Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	No.3 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	22 July 2025
Centre ID:	OSV-0005145
Fieldwork ID:	MON-0038832

About the designated centre

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

No.3 Brooklime consists of a detached bungalow divided into two apartment areas. The centre is located on the outskirts of a town and within close driving distance to a city. The centres provides residential care for a maximum of four female residents, over the age of 18, with intellectual disabilities including those with autism who have multiple/complex support needs that may require support with behaviours that challenge. Each resident has their own individual bedroom with two resident bedrooms in each apartment. One apartment has a kitchen, a dining room, a utility room and a living room while the other has a kitchen-dining-living room, another living room and a utility shed. Support to residents is provided by the person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 22 July 2025	10:00hrs to 17:45hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Three residents were met during this inspection but no direct feedback on life in the centre was received from these residents. Surveys completed on behalf of residents by their families mostly contained positive feedback. All residents present were away from the centre for part of the inspection day so observations of the residents in the centre were limited.

On arrival at the centre to start the inspection, just one of the four residents who availed of this centre were present with the other three attending day services. After entering the centre, the inspector was requested to sign into the visitors' book by the person in charge. As he did so the one resident who was initially present arrived in the entrance hall. While the inspector greeted this resident, they did not interact with the inspector and instead took the hand of the person in charge and guided them elsewhere. Some after this the resident left the centre via a vehicle provided with a staff member to go to a beach and to get some coffee. Following this, no resident was present in the centre for much of the inspection. During this time the inspector reviewed documentation including surveys had been issued to the centre before this announced inspection.

One survey had been completed for each resident with each survey indicated as having been completed by the residents' families. These surveys asked questions on various areas about what life was like for residents in the centre. Respondents were given an opportunity to indicate answers of 'yes', 'no' or 'it could be better'. Overall, the four surveys indicated 'yes' answers for the majority of questions. This indicated positive responses in most areas queried including safety, activities, staff support and the residents' home. Aside from the indicated responses, additional narrative comments were also included in some surveys which were positive in nature. For example, one survey commented "all staff are very welcoming" while another indicated that a resident "appears to be happy".

When reviewing one surveys it was noted though that, a resident's family expressed some concern around a step at a side door to the centre and the car park area in front of the centre being uneven. It was also seen by the inspector that not all areas queried in some surveys were answered while two surveys indicated that residents did not choose what they did every day. When such matters were queried with the person in charge, it was indicated that residents did have choice in the centre. Staff members spoken with also described how that, while they did follow routines, if residents indicated that they did not want to do something then the residents would not have to do a planned event or activity.

In the mid-afternoon of the inspection, residents returned to the centre. The inspector was introduced to one of these residents by a member of staff. This resident did not interact with the inspector but appeared happy as they listened to music from a particular artist on a tablet device. It was indicated to the inspector that this artist was the resident's favourite and that the resident had gone to see a

concert of theirs the previous year. The inspector was then introduced to another resident as they sat in a living room. The resident did not respond when greeted by the inspector but was seen to smile when they saw a particular staff member.

The inspector then spent some time in one apartment while staff and residents were present. The atmosphere in this apartment in this apartment was quiet and calm at time. One staff member was overheard supporting a resident with a meal in a pleasant manner. As the inspection neared it conclusion it was noted that all residents had left the centre. One of these residents had gone to visit their family and another resident had gone to stay overnight with their family who had collected the resident from the centre. Of the other two residents, one had gone bowling while the other had been supported to go to a sensory room. One of the four residents had only been briefly in the centre while the inspector was present and was not met by the inspector.

In summary, feedback in surveys completed by families of residents were mostly positive but some responses were queried during the inspection day. Of the three residents met during the inspection, none provided direct feedback on what it was like to live in the centre. Some residents did smile or looked happy when briefly met by the inspector. Residents were supported to meet their families or do some outings on the day of inspection.

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 on the quality and safety of the service being delivered.

Capacity and capability

Similar to the previous inspection, a good level of compliance was found during the current inspection. Some premises works had been completed in the centre which were reflected in registration applications submitted.

This centre had last been inspected in November 2024 where noticeable improvement was found from an earlier inspection in September 2023. Between those two inspections the provider had made some premises and capacity changes to the centre and during the November 2024 inspection, it was highlighted that the provider was considering making some further premises changes. These changes were subsequently made but to facilitate these changes, two residents transitioned elsewhere for a period during May 2025. Assurances were received from the provider at that time that the transition of those residents was in line with the Health Act 2007 as amended. The completion of the premises works were reflected in an application to vary condition 1 of the centre's registration and an application to renew the registration of the centre beyond December 2025. The current inspection was used to inform decisions on both applications with the inspection intended to focus on some regulations that were not considered during previous inspections.

Overall, this inspection found a good level of compliance, similar to the November 2024 inspection, but some actions were identified related to complaints information on display and medicines audits.

Regulation 15: Staffing

This regulation requires that staffing arrangements in a centre must be in accordance with the needs of residents and the centre's statement of purpose. The statement of purpose of the centre, outlined the staffing arrangements for the centre in full-time equivalent (FTE) with such FTE unchanged from previous statements of purpose provided to the Chief Inspector of Social Services. However, when reviewing the centre's most recent annual review, reference was made to a resident planning for a full-time placement in the centre. When queried on the current inspection, it was indicated that this resident had been approved for a full-time placement but that there was no change to the staffing FTE for the centre as the resident had already been availing of the centre. Based on staff rotas reviewed from 1 June 2025 on, discussions with staff and observations on the day of inspection, the centre's staffing arrangements in place were consistent with the most recent statement of purpose.

The staff rotas reviewed also indicated that there was a core staff team in place. Having such a core staff team in place can promote a consistency of staff support for residents. Whatever staff are working in a centre, be it core staff member or less regular staff members, specific documentation relating to them must be obtained. This documentation includes written references, full employment histories and evidence of Garda Síochána (police) vetting. In advance of this inspection, the inspector requested that the staff files for all staff who had worked in the centre during a specific time period be made available. Such files were provided on the day of inspection with all of the documentation found to be in place in three staff files reviewed.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was being maintained for this centre which included required information such as residents' names, their dates of admission of the centre and details of their representatives. For one resident it was noted though that the telephone numbers for their representatives was not included in the directory but it was acknowledged that this was documented elsewhere. This observation was highlighted to management of the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted documentary evidence (as part of the registration renewal application sent to the Chief Inspector) which indicated that appropriate insurance arrangements were in place for this centre.

Judgment: Compliant

Regulation 23: Governance and management

Specific requirements under this regulation were being met. These included:

- One unannounced visit to this centre had been conducted by a representative of the provider since the November 2024 inspection. This has been carried out in February 2025 based on a report of the visit that was provided to the inspector. When reviewing this report it was noted that the report assessed matters relevant to the quality and safety of care and support provided to residents such as safeguarding, staffing and complaints. An action plan was put in place for any areas for improvement identified during the visit with time frames and responsibilities assigned for completing these actions. Recorded updates on these actions indicated progress with them.
- An annual review for the centre had been completed in April 2025 which covered the previous 12 month period. This annual review was also reflected in a report that made available to the inspector. When reading this it was noted that it assessed the quality and safety of care and support provided in the centre while taking into account some relevant national standards. The annual review report also provided for feedback from residents' representatives.

Other than such regulatory requirements, documentation provided indicated that monitoring of the centre was also conducted through audits or self-assessments. These included environmental audits and infection prevention and control audits. Some audits were also being conducted around medicines in the centre but not at the frequency required by the provider's policy in this area. This is addressed under Regulation 4 Written policies and procedures.

Despite that, the current inspection found a good level of compliance across the regulations reviewed. This indicated that the management and monitoring systems in place were operating effectively to ensure that residents were safe, had their needs met and received a consistent service.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose is an important governance document that describes the services and supports to be provided to residents while also forming the basis for a condition of registration. Under this regulation, a statement of purpose must contain specific information such as the number, age range and gender of residents, the arrangements made for respecting residents' privacy and the details of therapeutic techniques. The statement of purpose present during this inspection was found to contain the required information and had been reviewed during July 2025.

Judgment: Compliant

Regulation 34: Complaints procedure

During the inspection, the inspector was provided with a complaints folder. This contained records of two complaints that had been made since the November 2024 inspection. These records outlined the nature of the complaints, action taken in response and the outcome of the complaints. Both of these complaints had been resolved and were closed. Aside from these records, within the same complaints folder was an easy-to-read sign around the complaints process.

This indicated that residents could put a complaint in the complaints box and that a named person in charge would help residents with their complaints. However, when the inspector asked if the complaints box was in place, he was informed that it was not. It was also noted that the name of the person in charge on the sign was not the current in person charger. The same sign was also in display in one apartment of the centre. No sign or information about the complaints process was on display in the other apartment.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Under this regulation, the provider is required to have specific policies in place and to implement these policies. One of these policies is a policy on medicines management. The provider did have such a policy in place which indicated that four audits on medicines were to be done every year. Based on documentation provided, only three such audits had been conducted in the centre since the beginning of 2024. While it was acknowledged that the provider had attempted to arrange a

fourth such audit during April 2025, the provider's medicines management policy was not being implemented in full.

Judgment: Substantially compliant

Quality and safety

Good compliance was found during this inspection in areas such as healthcare and the premises. Some actions were identified though related to fire safety.

At the time of the November 2024 inspection, it was identified that residents in one apartment area did not have access to their own laundry facilities. The provider had since put in place a utility shed for this apartment to address this matter. In the same apartment, the provider had also reconfigured some rooms to create an additional living room for the same residents although this room was awaiting some furniture at the time of inspection. Both apartment areas had been provided with fire safety systems such as a fire alarm, fire extinguishers and fire doors but the inspector did highlight some observations to management related to fire doors in one apartment. Some internal fire safety checks were not consistently recorded but all staff had completed training in fire safety. Training was also provided in safeguarding and medicines management. Records provided indicated that residents were appropriately supported with their prescribed medicines and in the provision of appropriate healthcare generally. Guidance on supporting residents' health needs was outlined in their personal plans.

Regulation 17: Premises

The premises provided was seen to be clean, well-maintained and well-presented overall on the day of inspection although some of the décor in one kitchen was of an older style. The centre was divided into two apartment areas with two residents living in each apartment. Both apartments had communal space provided with all residents having their own individual bedrooms although these did vary in size. Since the November 2024 inspection, the provider had made some changes to the layout of one apartment to increase the communal space available for residents living there. The provider had also added a utility shed to the same apartment so that residents in that apartment had their own laundry facilities. This addressed a regulatory action from the previous inspection. The inspector was informed that no further premises changes were planned for the centre.

Judgment: Compliant

Regulation 20: Information for residents

This centre had a residents' guide which was reviewed by the inspector during the inspection process. This was found to contain all of the required information including details of the terms and conditions relating to residency and the arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

Guidance was present in the centre around how to respond to specific emergencies such as a flood, power failure, adverse weather and if a resident went missing. The provider also had a risk management policy in place which had been reviewed in September 2024. This policy provided for the identification, assessment and management of risk while also outlining some measures to mitigate specific risks as required under this regulation. These specific risks included accidental injury and unexpected absence. A risk register was also being maintained for this centre which reflected identified risks for the centre. This risk register had been reviewed in July 2025 and each risk has its own risk assessment which described the risks and outlined control measures to mitigate these risks. However, it was noted that, on the day of inspection, a risk assessment relating to the presence of laundry equipment in the utility shed was not in place. Following the inspection, it was communicate that such a risk assessment had been put in place along with a protocol on the use of this shed. Further information about some of the safety features in this utility shed was also provided in the days after the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Since the November 2024 inspection, the provider had changed the window in one bathroom to allow for evacuation directly from this bathroom to the outside of the centre in the event of a fire occurring. This was notable as in previous inspections it had been observed that, in the event of a fire the utility room, evacuation from this bathroom would have required one to pass through this utility room. Aside from this, appropriate fire safety systems including a fire alarm, fire extinguishers, fire blankets and emergency lighting were seen to be present in two apartment areas of the centre. Records were seen which indicated that such systems were receiving maintenance checks by external contractors to ensure that they were working effectively. It was noted though, from records provided, that some weekly internal staff checks on such systems were not recorded as being conducted consistently

with no such checks recorded for three separate weeks since the beginning of May 2025.

The apartment areas of the centre were also provided with fire doors. Such fire doors are important in containing the spread of fire and smoke while also providing for a protected evacuation route if required. In one apartment though, it was observed that the self-closing devices for two fire doors had been deactivated. This would impact the doors' effectiveness in the event of a fire. This was highlighted to management of the centre and it was seen that these self-closer devices were re-activated by the end of the inspection. It was also observed that, given the layout of a kitchen in the same apartment, a fire door leading into the kitchen from a utility room could become wedged against a worktop in the kitchen. This was seen on the day of inspection and this prevented the fire door from closing. Again this was highlighted to management of the centre.

A training matrix provided indicated that staff had completed training in fire safety. Staff members spoken with indicated that, in the event of an evacuation being required, one resident might need some additional encouragement to leave the centre. This was reflected in the resident's personal emergency evacuation plan which outlined supports that the resident needed to evacuate the centre. The centre also had overall evacuation plans for the centre as a whole. Such plans outlined how the centre was to be evacuated including at night-time. However, when the inspector queried with a staff member around how the centre would be evacuated at night if required, the response provided was not consistent with the night evacuation plan.

It was noted though that, since 1 January 2024, multiple fire drills had been conducted in the centre which were been done at varying times, including to reflect a night-time situation, with low evacuation times recorded. The inspector did observe though none of these drills involved instances where all four residents had been present in the centre. It was acknowledged that during this time period, not all residents had been full-time residents. When this was queried during the inspection, it was suggested to the inspector that an unplanned evacuation had occurred earlier in 2025 when all four residents had been present in the centre with a low evacuation time. Such matters require notification to the Chief Inspector but this information did not correspond with notifications submitted at the time of this inspection. This was was subsequently queried with management following the inspection with the response received indicating that no unplanned evacuation with all four residents had taken place since 1 July 2024.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

During this inspection the inspector reviewed medicines storage facilities in one apartment area and noted them to well-organised and securely stored. A sample of

medicines present in the storage facilities seen were found to be appropriately labelled and in-date. Medicine records were reviewed for two resident which contained key information and indicated that medicines were being given as prescribed. A training matrix provided indicated that most staff had completed medicines management training. It was noted though that a staff signature log for one resident's medicines had limited staff signatures on it. While this did not amount to a regulatory action, it was highlighted to the person in charge during the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident must have an individualised personal plan in place as required under this regulation. These personal plans are intended to set out the health, personal and social needs of residents while also providing guidance on how these needs are to be met. The personal plans of two residents were reviewed by the inspector during this inspection which found that recently reviewed guidance on supporting the needs of the residents was in place. It was also noted these personal plans had been subject of annual multidisciplinary reviews in November 2024. Discussions with staff and management, along with the two personal plans reviewed, indicated that residents' current home was suited to their assessed needs. For example, both personal plans had specific sections to indicate if the residents' current residential setting was suited to their needs with yes indicated for both residents.

Judgment: Compliant

Regulation 6: Health care

Based on records reviewed during this inspection relating to two residents, there was evidence of the following:

- Residents had availed of various health and social care professionals including dentists, general practitioners, cardiologists, psychiatrists and dietitians.
- Guidance on supporting residents' assessed health needs was present within residents' personal plans covering various areas including bruising, epilepsy, constipation and cold sores.
- Residents were supported to access specific health interventions such as vaccines.

Judgment: Compliant

Regulation 8: Protection

All staff had completed safeguarding training based on records provided. Observations of the inspector, documentation reviewed and discussions with staff and managements did not raise any immediate safeguarding concerns on the day of inspection. The inspector was informed though that an observation relating to one resident in the days leading up to this inspection was being managed through the provider's safeguarding processes. This was formally notified to the Chief Inspector following this inspection with the person in charge requested to inform the Chief Inspector of the outcome of this.

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for No.3 Brooklime OSV-0005145

Inspection ID: MON-0038832

Date of inspection: 22/07/2025

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The registered provider in conjunction with the person in charge has ensured that: • Complaints boxes are in place in at the entrance of each apartment. (08/08/2025) • The EASI read complaints procedure document & poster has been amended to show the new PIC in both apartments. (08/08/2025) • The complaints procedure is now displayed at the entrance to both apartments. (08/08/2025)	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The registered provider and the person in charge will ensure that all medication audits are carried out in line with the policy. (12/08/2025)	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider in conjunction with the person in charge has ensured that: • The weekly fire checks are taking place as scheduled. This was discussed at a staff meeting on the 23/07/2025. The Team Leader or post of responsibility in absence of Team Leader, reviews the checklist on a weekly basis to ensure compliance. • The self-closing mechanism for two fire doors were reactivated and will be monitored	

as per procedures. (22/07/2025)
• A doorstop will be fixed in place to ensure the fire door in one kitchen cannot jam against the kitchen worktop. (14/08/2025)
• All night evacuation plans have been discussed at a staff meeting on the 23/07/2025
• A planned deep sleep night time evacuation took place on the 1/08/2025 @ 10:40pm when all residents were present in the house this was within safe timeframes for evacuation.

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 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	14/08/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	14/08/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	08/08/2025
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Substantially Compliant	Yellow	01/08/2025

	that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 34(1)(a)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure that the procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.	Substantially Compliant	Yellow	08/08/2025
Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	08/08/2025

Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	12/08/2025