

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

Issued by the Chief Inspector

Name of designated centre:	Shrewsbury House Nursing Home
Name of provider:	Shrewsbury House Nursing Home Limited
Address of centre:	164 Clonliffe Road, Drumcondra, Dublin 3
Type of inspection:	Unannounced
Date of inspection:	12 May 2025
Centre ID:	OSV-0000161
Fieldwork ID:	MON-0047005

About the designated centre

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

Shrewsbury House Nursing Home can accommodate a maximum of 35 residents. The designated centre provides accommodation to both female and male residents over 18 years old with low, medium, high and maximum dependencies. Accommodation is provided in two two-storey domestic houses, which have been co-joined and extended to provide a mix of single, twin and multi-occupancy bedrooms over two floors. There are communal toilets and bath and shower rooms available on each floor. Access to the second floor is via a stair lift. Outside there is a pleasant enclosed garden with seating and tables for residents. The centre is located in North Dublin and is close to public transport routes and local shops. The centre is family owned and managed. There is a qualified nurse on duty at all times. The person in charge works Monday to Friday and has day-to-day responsibility for the management of staff and residents in the designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
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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 12 May 2025	08:30hrs to 16:40hrs	Aislinn Kenny	Lead
Monday 12 May 2025	08:30hrs to 16:40hrs	Maureen Kennedy	Support

What residents told us and what inspectors observed

The inspectors observed that residents living in Shrewsbury House Nursing Home received care that supported them to enjoy a good quality of life. Feedback from residents was that they were well looked after and supported by a staff team that were attentive to their needs. Staff were observed to deliver care and support to residents in a caring and respectful manner. There was a friendly, relaxed atmosphere throughout the centre and it was evident that staff knew residents well. Visitors spoken with on the day told inspectors the provider was very accommodating and they could not ask for more. Residents were complimentary of the food served in the centre and the care they received from staff also.

The centre is situated in North Dublin and can accommodate a maximum of 35 residents. There were 31 residents in the centre on the day of the inspection. The centre is laid out over two floors with communal toilets and bath and shower rooms available on each floor. There is a secure outdoor area that is accessible from one of the corridors. This area was nicely laid out with large plants and shrubs. The outside area was observed in use by residents who were playing bingo and enjoying the sunny weather in the afternoon. Building works were observed taking place behind the centre also. Various storage units were located externally at the back garden and along the side of the centre to provide additional storage for the centre. Inspectors observed old broken equipment such as wheelchairs, tray-table, and an old mattress was being stored alongside these units and beside the residents' smoking area. Personal documents were seen stored in a haphazard manner in the file storage room located at the side of the centre and some were observed on the floor. Inspectors observed continence wear in packets being stored directly on the wet floor of a shed in this area also.

The inspectors walked around the centre with the person in charge following a brief introductory meeting. Residents were observed mostly in their bedrooms and some were in communal areas or walking around the centre. During the walk around the inspectors observed areas of the centre that required maintenance, generally wear and tear was observed throughout. Inspectors noted a malodour in some areas of the centre which required more frequent cleaning and attention and in particular some residents' bedrooms and a sluice room on the second floor. In one resident's bedroom a large patch was observed on the ceiling where there had been a leak from the toilet on the floor above and the inspectors were told this was waiting to dry out before it was attended to.

During the morning and throughout the day a resident's sensor alarm receiver which was fixed to their bedroom door was observed to be beeping and staff spoken with said it had been like that for a while.

Some residents were observed in the main sitting room watching television and others were in the second sitting room, many residents were relaxing in their bedrooms. In the afternoon, activities took place outside in the garden. Kind and

respectful interactions were observed between staff and residents who were supporting residents throughout the day both in bedrooms and in the communal areas.

Inspectors observed the main meal and saw that residents were offered a choice of meals at dinner time. On the day of the inspection most residents had chosen to eat their meals together in the dining room while others had their meals delivered on trays to their room. Residents that required assistance with their meals received support in a caring and dignified manner. Residents had tea and refreshments throughout the day. Menus were on display in the dining room and residents were offered a choice of meal by staff attending to them. Feedback from residents was positive about the taste and quality of the food.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, there were established management structures in place in the centre, with key roles clearly identified within the management team to oversee the operation of the centre. While there were some good practices identified, inspectors found that improvements and further management oversight was required to ensure all aspects of the service met residents' needs, and were in line with the regulations.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013-2025 and to inform the registration renewal of the centre. Shrewsbury House Nursing Home Limited is the owner and the registered provider for Shrewsbury House Nursing Home. The centre is family-run and the person in charge works full-time in the centre; the general manager, who is also a company director, works in the centre also.

The person in charge was responsible for the local day-to-day operations in the centre and was supported in their role by three clinical nurse managers, a team of nurses, health care assistants, household, and catering staff. On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' clinical needs. Each staff had completed An Garda Síochána (police) vetting prior to joining the service. Maintenance staffing levels however were not sufficient to ensure effective upkeep and enhanced oversight and supervision was required in respect of cleaning. Regular meetings were held with

residents on a two monthly basis and residents were provided with an opportunity to give feedback on the running of the centre. The registered provider had completed an annual review for 2024 with a quality improvement plan in place and this included a plan for replacement of flooring in some residents' bedrooms and a painting and decorating plan for the hallway, day rooms and entrance.

The registered provider had audit and monitoring systems in place to oversee the service. However, the audit system was not fully effective and had not identified key areas for improvement in the premises and infection control. A maintenance log was in operation in the centre however, it was not being sufficiently reviewed by a member of the management team on a regular basis.

Volunteers from a religious group were observed visiting residents in the centre and visited the centre on a regular basis.

The provider maintained an electronic record of all accidents and incidents that had occurred in the designated centre. Notifications required to be submitted to the Chief Inspector of Social Services were done so in accordance with regulatory requirements.

A complaints procedure was on display in the centre and the registered provider had a policy in place for responding to complaints. A sample of the small number of complaints received found that while most had been dealt with promptly and sufficiently one open complaint had not been responded to in line with the providers' policy. This and other findings are discussed further under Regulation 34: Complaints Procedures.

Regulation 15: Staffing

There was a minimum of one registered nurse on duty in the centre for the number of residents living in the centre at the time of inspection. There were sufficient staff to meet the clinical needs of the residents, however staffing was not sufficient in some areas, for example;

- The absence of adequate maintenance cover in the centre, which is an old building, requiring ongoing maintenance impacted on the needs of the residents due to outstanding items for repair and inappropriate storage observed.
- Household arrangements required review to ensure that the allocation of staff was sufficient to meet the household requirements. There was one housekeeping staff assigned with cleaning of the premises and another staff that had shared responsibilities for both cleaning and laundry. Inspectors found that the centre was not cleaned to the required standards as evidenced under Regulation 27: Infection control and staff who communicated with the inspectors said they did not always have time to fulfill their responsibilities, such as carrying out deep cleaning of the rooms.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to appropriate training for their roles. Mandatory training was provided in key areas such as adult safeguarding, moving and handling and fire safety. Refresher training was available to ensure staff maintained their training requirements.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the fact that clinical resources were aligned with the staffing model stated in the statement of purpose, the management of other resources such as maintenance and cleaning was not sufficient to ensure the premises were appropriately cleaned and maintained to a high standard. For example;

- This centre is an older building which requires ongoing maintenance to keep it an appropriate standard. The absence of maintenance cover over a period of three weeks had impacted on the quality of the environment and required review to ensure planned or unplanned absences did not negatively impact the residents' environment.
- Supervision of household arrangements required review to ensure these roles were appropriately fulfilled and that staff had adequate skills to meet the household requirements.

In general, the management systems that were in place to ensure that the service provided was safe, appropriate and effectively monitored were not sufficient and adequately monitored. For example;

- Environmental audits were carried out, however they were not always effective at implementing corrective action plans to meaningfully address identified areas for improvement. For example, the inspectors saw that dust and dirt was still evident in some areas of the centre despite being a finding on a previous audit.
- Many aspects of the premises were in need of upkeep and there was insufficient oversight to ensure items related to premises were appropriately reported, escalated and timely followed up. The maintenance log record was poorly maintained and was not always being signed off by a member of the management team with some items left outstanding.

- There was a repeat finding in respect of the management of contracts of care, which demonstrated that previous commitments given by the registered provider had not been effectively followed through.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts were reviewed and found mostly to be in line with the requirements of the regulations however, four contracts did not contain the occupancy of the bedrooms.

Judgment: Substantially compliant

Regulation 30: Volunteers

The person in charge ensured that people working as volunteers in the designated centre met the regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents was maintained. All accidents and incidents, as specified by the regulations, were notified within the required timescales.

Judgment: Compliant

Regulation 34: Complaints procedure

- One open complaint, relating to residents' care, was not responded to in line with registered provider's policy which stated that when a verbal complaint is not resolved at the point of contact it will escalate to a Stage 2 written complaint and will be followed via a formal process, which shall include a written acknowledgment and response.

- The complaints procedure on display referred to a response being updated every 20 days. This does not reflect the requirements set out in the regulations, which require that a review is conducted and concluded as soon as possible, and no later than 20 working days after the receipt of the request for review.

Judgment: Substantially compliant

Quality and safety

Overall, residents' rights were supported and protected by a kind and caring team of staff who ensured residents had a good quality of care in the centre. Staff were speaking with residents in a kind and respectful manner and it was clear that staff knew the residents well, and were familiar with their needs and preferences for care and support. However, significant action was required in relation to premises and infection control to ensure residents were also supported to enjoy a good quality of life in a safe, clean and well-maintained environment. The findings are outlined under the relevant regulations.

Residents transferring to hospital were transferred using the National transfer form. A record was maintained regarding residents' temporary absence and discharge from the centre.

There were arrangements in place to safeguard residents from abuse. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse.

Overall, the inspectors found that the premises were not clean or well-maintained. The registered provider had allocated an infection prevention control (IPC) link practitioner and specific IPC audits were seen to be taking place in the centre, which had identified poor levels of hygiene in the centre. This continued to be finding on the day of the inspection with some areas of the centre visually dusty and unclean. There was a lack of assurance in respect of cleanliness of equipment to be used by residents, and the cleaning processes in place. This and other findings are further discussed under Regulation 27: Infection control.

The premises on the whole was decorated in a homely manner. Residents' photographs and other colourful pictures were seen to decorate the walls and there was directional signage to aid orientation around the building. Notwithstanding this, action was required in respect of premises in order to come into compliance with the

regulation as detailed in the first section of the report and further discussed under Regulation 17: Premises.

Residents had access to fresh drinking water, and drinks were provided at regular intervals through the day. At meal time there was a choice on the menu, and residents were seen to receive their requested meal. Breakfast was served in both the residents bedrooms and the dining room.

The inspectors noted that the medication trolley was secured at all times when not in use. Measures were in place for the handling and storage of controlled drugs in accordance with current guidelines and legislation. The records reviewed found a pharmacist had conducted audits. Nurses had completed medication management training.

Regulation 17: Premises

Premises were not kept in a good state of repairs internally and externally. For example;

- There were signs of water damage on the ceiling of one bedroom and other bedrooms in need of paint or with torn wallpaper. The saddleboards and walls near the main entrance also required painting.

Poor maintenance of premises adversely impacted the residents posing a safety risk in some areas. For example;

- In one bedroom there was a large pipe sticking out of the wall in an area which could pose a risk to a resident mobilising in their room; In another bedroom, the radiator cover was damaged and a plug socket was chipped and coming off the wall in another; The heating controls located on a main corridor were exposed as the cover had come off and required replacing.
- Not all equipment to be used by residents' was in good working order. For example, the receiver of a sensor alarm for a resident who spent a lot of time in bed was observed beeping throughout the day of the inspection; this was an outstanding item on the maintenance log for three weeks.
- The storage in the designated centre was not suitable; Inspectors saw furniture and broken items in the garden and side yard, which included a mattress, wheelchairs, broken furniture and tray tables. This not only posed a risk but also did not provide a pleasant outdoor environment and suitable external grounds for the residents.
- Not all bedrooms had access to hot water facilities. For example, a loose tap came off a sink in a bedroom and as a result there was no hot water in this bedroom. This room was unoccupied however, inspectors were informed a resident was due to be admitted to the room.

- The centre was not clean throughout, with further evidence outlined in this report under Regulation 27: Infection control

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to a safe supply of fresh drinking water at all times. There was adequate staff to support and assist people with their meals and refreshments. Meals appeared wholesome and nutritious.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The national transfer document was in use by the centre and the inspectors saw that relevant information was provided to the receiving care facility to ensure the resident could receive appropriate care in accordance with their current needs.

Judgment: Compliant

Regulation 27: Infection control

The inspectors were not assured that procedures consistent with the *National standards for infection prevention and control in community services (2018)* were consistently and effectively implemented and that the environment was managed in a way that minimised the risk of transmitting a healthcare-associated infection.

This was evidenced by;

- The overall environmental cleanliness required improvement. For example, the floor covering in one residents' bedroom had come away from the corner of the wall, there was dust and dirt observed in this area also. Bathroom 109 was poorly maintained, the seal was off the shower doors, the grout was dirty and there was a household chair inappropriately stored in the bathroom. Cleaning checklists were not in place for one of the bathrooms and there was visible dust in some residents' bedrooms.
- There was a malodour in some areas of the centre, in particular in some residents' bedrooms, a visiting room and a sluice room on the first floor.

- There was a lack of assurance in respect of cleaning processes and practices and the management of equipment. For example, three out of four commodes checked on the day did not have 'I am clean' stickers on them. This was not in line with the providers' policy. Other pieces of equipment appeared unclean and the inspectors were not assured that stair lifts seats were wiped down after each resident use as per the provider's policy.
- Storage practices were not appropriate. Boxes and packets of continence wear were seen to be stored on the floor of a wet shed, which meant that effective cleaning could not be assured in these rooms and could compromise the integrity of the supplies.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication administration was observed, and the inspector found that the staff had adopted a person-centred approach. There were appropriate policy and procedures in place for handling and disposing of unused and out-of-date medicines.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. A safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. The provider did not act as a pension agent for any 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Shrewsbury House Nursing Home OSV-0000161

Inspection ID: MON-0047005

Date of inspection: 12/05/2025

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Prior to inspection, there was a period in April and early May where there was an absence of maintenance cover for a period of 3 weeks due to leave. Since then, they have returned and are on duty on a regular basis. Maintenance issues are addressed promptly</p> <p>A new housekeeping supervisor role has been created. this is to be carried out by a senior manager. All audit results will be discussed at management meetings with action plans implemented, and progress monitored by the housekeeping supervisor</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An alternative maintenance contractor has been sourced and can be contacted in future in the absence of current maintenance contractor</p> <p>A new housekeeping supervisor role has been created. this is to be carried out by a senior manager. All audit results will be discussed at management meetings with action plans implemented, and progress monitored by the housekeeping supervisor. they will attend regular management meetings to ensure environmental hygiene issues are followed up promptly.</p> <p>the improvements to housekeeping process has done, and will continue to be, evident</p> <p>The maintenance log record will be monitored and actions carried out at least twice weekly. Any actions completed will be clearly signed off on by a member of the management team</p>	

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>Room occupancy has been added to all contracts of care</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 procedure on display now contains reference only to when a review is conducted. It will be reviewed and concluded as soon as possible and no later than 20 working days after the receipt of the request for review.</p> <p>The open complaint during the inspection has since been resolved and closed. The complaints policy has been adjusted to reflect the current complaint management procedures</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A painting & decorating contractor is scheduled to start work from 05/08/2025</p> <p>there was a water leak on the first floor which has been repaired and plastering work is scheduled for August 2025</p> <p>plumbing & electrical repair work has been carried out in May & June 2025 by external contractors.</p> <p>Broken equipment has been removed from an external common area. A skip had been hired prior to inspection</p> <p>A review of storage areas has been carried out & raised flooring has been fitted to certain storage areas.</p>	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Bathroom 109 is scheduled for a refurbishment with new tiling and flooring planned</p> <p>A new housekeeping supervisor role has been created. this is to be carried out by a senior manager. All audit results will be discussed at management meetings with action plans implemented, and progress monitored by the housekeeping supervisor. they will attend regular management meetings to ensure enviornmental hygiene issues are followed up promptly.</p> <p>A review of all hygiene practices was carried out and use of & removal of 'I am clean' stickers is in line with IPC policy now</p> <p>A review of storage areas has been carried out & raised flooring has been fitted to certain storage areas.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	22/07/2025
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.	Not Compliant	Orange	31/12/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	31/12/2025

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	22/07/2025
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, 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.	Substantially Compliant	Yellow	22/07/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are	Not Compliant	Orange	31/12/2025

	implemented by staff.			
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	22/07/2025
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.	Substantially Compliant	Yellow	22/07/2025