



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

Issued by the Chief Inspector

Name of designated centre:	Maynooth Community Care Unit
Name of provider:	Health Service Executive
Address of centre:	Leinster Street, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	11 January 2024
Centre ID:	OSV-0000516
Fieldwork ID:	MON-0042288

About the designated centre

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

This centre is a purpose-built two-storey building located on the edge of Maynooth town. The centre has been operating since 2002, providing continuing long-term care and a respite service for male and female residents over 18 years of age with high dependency needs. A regular turnover of two respite persons was confirmed. The centre is registered for 40 residents. The centre is designed around a central courtyard accessible from the ground floor. Communal day room, dining and sanitary facilities were available. There is an additional balcony/terrace off the sitting room on the first floor with a view over the nearby canal. Residents' private and communal accommodation was primarily on the first floor within two distinct ward areas, called Fitzgerald Ward and Geraldine Ward. Bedroom accommodation comprises of single, twin, and three beds in rooms. A separate spacious palliative care/IPC room was available for residents accommodated in a shared or multi-occupancy bedroom when approaching the end of life. This room was spacious and had facilities for both the resident and their family. A passenger lift is available between the ground and the first floor. The ground floor accommodation is primarily occupied by office and administration staff but includes a spacious oratory for prayer, reflection, and repose for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

31

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 11 January 2024	08:40hrs to 17:00hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

The inspector spoke with residents and visitors throughout the day of the inspection, to elicit their experiences of life in Maynooth Community Nursing Unit. Overall, residents and their relatives told the inspector that they felt safe in the nursing home and that the care they received was excellent. The inspector observed that following the last inspection, the registered provider had undertaken a programme of remedial works to address issues relating to premises and fire precautions. However, further improvements were required to ensure full compliance with all the regulations and will be discussed further in the report.

Following an introductory meeting, the inspector walked around the premises and observed some residents were sitting out in the communal sitting room while others watched television in their bedrooms. They appeared relaxed and content in their surroundings and were seen to be interacting well with each other and the staff on duty.

Overall, the premises was found to meet residents' needs and efforts to create a homely environment were evident. Residents had easy access to an enclosed outdoor courtyard, which the inspector was told was well utilised in the warmer summer months. Residents could enjoy the panoramic views of the Royal Canal from the communal areas. One resident informed the inspector that they 'love looking at the wildlife along the canal, especially the swans gliding gracefully across the water'.

Resident bedrooms were neat and tidy. Residents who spoke with the inspector were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel.

Laundry facilities were provided on site and residents informed the inspector that they got their clothes back clean and fresh every few days. Advocacy services were available to all residents. Details of advocacy groups were on display in the centre.

The dining experience was observed on the day of inspection and appeared to be a social occasion with music playing in the background. When asked about their food, all residents who spoke with the inspector said that the food was very good. They said that there was always a choice of meals, there was plenty to eat and it was always hot and tasted good. The tables were laid out with flower arrangements, cutlery and condiments for the residents to access easily.

Residents informed the inspector how staff supported them to enjoy life in the centre. Activity staff were on site to organize and encourage resident participation in events. Residents told the inspector that the hairdresser came to the home once a week and they said that 'they loved getting their hair done'. On the day of inspection, the inspector observed the priest saying Mass, which the residents said

they enjoyed and they said they always look forward to the priest coming in as 'he is so lovely'.

Throughout the day, the atmosphere in the centre was relaxed and calm. The inspector observed that residents were receiving good care and attention. Staff who spoke with the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs. Staff told the inspector that the designated centre was a good place to work and that they felt supported by the management.

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

Capacity and capability

Overall, the inspector found that the designated centre was well-resourced, where residents were supported and encouraged to have a good quality of life in the centre. Notwithstanding the positive improvements made by the provider since the last inspection, there was opportunity for further improvement in relation to records, contract for provision of services, complaints procedure, governance and management, infection prevention and control and premises, which will be detailed further under the relevant regulations.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended) and review the application to renew registration of the centre for a further three years. In preparing for this inspection, the inspectors reviewed the information provided by the provider and the person in charge and unsolicited information received by the Chief Inspector of Social Services.

The registered provider of this centre is the Health Service Executive (HSE). The organisational structure within the centre was clear, with roles and responsibilities understood by the management team, residents and staff. The person in charge had responsibility for the day-to-day operations of the centre and was supported in their role by the Assistant Director of Nursing (ADON).

There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements. It was evident that the provider was continually striving to identify improvements. Further learning was identified on feedback from resident and relative satisfaction surveys and quality

improvement plans were put in place to address issues.

An application for registration was submitted to the Chief Inspector of Social Services within the required time frame. The statement of purpose accurately reflected the facilities and services provided. It promoted transparency and responsiveness by accurately describing the designated centre's aims and objectives. It was publicly available and in an accessible format for people using the service.

There were sufficient resources available and appropriate staffing and skill-mix in place to ensure safe and effective care was provided to residents. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. A sample of staff records were reviewed by the inspector and each staff had completed An Garda Siochana vetting clearance prior to commencing employment.

The registered provider informed the inspector that due to a lack of storage within the centre, some resident records were stored in an off-site location. They gave assurances on the day of inspection that storage solutions were on order to be placed in the portacabin storage. Once in place, the provider assurance that all records would be returned and readily available to fulfil the requirements of the regulations.

There was a complaints procedure displayed in prominent position within the centre. There was a nominated complaints officer who dealt with and oversaw the management of complaints. However, the complaints procedure did not fully meet the requirements of the regulation and will be discussed further under Regulation 34: Complaints.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application form.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. There was at least one registered nurse on duty at all times. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 21: Records

Records to be kept in the designated centre in respect of each resident, were not retained in the designated centre for a period of not less than 7 years. This resulted in Schedule 3 records not being readily available for inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

Action was required to ensure that the service provided was appropriate, consistent and effectively monitored:

- The registered provider had failed to ensure the premises were used in line with the Statement of Purpose and the conditions of registration. For example, the Oratory was used for administrative purposes, storage and for staff training, which was not in line with its designated purpose. This was the third inspection identifying misuse of premises, which required prompt review by the provider to ensure that all areas registered for residents' use were available to the residents at all times.
- The oversight of storage arrangements required strengthening. For example; effective information governance systems were not in place to ensure appropriate storage and availability of all records set out in Schedule 3 for a period of not less than 7 years.
- Although fire safety measures were in place, management systems to oversee practices required further oversight. For example, there was a failure to identify a hazard where oxygen was being used by residents in two bedrooms.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Overall they met the legislative requirements, however, for those residents admitted into a triple room or twin bedroom for respite purposes, their contracts of care did not state the number of occupants in that room.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule 1 and was revised at intervals of not less than one year.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure did not include the following:

- A nominated review officer.
- Did not outline the time frames for responding to a complaint as prescribed in the regulation.
- Did not identify advocacy supports that residents could avail of.

Judgment: Not compliant

Quality and safety

The inspector found that residents were supported and encouraged to have a good quality of life in the centre. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly manner.

Residents' health and well-being were promoted, and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry services, tissue viability nurse, physiotherapy, dietitian, and speech and language, as required.

Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone television and WiFi. There were resident meetings to discuss key issues relating to the service provided.

The inspector reviewed a number of residents' care plans in respect 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). Dedicated care plans were in place to support each resident and contained information that was person-centred in nature. Such residents were appropriately assessed and well-managed.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. Training records indicated that all staff have completed safeguarding training. The nursing home was pension-agent for residents and a separate central private property account was in place to safeguard residents' finances.

There were no visiting restrictions in the nursing home. Visitors were seen coming to and from the nursing home throughout the day of inspection. They informed the inspector that they were welcome to the home at any time and they did not feel restricted.

The premises was of suitable size to support the numbers and needs of residents. Progress in relation to actions from the previous inspection was evident. The inspector found that the provider had partially completed refurbishment works to improve the lived environment for the residents. For example, an emergency-call bell was fitted in the dining room. However, further actions were necessary to bring the premises into full compliance and are discussed under Regulation 17: Premises.

A risk management policy and risk register was available and reviewed regularly. A risk register included potential risks identified in the centre and the management of risks such as abuse, unexplained absence and accidental injury.

Overall, the centre was clean and there was good adherence to the National Standards for infection prevention and control (IPC) in community services (2018). However, further action was required to be fully compliant with the regulations and will be discussed further under Regulation 27; Infection, prevention and control.

Suitable fire systems and fire safety equipment were provided throughout the centre. Since the last inspection, the registered provider had taken adequate precautions to ensure that residents were protected from the risk of fire. For example: reconfiguration of fire panel and floor plan reflected the centre's reconfigured areas based on refurbishment and the updated fire evacuation floor plans were on display; there was evidence of staff fire training and fire drills occurring at regular intervals to maintain staff competency in safe evacuation of all residents in the event of fire. Fire doors were intact and appeared effective to adequately protect against the spread of fire and smoke. Fire exits and escape pathways were noted to be clear from obstruction. Records were available to show that the emergency lighting and fire alarm had been tested by an appropriately qualified person on a quarterly basis. There were comprehensive Personal Emergency Evacuation Plans (PEEPS) developed for each resident and these included residents' mobility needs to inform staff of residents' needs in the event of

an emergency evacuation. Of note, there was no clear signage to identify the hazard where oxygen was being used by residents in two separate bedrooms, as detailed under Regulation 23. The person in charge was informed on the day of inspection and gave assurances that signage would be erected.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visits were not restricted and there was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises was appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

- The Oratory in the centre was used for administrative purposes, storage and for staff training. This was a recurrent finding resulting in residents not having access to all appropriate facilities as registered.

Overall, the premises met Schedule 6 requirements, however the following areas required action;

- The flooring in the nurses station at Fitzgerald's unit was damaged and posed a trip hazard.
- Inappropriate storage was observed in the centre. For example, excessive amounts of wheelchairs were observed in the centre with some stored in the palliative care room, occupational therapy room and in the store room.
- Arrangements for internal maintenance were insufficient as general wear and tear was observed in the centre including chipped paint on walls and doors.
- Sluicing facilities on the day of inspection was not satisfactory. The newly installed bed pan washer was not working correctly. The installation company and maintenance were investigating a possible issue with plumbing and water pressure. Disposable bed pans were used as a contingency plan in the interim.

The inspector acknowledges that as per the compliance plan from last inspection dated May 2023, the registered provider had generated a schedule of works to address some issues relating to premises with a targeted date for completion 31st December, 2024.

Judgment: Not compliant

Regulation 26: Risk management

There was a comprehensive risk management policy and risk register in place which assessed all identified risks (potential and actual), and outlined the measures and actions in place to mitigate and control such risks.

Judgment: Compliant

Regulation 27: Infection control

While, overall the centre was clean and staff were knowledgeable in infection prevention and control, a number of issues were identified that could potentially have a negative impact on infection control processes and procedures :

- Black mould was observed on seals around showers in resident's bathrooms.
- Rust was seen on shower doors, radiators and on door vents in some resident bathrooms. The inspector was informed that bathrooms were already included in the refurbishment plan. Rust was also noted on legs of raised toilet seats and shower chairs preventing effective cleaning.
- Corroded seals around toilet were observed preventing effective cleaning.
- The desk surface at Geraldine Unit nurses' stations was worn and did not support effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety arrangements in the centre were in line with the regulations and the registered provider had taken adequate precautions to ensure that residents were protected from the risk of fire.

Judgment: Compliant

Regulation 6: Health care

A high standard of evidence-based nursing care in accordance with professional

guidelines was provided to residents. Residents had access to their GP of choice and members of the allied health care team as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Each resident experienced care that supported their physical, behavioural and psychological well being. The person in charge ensured that all staff have up-to-date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. The inspector reviewed a sample of staff files and all files reviewed had obtained Garda vetting prior to commencing employment.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	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 Maynooth Community Care Unit OSV-0000516

Inspection ID: MON-0042288

Date of inspection: 11/01/2024

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • Scope out a plan to enhance the current storage practice of records retained in the centre for the required period of time as stipulated by the regulations. A particular focus on sourcing additional storage to accommodate additional filing requirements – target for completion 29/02/25 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • All areas reviewed to ensure alignment with Statement of Purpose – complete • Oratory space restored for resident’s use at all times- complete • Scope out a plan to enhance the current storage practice of records retained in the centre for the required period of time as stipulated by the regulations. A particular focus on sourcing additional storage to accommodate additional filing requirements - target for completion 29/02/25 • Wheelchairs not in use by residents have been removed from inappropriate storage areas in the unit- complete • The placement of hazard signs where piped oxygen points are located has been addressed on 11/01/24. 	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> • Contracts of care now state the number of occupants in each room as of 12/01/24. 	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • The Residents Directory of Services and Statement of Purpose has been updated to include review officer details and outline the review process should the complainant be dissatisfied with the outcome of the complaints process. Advocacy details are also included (Revision 38:24/01/2024 - Complete 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The Oratory has been cleared to restore residents' access at all times - complete. • The flooring in the nurses station at Fitzgerald Ward will be refurbished by 31/01/25. • Wheelchairs not in use by residents have been removed from identified inappropriate storage area in the unit - Complete. • Chipped paint and damaged doors will be refurbished by 31/01/25. • Bedpan washers are in good working order and new bedpans have been purchased to meet Infection Control and Prevention standards- Complete • Monthly audits with identified findings delegated to designated staff to action to ensure continuous effectiveness of same - Ongoing 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none">• New sealant will be applied around showers in resident bathrooms to eradicate mold staining by 30/06/24• Rusted shower doors, radiators, toilet seats and door vents in bathrooms which prevents effective cleaning, will be replaced by 31/01/25.• The desks at both nurses stations will be refurbished to enable effective cleaning by 31/01/25	

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/01/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	29/02/2024

	designated centre and are available for inspection by the Chief Inspector.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	29/02/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/01/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	12/01/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Substantially Compliant	Yellow	29/02/2024

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Not Compliant	Orange	21/02/2024
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.	Not Compliant	Orange	21/02/2024
Regulation 34(5)(b)	The registered provider may, where appropriate assist a person making or seeking to make a complaint, subject to his or her agreement, to identify another person or independent advocacy service	Substantially Compliant	Yellow	21/02/2024

	who could assist with the making of the complaint.			
--	--	--	--	--