hour nursing care to be provided.

Judgment: Compliant

Regulation 16: Training and staff development

Gaps were identified in staff training. For example;

- 7 staff were required to complete safeguarding training as their safeguarding training was out of date.

Judgment: Substantially compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Audits were routinely completed and scheduled, for example; infection prevention and control, care planning and medication management audits. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 30: Volunteers

Volunteer's attended the centre to enhance the quality of life of residents. Volunteers were supervised and had Garda vetting disclosures in place. Their roles and responsibilities were set out in writing.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure and policy included the details of the persons involved in the complaints procedure. These persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service. Improvements were required to ensure that both the complaints policy and complaints procedure referred to the newly established role of review officer and complaints officer, as specified within SI 628 of 2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations, which came into effect on 01 March 2023. The complaints procedure was not displayed in the centre on the day of inspection.

Judgment: Substantially compliant

Quality and safety

The findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in St Joseph's Support Care Home. Residents health, social care and spiritual needs were well catered for. Residents expressed a high level of satisfaction with the care provided and the quality of life in St Joseph's Support Care Home. Improvements had been noted in the areas of premises, and infection prevention and control since the previous inspection in March 2023. On this inspection further actions were required to improve individual assessment and care planning, and fire safety.

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 psychiatry services, physiotherapy, occupational therapy, dietitian and speech and language, as required. Residents had access to chiropody services in the centre regularly. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

A detailed individual assessment was completed prior to admission, to ensure the centre could meet the residents care and social needs. Residents' needs were comprehensively assessed by validated risk assessment tools. Care planning documentation was available for each resident in the centre. Further improvements were required to residents care plans which is discussed further under Regulation 5: individual assessment and care planning.

The provider continued to manage the ongoing risk of infection from COVID-19 and other infections while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. Visitors were reminded not to come to the centre if they were showing signs and symptoms of infection. There was no restriction to visits in the centre and visiting had returned to pre-pandemic visiting arrangements in the centre. Residents could receive visitors in their bedrooms where appropriate, the centres communal areas or outside areas. Visitors could visit at any time and there was no booking system for visiting.

The centre did not act as a pension agent for any of the residents. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. There was ample storage in bedrooms for residents' personal clothing and belongings. A laundry service was provided in the centre for residents.

There was an on-going schedule of maintenance in the centre and improvements had been made to the centres premises since the previous inspection. Areas of the centre had been painted and a large window had been replaced in one of the stair wells. Storage areas were organised, tidy and did not contain personal staff items. The centre was bright and general tidy. The centre was cleaned to a high standard and alcohol hand gel was available on all corridors and at all entrance doors. Bedrooms were personalised and the residents in the twin room had privacy curtains and ample space for their belongings. Overall the premises supported the privacy and comfort of residents.

Improvements were found in infection prevention, and control since the previous inspection. Rust had been removed from the racking system in the sluice room. A separate multi-drug resistant organism (MDRO) infection guidance document was available for staff. Staff were observed to have good hygiene practices throughout the day of inspection. Sufficient housekeeping resources were in place on the day of inspection. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Intensive cleaning schedules and regular weekly cleaning programme were available in the centre. The centres cleaning equipment and trolley were stored in the cleaners room. Clean mops heads and clothes were stored in a cabinet in the centres laundry room. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was evidence that infection prevention control (IPC), COVID-19 and antibiotic usage were agenda items on the minutes of the centres staff meetings and board of management meetings. IPC audits included, the environment and hand hygiene practice. There was an up to date IPC policy which included COVID 19.

All bedrooms and compartments had automated door closures. All fire doors were checked on the day of inspection were found to the close properly to form a seal to contain smoke and fire. Fire training was completed annually by staff. The centre had an L1 fire alarm system. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents. Not all fire safety equipment service records were up to date, this is discussed further in the report. There were fire evacuation maps displayed throughout the centre, in each compartment and in the residents bedrooms. Staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire drills took place monthly in 2023. Fire drills records contained details of the number of residents evacuated and how long the evacuation took. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. There was evidence that fire safety was an agenda item at staff meetings in the centre. There was a smoking area available for residents in the conservatory room. On the day of inspection there were no residents who smoked. A fire extinguisher and fire blanket were in place in the conservatory room. Oversight of fire safety procedures required improvement, this is discussed further in the report under Regulation 28.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. In addition the centre were using the national safeguarding policy to guide staff on the management of allegations of abuse. Safeguarding training had been provided to staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The person in charge provided assurances that all staff had a Garda vetting disclosure in place.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed

the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to an independent advocate who attended regularly and SAGE advocacy services. The advocacy service details were displayed in the reception area and activities planner were displayed near the dining room in the centre. Residents has access to daily national newspapers, weekly local newspapers, Internet services, books, televisions, and radio's. Mass took place in the centre weekly. Residents had access to a oratory room in the centre. The local link bus was available to residents each week to take them to Kilkenny city. A musician attended the centre weekly.

Regulation 10: Communication difficulties

On the day of inspection there were no residents who had communication difficulties.

Judgment: Compliant

Regulation 11: Visits

Visiting had resumed in line with the most up to date guidance for residential centres.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 27: Infection control

The registered provider was implementing procedures in line with best practice for infection control. Effective housekeeping procedures were in place to provide a safe environment for residents and staff.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider was not taking adequate precautions against the risk of fire. For example;

- The centres fire alarm system and emergency lighting system had not been serviced since March 2023.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example;

- Three of the five care plans viewed by the inspector did not have documented evidence to support if the resident or their care representative were involved in the review of their care in line with the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

On the day of inspection there were no residents with behaviour that was challenging.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially 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 St Joseph's Supported Care Home OSV-0000555

Inspection ID: MON-0039266

Date of inspection: 14/11/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>There was confusion regarding safe guarding expiry due to queries from staff whether their certs were out of date given the fact their due dates which are monitored by an official training site did not flag their safe guarding was out of date. Staff have until January 2024 to complete the training.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Complaints policy has always been present in our lobby. On day of inspection it could not be found, the complaints procedure and policy has since been replaced with updated changes to the Health Act 2007. The review officer has completed all related training.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

The systems were serviced on the 4th of December 2023. A contract with a different company has since been put in place for quarterly servicing.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

We had recent changes to staffing which had effected the care plan schedule. Staff have been advised during their appraisals this month that they must keep on top of their care plans they have been allocated and not forget to ask Residents to co-sign once they have completed their discussions. Documentation and recent resident reviews have since been properly completed.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	12/01/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	12/01/2024
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a	Not Compliant	Orange	28/12/2023

	website, on that website.			
Regulation 34(2)(a)	The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to investigate complaints.	Substantially Compliant	Yellow	28/12/2023
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	28/12/2023
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 necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	28/12/2023