



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Joseph's Nursing Home
Name of provider:	Rathsheen Investments Limited
Address of centre:	Killowen, Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	12 January 2026
Centre ID:	OSV-0000288
Fieldwork ID:	MON-0048371

About the designated centre

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

St Joseph's Nursing home is located adjacent to the scenic town of Kenmare. The centre is family owned and managed. It provides care to 50 residents, male and female, from 40 years of age upwards. There is 24-hour nursing care available for residents. The management staff is supported by a health care team of nurses, care assistants, kitchen, maintenance, administration and household cleaning staff. There are 25 single rooms and eight twin bedrooms in the centre all with en-suite facilities. Three bedrooms accommodate three residents. Residents are encouraged to bring in personal items from home and to personalise their bedroom spaces with these items. An activity coordinator is employed to support the provision of meaningful activities and resident forum meetings are held. An external advocate is available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
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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
Monday 12 January 2026	09:00hrs to 17:15hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse. There was a relaxed and friendly atmosphere, and staff were seen to promote a person-centred approach to care that supported people to be as independent as they could be.

From what the inspector observed and what residents reported, they were very happy in the centre. Residents said that they could speak with staff if they had any concerns or worries, knew the person in charge by name and throughout the day they said that 'The person in charge and all the staff are great'. All interactions observed between residents and staff were calm, gentle, relaxed and respectful. Over the course of the inspection, the inspector met many residents and spoke with seven residents in more detail to gain insight into their lived experience in St Joseph's Nursing Home.

The inspector met six family members (three different families) visiting the centre and all were very complimentary of staff and the service provided. They spoke of the care their relative received, the day-to-day life of their loved one as well as the excellent care received during their end-of-life pathway. Relatives said that some days when they visited, they knew their relative was too busy for them as their activities were such good fun; and this brought them great assurance that their family member was very happy and content in the centre. They relayed that when they visited with young grandchildren they were made feel so welcome and could stay in one of the day rooms with the children. Other relatives who live overseas explained how attentive the staff and management were to their relative; and explained that they 'keep on top' of everything including appointments and their care needs, and ring if the resident is off their baseline and the plan to enable their recovery. Visitors confirmed that there was excellent communication from staff regarding their relative's wellbeing.

St Joseph's Nursing Home is a single storey building with attic conversion which is used for storage. Resident accommodation is confined to the ground floor part of the building, which was purpose-built. Bedroom accommodation comprises 25 single, eight twin and three multi-occupancy three-bedded rooms, all with en suite facilities of shower, toilet and wash-hand basins. Most bedrooms are fit for their intended purpose where residents have accessible bedside chair, locker, double wardrobes and TVs. Residents in a few bedrooms have limited access to their furniture, for example, in one bedroom due to the layout, it is not possible to have the locker beside the bed; the resident here was unable to view the TV from their bed or their chair as it is positioned to enable the second resident to view it from their bed. Bedrooms were decorated in accordance with residents' preference and

choice. One resident showed his additional bookshelves full of books, mostly thrillers, and said how much he loved to read.

On the coffee table at reception, information was displayed such as the Residents' Guide, Advanced Healthcare Directive, inspection reports, activities photograph albums, advocacy services, and other reading material for resident and visitor perusal. The advocate was on-site during the inspection and residents were seen to chat with them and were familiar with their requests. The complaints procedure was displayed and this required review to ensure it was accessible to all.

Residents have good choice of communal rooms comprising, two sitting rooms, two conservatory type rooms, the oratory, a large dining room, a smokers' room, and a spacious reception foyer with seating area. Each of these are decorated in a bright and homely fashion with comfortable seating, and artwork and photographs of recent celebrations, parties and occasions were displayed along corridors. There are three enclosed outdoor courtyards that residents could access independently and these were seen to be unsecured. Gardens were very well maintained and furniture here was colourful and bright. One resident the inspector spoke with in the morning, explained that they go for a walk each day weather permitting; two other residents were seen to access these spaces independently as well as out the front door to walk about the local area.

The quiet room was a large sitting room where two residents preferred to come to enjoy; there was a computer with large screen here which one of the resident's liked to use. The oratory was a smaller room adjacent to the main day room; these rooms were partitioned and opened up when mass was prayed on site. The oratory had beautiful stained glass windows creating a peaceful and calm atmosphere.

At the start of the inspection residents were seen to have their breakfast either in bed or by their bedside; many residents were still asleep and staff explained that those residents prefer a later breakfast. There was discreet signage placed on the bedroom doors indicating when personal care was being delivered to ensure residents' privacy and dignity. Residents were seen to be smartly dressed in accordance with their wishes and preferences.

Assistive and specialist equipment was seen in many bedrooms such as low low beds with mats, pressure relieving mattresses, wheelchairs and hoists. There is designated storage areas along corridors to safely store equipment such as hoists and wheelchairs so this equipment did not impact communal social spaces of residents. Rooms where oxygen was stored was clearly signed as part of their safety precautions.

There was ample space for dining and to accommodate all residents there were two sittings at mealtime. Meals were well presented and the food served appeared nutritious and appetising. Residents were seen to be offered choice of starter, main course and desert. The menu choices were displayed in the dining room and information included the choice of vegetables as well. Residents requiring assistance were helped in a discreet and respectful manner. Medications rounds were completed either before or after meals to ensure residents meals were

uninterrupted. All residents whom the inspectors spoke with were complimentary of the food served. Some resident chose to dine in their bedrooms and their wishes were respected. Drinks and snacks were offered to residents mid morning and mid afternoon.

The schedule of activities was displayed throughout the centre; they included the type of activity as well as the person facilitating this. Throughout the inspection staff were observed to sit, chat and read the news paper for residents, and residents appeared to enjoy the socialisation and one-to-one time with staff. The activities person facilitated the 'cross-word circle', and in the afternoon, one of the residents entertained fellow residents and staff playing the accordion; this was followed by a sing-song. Ellie and Luna are the two house pet dogs and were seen to keep residents and visitors entertained.

There was a smoking room available to residents which contained appropriate fire safety equipment to safeguard residents of fire retardant aprons, fire extinguisher, stainless steel chairs and tables, and call bell. Emergency fire fighting equipment was seen to be serviced annually. Emergency evacuation floor plans were displayed in residents' bedrooms only. Within the floor plans there were exit points and locations of fire fighting equipment; the primary or secondary escape routes were not detailed to facilitate a safe evacuation.

The centre was observed to be very clean and visitors reported that there was never malodours present. Rooms such as the clinical room, housekeeping and sluice rooms were secure to prevent authorised access. While there were some handwash hubs to facilitate clinical hand-washing, these required review to comply with regulatory requirements. Some staff were observed to wear face masks, however, they wore them on their chin. When collecting dirty laundry, staff were observed to carry this clothing in their arms and not use the containers available to minimise risk of cross infection.

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

Capacity and capability

This unannounced inspection was carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations with a focus on safeguarding, and to follow up on the previous inspection judgements. Findings of the last inspection relating to medication management were seen to be addressed. Regarding findings of this inspection relating to safeguarding, St Joseph's Nursing Home was a good service where residents were supported to have a good quality of life that enabled their independence in accordance with their ability. Nonetheless, this inspection findings

showed that the complaints procedure required attention, and this will be discussed under Regulation 34: Complaints.

Rathsheen Investments Ltd, is the registered provider for St Joseph's Nursing Home, with four named directors; one of whom represents the registered provider and the second director is the person in charge. The centre is registered to accommodate 50 residents. There is a clearly defined management structure in place, with identified lines of accountability and responsibility. The director representing the provider was available in the centre throughout the inspection, and is consistently available to the service.

The care team in the centre comprises the person in charge, assistant director of nursing, two clinical nurse managers 2 (CNMs), a team of nurses and health-care staff, administrative, catering, and household staff.

Observation throughout the inspection and from speaking with management and staff, it was evident that there was good oversight of operational management of the service. Clinical and non-clinical aspects of the service, complaints, risk, regular and 'as required' psychotropic medications, promoting a social model of care, and key performance indicators (KPIs) such as falls and restraint were reviewed and discussed. Where actions were identified to improve the service, an action plan was developed with people responsible for completion of the action assigned.

Schedule 5 policies and procedures were reviewed and policies relating to safeguarding were available to staff. Staff spoken with and observation throughout the inspection showed that staff understood their roles and responsibility regarding safeguarding.

The registered provider had supported staff in reducing the risk of harm and promoting the rights of residents by providing training. Records viewed on inspection showed that staff had completed the human rights-based approach to care, responsive behaviours, safeguarding, restrictive practice and dementia care training. The inspector observed that staff were knowledgeable and applied the principles of training in their daily practice. As a result, the inspector observed that the outcomes for residents were positive, and that staff and resident interactions were personal and meaningful, upholding the residents' fundamental rights while promoting their privacy and dignity.

The health and safety statement was readily available. Clinical and non clinical risks were identified along with individual risk associated with specific residents, in line with regulatory requirements.

A review of the incident and accident and post falls log showed good oversight of such events. Issues were seen to be followed up thoroughly with action plans to ensure best outcomes for residents. There were no safeguarding concerns currently being managed in the centre; nonetheless, the person in charge was very familiar with her role, responsibilities and reporting requirements associated with safeguarding residents.

The annual review was available; this included feedback from residents and relatives, as well as an overview of complaints received, in line with updated regulatory requirements. The audit schedule was set out at the beginning of the year and aspects of residents' care and associated documentation, infection prevention and control, antimicrobial stewardship, and medication management, for example.

The inspector found that records required in Schedule 2, 3 and 4 of the regulations were available for inspection purposes. Assurance was provided that vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act, were in place for all staff prior to commencement of work in the centre as part of their safeguarding strategy. As part of their quality improvement, they had introduced a validation checklist to verify references as part of safeguarding residents.

A review of complaints records showed good oversight and management of complaints. Complaints were recorded in compliance with specified regulatory requirements, responded to within the allocated time-frame, and followed up with the complainant to ensure they were happy with the process and outcome. The person in charge and senior management team members had completed training in complaints' management as part of safeguarding residents. Nonetheless, a review of the complaints procedure was required to ensure it was accessible to all.

Complaints and how to raise issues were part of residents monthly meetings to ensure residents were familiar with the process and to assure them that they could raise issues as part of their rights as a resident in the centre. Minutes of these meetings were seen to be very comprehensive; issues raised were followed up immediately with action plans and outcomes of actions taken to address feedback raised.

Regulation 15: Staffing

The inspector reviewed the staff rosters and these were updated on inspection to reflect the staff currently employed in the centre along with their role and responsibility. The roster showed that there were household cleaning staff, laundry services and activity staff seven days per week. Currently, there appeared to be adequate staff for the size and layout of the centre and needs of residents, and management confirmed that this is kept under continuous review with the changing dependency of residents.

Judgment: Compliant

Regulation 16: Training and staff development

From a safeguarding perspective, the provider had ensured that all staff have access to relevant training modules, for example, safeguarding of vulnerable adults, the management of restrictive practices, and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Ongoing training was scheduled to ensure staff training remained current, including wound care.

Staff appraisals were undertaken annually by the person in charge. Additional training was facilitated such as palliative care with the palliative care team coming on site to facilitate this; the person in charge had completed train-the-trainer programme and facilitated some training on site.

There were arrangements in place for the ongoing supervision of staff, through ADON and CNM presence, and through the induction, probation and the performance review process.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there was good governance and management of this service, in particular, in safeguarding residents and in promoting a social model of care that respected peoples' human rights, their independence, and their right to self-determination.

The governance and management structure in place was well defined, with clear lines of authority and accountability. Monitoring and oversight systems were effective and ensured the service provided was safe, appropriate, and consistent. Where issues requiring improvement were identified, an action plan was developed to address these. Quality improvement plans seen, provided evidence that there was an ongoing commitment to enhance the quality and safety of the service provided to residents.

Judgment: Compliant

Regulation 34: Complaints procedure

While there was good oversight of complaints records and management, a review of the complaints procedure was required as it differentiated between informal and formal complaints whereby if someone wished to raise a formal complaint there was a requirement for this to be in a written format; some residents may not have this expertise and others may not have English as their first language making it very

difficult to accurately write your concerns. In addition, the time-lines detailed in the procedure did not correlate with regulatory requirements.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Schedule 5 policies and procedures were in place and easily accessible to staff. They were updated in accordance with regulatory requirements and all were in date. The policy relating to temporary transfer of residents to another care facility was updated on inspection to ensure it included all relevant information to be transferred with the resident, to enable them to be cared for in accordance with their current needs, wishes and preferences should they become more unwell.

Judgment: Compliant

Quality and safety

The purpose of this inspection was to review the measures in place to promote and protect people's human rights, their safety and well-being. This involved assessing the quality of service being provided to residents to ensure they were receiving a high-quality, safe service that protected them as part of adult safeguarding.

This inspection found that there were robust systems in place to recognise and respond to safeguarding concerns in the centre, and to ensure all measures were taken to protect residents from harm.

The person in charge facilitated residents to access services such as Acquired Brain Injury (ABI); residents had personal assistants (PAs) as well as access to the ABI bus that brings people to Killarney and Tralee for example. Access to ABI services enabled residents to go to the resources centre in town, other day services, cafes and other outings, promoting their independence and autonomy.

The inspector reviewed a sample of residents' care records. Residents documentation showed that they signed consent for care planning and photographic identification. Family members spoken with referred to care planning and medication management records in their feedback to the inspector, and they valued this openness, transparency and involvement with their relative's care.

Residents had personal emergency evacuation plans that detailed the assistance required for both day and night time to ensure their safety. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre

could meet their needs. Validated risk assessments tools were available to staff to enable a high standard of nursing care assessment. The inspector viewed a sample of residents' safeguarding care plans and the management of behaviours that are challenging care plans including clinical assessment tool to describe the behaviour; these were seen to have excellent insight into residents and their individual care needs, with possible interventions to support the resident to enable best outcomes for them. Observation on inspection showed that staff had excellent knowledge of the resident, their interests and past lives, and used this information to actively engage with residents. Care plans demonstrated equally good information, medical histories informed the assessment and care planning process. Some records were updated during the inspection to ensure a comprehensive medical history was in place.

As part of the KPIs, residents' weights were recorded on a monthly basis. These records included whether the resident was losing/gaining weight along with possible interventions such as closer monitoring of food and fluid intake, and whether the resident required referral to either a dietician or speech and language specialist. Reports from these allied health professionals were included in the care documentation to inform the care planning process to ensure residents received the correct food and fluid consistency for example. Where residents had specific care needs such as an indwelling device, additional care assessments and care plans were developed.

Care plans showed excellent insight into potential or perceived abuse and how these may be mitigated. Safeguarding information included liaising with family members to enable residents to be protected. End-of-life care decisions were made with the resident where possible and these records showed specific information to ensure individualised care in accordance with the resident's decisions.

Also included as part of KPIs were records of residents with a multi-drug resistant organism (MDROs). Along with this information was the care requirements associated with the particular MDRO, providing easily accessible information for staff to facilitate care to protect and safeguard all residents and staff. Reports demonstrated that, when necessary, the specialist expertise of the IPC clinical nurse specialist was sought to inform care to enable best outcomes for everyone.

Where restraints, such as bedrails, were used, they were risk assessed; alternatives and the least restrictive options were trialled and these were documented. Residents exhibiting responsive behaviour (how residents with dementia respond to changes in their environment or express any distress) were well supported. Staff were observed to respond appropriately to residents' needs including their communication needs.

The residents' guide was updated during the inspection to include details of contracts of care as detailed in regulatory requirements.

Residents' laundry was completed on site. The complaints log showed that there was minimal feedback regarding laundry; issues raised were dealt with immediately to the satisfaction of the person raising concerns.

In general, inspection findings demonstrated that residents were free to exercise choice in their daily routine. It was evident that residents were consulted about the running of the centre, formally, at residents' meetings, and also through the daily interactions by management and staff with residents and family members.

Regulation 10: Communication difficulties

From observation during the inspection it was apparent that staff were familiar with residents and their individual communication needs; staff supported residents to communication and were seen to take time to enable effective communication. Residents were also facilitated to access additional supports, such as assistive technology to assist with their communication.

Judgment: Compliant

Regulation 17: Premises

There were ongoing upgrades to the premises such as replacing some flooring since the last inspection. The premise, overall, was well maintained and decorated in a homely fashion. The centre was warm and clean. The provider representative and person in charge acknowledged the limitations in some twin and multi-occupancy three-bedded rooms and upgrading the premises to address these limitations is part of their quality improvement strategy.

Judgment: Compliant

Regulation 26: Risk management

There were policies in place relating to risk management and emergency planning; and these were site-specific. Audits were completed regarding clinical and non-clinical aspects of the service with action plans in place to address issues identified along with responsibility assigned to named persons, with completion dates. Associated risk registers were updated accordingly. As part of the risk register, individual risks were reported with control measures to mitigate identified risks.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of assessment and care planning documentation was examined and these were seen to be comprehensively maintained to ensure residents could be cared for in accordance with their individual needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint register was maintained which included both physical and chemical restraint. These were discussed at the governance and management meetings; inspection findings showed good oversight of these.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns in the centre at the time of inspection. The inspector spoke with many residents throughout the day. They said that they were happy in the centre and felt their rights and choices were respected, and that they felt safe in the centre. Visitors and residents confirmed that they were treated with respect and dignity by staff and management.

Any incidents or allegations of abuse were investigated by the person in charge, and referred to appropriate external agencies, for example the safeguarding and protection team and advocacy services, where required.

Judgment: Compliant

Regulation 9: Residents' rights

Observation throughout the inspection and feedback from residents confirmed that residents were supported to have a good quality of life. Minutes of residents' meetings showed good information sharing, as well as excellent resident feedback and input; suggestions raised by residents were followed up and actioned immediately.

Residents had access to advocacy services and the advocate was on site during the inspection supporting 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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Joseph's Nursing Home OSV-0000288

Inspection ID: MON-0048371

Date of inspection: 12/01/2026

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>We have reviewed and updated our complaints procedure to include a review process; reviews will be conducted as soon as possible and no later than 20 days after receipt of the request to review.</p> <p>The revised procedure is displayed throughout the centre and has been updated in the residents' guide. All residents receive a copy of the guide on admission, and a copy is retained in their room.</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 34(1)(a)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Substantially Compliant	Yellow	05/02/2026
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides 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.	Substantially Compliant	Yellow	05/02/2026

