



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

Issued by the Chief Inspector

Name of designated centre:	Bishopscourt Nursing Home Limited
Name of provider:	Bishopscourt Nursing Home Ltd
Address of centre:	Liskillea, Waterfall, Near Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	26 February 2026
Centre ID:	OSV-0000200
Fieldwork ID:	MON-0049742

About the designated centre

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

Bishopscourt Nursing Home is a purpose-built single storey residential centre with accommodation for 60 residents. The centre is situated in a rural location on the outskirts of Cork city. It is set in large, well maintained grounds with ample parking facilities. Resident' accommodation comprises 36 single and 12 twin-bedded rooms, all of which are en suite with shower, toilet and wash-hand basin. There are numerous communal areas for residents to use including three day rooms, two dining rooms and a visitors'/quiet room with tea and coffee making facilities. There are plenty of outdoor areas including an enclosed garden with seating and raised flower beds. There is also a long corridor called "Flower Walk", in which residents can walk, uninhibited. This is a wide walkway with large glass window panels on either side. Colourful flowers, shrubs and overhanging trees decorated the route. It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
--	----

I

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 26 February 2026	10:30hrs to 16:30hrs	Ella Ferriter	Lead
Thursday 26 February 2026	10:30hrs to 16:30hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This was an unannounced risk inspection to monitor the centre's compliance with the care and welfare regulations and to follow up on previous inspections of the centre of May and November 2025, which found a lack of comprehensive management systems and poor regulatory compliance in a number of regulations assessed. The inspectors met with many residents during this one-day inspection, and spoke with twenty residents in more detail, to gain insight into their experience of living in Bishops court Nursing Home. All feedback from residents was positive, in relation to their quality of life in the centre. Residents informed the inspectors that "it was a lovely place to live" and the staff were "excellent".

Bishops court Nursing Home is a purpose built single story designated centre for older people, situated in Waterfall, south of Cork City. The centre is registered to provide care to 60 residents and there were 58 residents living in the centre at the time of this inspection. Operationally, the centre is divided into two wings, named Fuschia and Heather. Bedroom accommodation consists of 36 single bedrooms and 12 twin rooms, all with en-suite facilities. Resident's bedrooms were seen to be personalised with items such as family photographs, soft furnishings, and ornaments. Residents told the inspectors that they were happy with their bedrooms and the the amount of storage available. It was evident that some upgrades to the premises had been carried out, since the previous inspection, three months prior. This included new flooring in the laundry and utility room, some painting and instillation of a new clinical hand washing sink for staff, on the corridor. Overall, the centre was observed to be homely and clean. However, some pieces of furniture and some bathroom finishes were observed to be damaged and a couple of residents commented that the centre was very warm on the day of this inspection and this had been reported to management. These findings are detailed under Regulation 17.

There inspectors saw that corridors throughout the centre had grab rails along each wall, to assist residents to mobilise independently. Some residents were observed moving freely around the centre during the day, interacting with each other and with staff. It was evident that staff working in the centre knew residents well and took opportunities to stop for a chat and ask them if there was anything they needed. Residents informed inspectors that they always had choice with regard to their life in the centre, such as when to get up, where to have their meals and if they would like to partake in activities. A review of residents meetings evidenced that residents were reminded of this and encouraged to spend their day as they wished.

The inspectors spent time observing resident and staff engagement and found that the residents' interactions with staff were seen to have an individualised and person-centred approach. Residents looked well-groomed and content and those who spoke with the inspectors confirmed that they were happy living in the centre. A review of

residents care plans found that personal preferences and histories of residents were documented and communicated to staff, such as members of their family, what they had worked as, the way they liked their hair, the clothes they preferred to wear and if residents had a preference for the gender of staff providing personal hygiene. Residents reported that the staff made them feel content living in the centre and commented that there was a lovely atmosphere. Residents were provided with opportunities to provide feedback about the quality of service on a monthly basis. Records of the meetings held evidenced that topics such as activities, staffing, and the menu were discussed.

Residents told the inspectors that they had a good choice of activities, and that there was always something to do. There was a schedule of activities on display in the centre and residents particularly stated they loved the live music at the weekends. Residents could keep up to date with current affairs through access to daily newspapers and television. Visitors were seen to be welcomed into the centre by a friendly receptionist and residents were encouraged to go out for trips with their families and friends, and keep their connections to their communities. The inspectors spoke with ten visitors who echoed the positive feedback of the residents, stating that the staff always "go above and beyond" and they were "exceptionally kind and caring". Residents told the inspectors that there were enough staff on duty during the day and night. They said that they were never waiting too long when they called for assistance.

The dining experience was observed to be a social occasion. Residents spoke positively about the food served throughout the day and said there was plenty of choices. The inspectors observed the lunch time service, where residents were served four courses. Fruit to start, followed by soup, a main course and dessert. The atmosphere during lunch was calm and unhurried, and there was staff available to assist residents with their meals both in their bedrooms and in the dining rooms. Residents told inspectors the food was "always good" and they enjoyed attending the dining room. Residents had access to snacks and drinks, outside of regular mealtimes, which inspectors observed were served throughout the day.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Findings of this inspection were that the provider had taken appropriate actions to address the improvements required to ensure residents received a safe and quality service in Bishopscourt Nursing Home. Inspectors found improvements in compliance on this inspection and it was evident that enhanced systems of monitoring resident's healthcare and in the internal communication processes had been established. However, these were at an early stage of implementation and

would require to be sustained and reviewed. Some further actions were required as per the findings of this inspection with regards to staff training, complaints management and the premises. These findings will be detailed under the relevant regulations.

Bishopscourt Nursing Home is a designed centre for older people operated by Bishopscourt Nursing Home Ltd, who is the registered provider. The company is part of the Grace Healthcare group, who operate ten nursing homes in Ireland. The company consists of two directors, one of whom is the person representing the provider and is directly involved in the operational management of the service. The organisational structure, as described in the centre's statement of purpose, comprised of a person in charge who reported to the CEO of the company. Within the centre, the person in charge was supported by an assistant director of nursing, and a team of nursing, health care, administration, and support staff. The provider also employed a general manager, who worked in the centre full-time, with responsibility for specified aspects of the service such as the catering, fire safety and premises. They were a named person participating in management, as per the centres registration and were well known to residents and staff.

As referenced earlier in this report, the last inspection of the centre was in November 2025. Following this the inspection, a cautionary meeting was held with the provider where serious concerns were raised regarding the provision of appropriate healthcare, the governance and management of the service and safeguarding processes. The inspectors found that appropriate action had been taken by the provider to address these findings and their compliance plan had been implemented, resulting in improvements in the quality and safety of care delivery.

From an examination of the staff duty rota and communication with residents and staff it was found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. The person in charge and the assistant director of nursing supervised care delivery, and were supernumerary when on duty Monday to Friday. The provider employed a senior nurse to supervise care delivery in the centre at the weekends.

There was a training programme in place for staff, and records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures and safeguarding residents from abuse. All nurses working in the centre had received training in cardiopulmonary resuscitation (CPR), in response to the findings of the previous inspection. Staff also had access to additional training to inform their practice, such as infection prevention and control, and pressure ulcer management. However, as found on the previous inspection training in the management of responsive behaviours and safeguarding vulnerable adults, was due for a number of staff, as actioned under Regulation 16.

The centre had a complaints policy that was in line with the requirements under Regulation 34. The complaints procedure was displayed in a prominent and accessible area of the centre. A review of the complaints log found that complaints were investigated in line with the centres policy, however, further action was required to ensure that the complainant was made aware of the review process, if

they were not satisfied. This finding is actioned under Regulation 34: Complaints procedure.

The provider had management systems in place to monitor the quality of the service provided to residents, which had been enhanced since the previous inspection. Key aspects of the quality of residents care was were collected in relation to falls, weight loss, nutrition, complaints, and the incidence of wounds. The oversight of aspects of clinical care, such as wound care and care planning had improved, as well as the communication process between the clinical team delivering care and the management team. For example; a handover sheet had been developed for nurses working night duty to complete, and this was reviewed and discussed with the person in charge every morning. There was an audit schedule in place which identified risk and areas of quality improvement. Audits had been completed in line with this schedule and this included audits of residents clinical care records. The provider also employed a Head of Quality within the company, who liaised with the management team, in relation to clinical aspects of care delivery.

Record keeping and file management systems comprised of both electronic and paper based systems and improvements were noted in the maintenance of staff files since the previous inspection. The provider had notified the Chief Inspector of incidents set out in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013) within the agreed time frames.

Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary experience and qualifications as required by the regulations. They demonstrated good knowledge regarding their role and responsibility and were articulate regarding governance and management of the service and were known to residents and staff.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number and skill mix of staff was appropriate to meet the individual and collective needs of the residents, and having regard for the size and layout of the centre. Staffing levels were in line with those set out in the centre's statement of purpose. There were two Registered Nurses on duty at every 12 hour shift.

Judgment: Compliant

Regulation 16: Training and staff development

As found on the previous inspection mandatory training for some staff had expired, for example:

- Seven staff were due training in the management of responsive behaviors
- Ten staff were due training in safeguarding vulnerable adults.

Judgment: Substantially compliant

Regulation 21: Records

Records were seen to be maintained and stored adequately and met legislative requirements. Records were made available to the inspectors who noted that they complied with Schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors acknowledge that new systems had been implemented to monitor residents clinical care and to supervise staff, in response to areas of non compliance found on the previous two inspections. However, these monitoring systems were at an early stage of implementation and required further development, monitoring and review to ensure the service provided is safe, appropriate and effectively monitored.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents that occurred within the centre were appropriately documented and records were well maintained. Incidents had been reported to the Chief Inspector, in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were not consistently documented. For example, it was not always clear if the complainant was satisfied with the outcome of the investigation and if they had received details of the review process. This is a requirement of the regulation.

Judgment: Substantially compliant

Quality and safety

The inspectors found that on this inspection significant improvements were seen and residents living in Bishopscourt Nursing Home received a good standard of care and support which ensured that they were safe and that they could enjoy a good quality of life. The provider had taken action and implemented their compliance plan, following the findings of the previous inspection, to ensure residents healthcare needs were met, assessments and care plans reflected the needs of the residents and enhanced systems of safeguarding were implemented.

Residents' records reviewed evidenced that residents received a good standard of evidence-based nursing care. This was detailed in the daily progress notes and the individualised plans of care, which were reviewed and updated when residents' condition changed. Additional training had been provided to nurses following the previous inspection on sepsis management and in the Early Warning Score, to detect the early signs of clinical deterioration. There was evidence of good access to medical care with regular medical reviews by general practitioners (GP). Residents weights were being assessed monthly and weight changes were closely monitored. Each resident had a nutritional assessment completed using a validated assessment tool. Residents also had access to a range of other health professionals such as an in house physiotherapist, speech and language therapists, and dietitians.

There was an ongoing initiative to reduce the incidence of restrictive practices in the centre. Where restraint, such as bedrails, were required, there was a comprehensive risk assessment completed with the multi-disciplinary team and resident concerned. Some training was expired in the management of responsive behaviours which has been actioned under Regulation 16: Training and Staff Development.

The inspectors found that residents were free to exercise choice in how to spend their day and their rights were respected in the centre. There was access to advocacy services, television, Internet and newspapers. The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. A dedicated activities coordinator implemented a varied and interesting schedule of activities.

Regulation 17: Premises

Notwithstanding that some upgrades to the premises had taken place since the previous inspection, the following required to be addressed to conform with Schedule 6:

- Some areas of flooring in bedrooms and en-suite bathrooms were marked and stained.
- Two chests of drawers were observed to have cracked and had damaged surfaces.
- On the day of the inspection some areas of the centres were very warm. It was evident that there was not a system in place to ensure that the internal temperature is maintained at recommended guidelines, as there were no thermostats available in the centre. Some residents may not be able to verbalise if they are too warm or uncomfortable and may also need to support to maintain their body temperature. Therefore, the monitoring of the air temperature required action by the registered provider, to improve temperature regulation in the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Each resident was provided with choice at mealtimes. Food and drinks were provided in adequate quantities and were safely prepared, cooked and served. Meals and snacks were wholesome and nutritious and met the needs of residents. For example, diabetic and coeliac diets were catered for. Improvements were noted in the monitoring and oversight of residents at risk of malnutrition and of residents weights.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Significant improvements were noted in the care planning process. Care plans were now guided by a more comprehensive assessment of the residents care needs prior to admission. Care plans reviewed by inspectors were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Referrals were available to specialists such as Psychiatry of Old Age and Palliative care, to provide additional expertise and support when needed. Access to allied health professionals was available to residents and included physiotherapy, occupational therapy, speech and language therapy, dietitian and tissue viability nursing. Community services such as optical, dental and chiropody services were also available to residents. Residents were supported to avail of the national screening programme.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff who spoke with the inspectors were knowledgeable about how to react positively to residents who may display responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records evidenced that where restraints were used, these were implemented following risk assessments, consent and alternatives were trialled prior to use.

Judgment: Compliant

Regulation 8: Protection

Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. Safeguarding training was due for some staff working in the centre, which is actioned under Regulation 16.

Judgment: Compliant

Regulation 9: Residents' rights

Residents told the inspector that their rights were respected in the centre. Staff were observed to speak with residents in a kind and respectful manner and to ask for consent prior to any care interventions. Residents told the inspector that they were offered choice in how and where they spent their day. An appropriate activity schedule was in place, to meet the social needs of residents. This schedule included both group and individual opportunities for social engagement.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	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	Compliant

Compliance Plan for Bishopscourt Nursing Home Limited OSV-0000200

Inspection ID: MON-0049742

Date of inspection: 26/02/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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>A full review of training records has since been completed. All staff identified as requiring training in Safeguarding & Responsive Behaviours have completed the required training on 23rd March 2026.</p> <p>Arrangements have also been put in place to ensure ongoing compliance with mandatory training requirements. Training records are subject to regular review, and systems have been implemented to monitor expiry dates and ensure timely renewal.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The findings of the previous inspections are acknowledged. In response, enhanced governance and oversight systems have been implemented to monitor residents' clinical care and to strengthen staff supervision.</p> <p>These systems are now operational and include regular clinical audits, daily oversight of residents' care needs, structured handover processes, and formalised staff supervision arrangements. In addition, management review meetings are held routinely to assess clinical risks, review incidents, and monitor the quality and safety of care delivered.</p>	

Since implementation, these systems have been subject to ongoing review, with evidence of improved oversight, timely identification of issues, and prompt corrective actions. Audit findings are tracked, and learning is used to inform practice and drive continuous improvement.

The provider is satisfied that these measures have strengthened governance arrangements and are ensuring that care is delivered in a safe, appropriate, and effectively monitored manner, in line with regulatory requirements.

]

Regulation 34: Complaints procedure	Substantially Compliant
-------------------------------------	-------------------------

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

The registered provider recognises that this is a requirement under Regulation 34 and has taken the following actions to address the identified gaps and to ensure sustained compliance:

- The complaints policy has been reviewed to ensure full alignment with the requirements of Regulation 34. This includes explicit guidance on recording the outcome of complaints, the satisfaction level of the complainant, and the provision of information regarding the review/appeals process.
- The Person in Charge will complete a schedule of regular audits of complaints records to monitor compliance with Regulation 34. Any identified issues will be addressed promptly through supervision and additional training where required.
- Complaints and associated learning will be reviewed through the centre’s governance and management systems to support ongoing quality improvement.
- The Person in Charge and the General Manager will meet monthly to review complaints to ensure the complaints process is in line with policy and Regulation 34

]

Regulation 17: Premises	Substantially Compliant
-------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 17: Premises:
 The registered provider acknowledges the findings of the inspection and recognises the areas identified as requiring improvement under Schedule 6. While upgrades had been completed since the previous inspection, further actions have been implemented to ensure full compliance with regulatory requirements and to enhance the quality of the living environment for residents.

Regarding the damaged furniture, the two bed side cabinets identified during the

inspection have been removed and replaced with new units. A full audit of bedroom furniture has also been completed to ensure that all items are in good condition, safe, and fit for purpose. Furniture inspection will be completed every three months. A program for replacement of furniture identified as not fit for purpose has been put in place.

With respect to temperature regulation, the provider acknowledges that the absence of a system to monitor and maintain appropriate indoor temperatures posed a risk to resident comfort and wellbeing. Wall mounted thermostats will be installed throughout the centres bedrooms to allow for effective temperature control. This will be completed during the summer months when the heating is not required as the system will need to be drained down.

In addition, thermometers to monitor temperature have been introduced to check the temperature in the communal rooms. Staff have been provided with guidance on maintaining suitable environmental conditions and on supporting residents who may be unable to communicate discomfort due to heat.

In relation to the flooring, all affected areas in bedrooms and en-suite bathrooms have been reviewed. A maintenance plan has been initiated, and damaged or stained flooring will be replaced on a phased basis.

]

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	31/03/2026
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	30/11/2026
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	30/04/2026
Regulation 34(2)(c)	The registered provider shall ensure that the	Substantially Compliant	Yellow	30/04/2026

	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.			
--	--	--	--	--