



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

Issued by the Chief Inspector

Name of designated centre:	Kinvara House Nursing Home
Name of provider:	Kinvara House Limited
Address of centre:	3 - 4 Esplanade, Strand Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	12 February 2024
Centre ID:	OSV-0000054
Fieldwork ID:	MON-0038681

About the designated centre

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

Kinvara House Nursing Home is situated overlooking the seafront in Bray, Co. Wicklow. The centre was originally two Georgian buildings that served as hotels in the early 20th century. It has been adapted and extended over time and can now accommodate up to 36 residents in single-bedroom accommodations. Bedrooms are located over four floors, and all floors are accessible by two passenger lifts. All bedrooms have en-suite toilets and wash-hand basins, and many also have a shower. Communal spaces include a day room, activities room, dining room, oratory and hairdressing room. There is an enclosed courtyard to the rear of the building and a garden to the front. Kinvara House Limited is the registered provider, and the centre caters for male and female residents over the age of 18 for long and short-term care. Residents with varying dependencies can be catered for from low to maximum dependency. Care is provided to older persons with differing care needs. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. The centre currently employs approximately 54 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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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 February 2024	08:20hrs to 15:00hrs	Helena Budzicz	Lead
Monday 12 February 2024	08:20hrs to 15:00hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

Residents and family members who spoke with the inspectors gave positive feedback on their experience of the care provided in the centre. The inspectors met with many of the 35 residents living in the centre, and residents spoken with called the centre their 'home from home' and 'I love this place'. A number of visitors who were in the centre on the day of the inspection said that they couldn't fault the care and the staff, which was amazing'.

Kinvara House Nursing Home is located in the centre of Bray town and overlooks Bray Bay. The building consisted of two distinct parts: the original building had four floors, and the newer extension consisted of two floors. Bedrooms were nicely decorated and laid out, and one resident told inspectors 'they had enjoyed watching the sea and the people walking on the promenade'.

Several positive interactions between staff and residents were observed, including during care, at mealtimes and during activities. Inspectors observed that residents did not have long to wait when they needed staff assistance. There were sufficient numbers of staff available in the designated centre to provide supervision and support to the residents.

Residents had access to television, phone and newspapers. Activity schedules, which detailed an activity programme available to residents, were displayed throughout the centre. Staff demonstrated good skills and knowledge using appropriate techniques to encourage residents to participate in activities in line with their capacity to engage. Many residents were observed participating in the activities, singing along to the music, and happily chatting with the staff members.

On the day of inspection, the dining experience was observed; residents had a choice of meals, tables were well laid out, and drinks were served throughout the meal. The meals smelled appetising and were nicely presented. Mealtimes in the dining rooms were observed to be social occasions, and a number of residents told the inspectors that 'they were happy with the choice and variety of food offered'. Residents who spoke with the inspectors were complimentary about the quality of food and said that 'the food was very tasty and they had plenty of food to eat'.

Overall, inspectors found that the centre was spacious and clean. However, action was required in relation to the staff practices regarding storage management and the use of personal protective equipment (PPE). For example, staff were observed using the same gloves and not changing them between different tasks. Furthermore, there were areas of the premises that were not maintained in a satisfactory state of repair. For example, there were some areas where floor coverings were damaged, and there was visible damage to some door frames and furniture. In addition, the inspectors found that the sluicing facilities were not installed as outlined in the last compliance plan. This is further discussed under Regulation 17: Premises in this

report.

Residents were seen to move about the centre freely throughout the day and to access communal areas inside and outside the designated centre. There was a secure courtyard area for residents to access, which was well-maintained with appropriate seating for residents to use.

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 impact on the quality and safety of the service being delivered.

Capacity and capability

Kinvara House Nursing Home was a well-managed centre where residents received good quality care and services. The inspection was an unannounced inspection conducted by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Kinvara House Limited is the registered provider for Kinvara House Nursing Home. The company had two directors both of whom were involved in the daily operations of the centre. The management team responsible for the day-to-day operations within the centre was led by the person in charge, who was supported by an assistant director of nursing. There was a clearly defined management structure in place that identified roles and responsibilities within the designated centre. A team of staff nurses, health care assistants, household, catering, administration, activity and maintenance staff were also involved in the provision of services to the residents.

Staff had access to all necessary training appropriate to their roles and responsibilities. Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence. Inspectors found that there were sufficient staffing levels in the centre to meet residents' individual and collective needs.

There were management systems in place to monitor the quality and safety of the service provided to residents. This included a monthly schedule of clinical and environmental audits and monitoring of quality of care indicators such as the incidence of falls, anti-psychotic drug use, pain and pressure ulcer management, complaints, accidents and infections. However, some of the audits did not have a clear overview of the data available for analysis. Therefore, it was not clear whether the action plan would lead to a quality improvement plan for the services provided in the centre.

The registered provider had established and maintained a directory of residents. However, this directory did not contain all the information required by Schedule 3.

This is further discussed under Regulation 19.

There had been three complaints received in the centre since the last inspection, which were found to be managed well. However, actions were required to align the complaints procedure with SI 628 of 2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations and this will be addressed under Regulation 34 of this report.

Inspectors were provided with Schedule 5 policies and procedures and found that not all policies had been updated at intervals not exceeding three years. Some of the policies required a review and update to be in compliance with the regulatory requirements as outlined under Regulation 4: Written policies and procedures.

Regulation 15: Staffing

The staffing levels on the day of the inspection were appropriate to the size and layout of the centre and the current residents and their dependency needs.

Judgment: Compliant

Regulation 16: Training and staff development

A review of staff training documentation confirmed that all staff working in the designated centre were up-to-date with their mandatory training. A schedule of training was in place for those due for refresher training.

Judgment: Compliant

Regulation 19: Directory of residents

The residents directory was reviewed and it was found to contain most of the required information outlined in part 3 of Schedule 3. The cause of death was not outlined for six residents. This is a regulatory requirement.

Judgment: Substantially compliant

Regulation 23: Governance and management

Notwithstanding the good governance and management arrangements in place to oversee the service, some improvements to the management systems were required to ensure that the service provided was appropriate, consistent, and effectively monitored. Evidence of where further oversight was required included:

- The auditing process was not sufficiently robust to ensure and enable learning to inform quality improvement, for example, falls overview audit in the centre; there was no evidence of falls analysis to ensure that an appropriate action plan and follow-up review was in place within a set time frame. Although environmental hygiene audits and checklists of the facilities were being completed, they were not identifying and ensuring that all infection risks and missing equipment, such as emergency call-bells, were effectively addressed.
- Management systems and oversight surrounding the fire safety and precautions in the centre required review, as discussed under Regulation 28: Fire precautions.
- The registered provider had failed to fully complete the actions required in respect of achieving compliance with Regulation 17, as per previous commitments given to the Chief Inspector following the last inspection. For example, appropriate sluicing facilities had not been addressed as further detailed under Regulation 17: Premises. The registered provider gave verbal assurance that addressing this issue remained high on their agenda; however, there had been unforeseen delays in completing this action.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and notification events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure and policy were not updated in line with the changes under S.I. 628 of 2022. While the complaint log was well-maintained, there was no evidence of the satisfaction of the complainant and of the written response informing the complainant whether or not their complaint had been upheld and the reason for the decisions and improvements.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

While all required policies and procedures were in place as required by Schedule 5 of the regulations, inspectors found some gaps, namely:

- The complaints and risk management policy were not aligned with the regulatory requirements. For example, in the risk management policy, the management of specific risks such as abuse, unexplained absence of residents, accidental injury to residents, visitors and staff, aggression and violence, and self-harm were not detailed in the policy.
- In addition, the inspectors were not assured that all written policies were available and easily accessible to staff at all times, as inspectors had to request specific policies several times.

Judgment: Substantially compliant

Quality and safety

Overall, residents' rights were seen to be upheld in Kinvara House Nursing Home. Residents were consulted about the running of the centre through residents' meetings, surveys, care plan reviews and daily communication with staff. While the centre was working to sustain a good level of person-centred care, and the premises were of suitable size to support the numbers and needs of residents living in the designated centre, the registered provider was required to action outstanding works with regard to the premises as part of the compliance plan from the inspection in April 2023. Inspectors identified repeat findings from the previous inspection, which is discussed under Regulation 17: Premises.

A sample of communication and end-of-life care plans was reviewed on the day of the inspection and was found to be individualised and clearly outlined the care, health and end-of-life care needs of the resident.

Transfer documents for residents who were either being discharged or transferred to another facility were viewed by the inspectors.

A copy of the residents' information booklet was available to inspectors for review. The guide included a summary of the services and facilities in the designated centre, the terms and conditions relating to residence and the arrangements for visits. However, the arrangements for the updated complaints procedure were not included in this guide.

The inspectors observed some practices that were not in line with infection prevention and control guidance. These findings are set out under Regulation 27:

Infection prevention and control.

Systems were in place for monitoring fire safety. The fire detection and alarm systems and emergency lighting had preventative maintenance completed at recommended intervals. However, additional improvements in fire safety were required. This is discussed further in the report under Regulation 28.

Residents had access to independent advocacy services when required. Radios, newspapers and Televisions were available in the centre. Visitors were welcomed in the centre and a number of visitors were coming and going on the day of inspection.

Regulation 10: Communication difficulties

Care plans for residents experiencing communication difficulties described their communication challenges and needs. The care plans outlined in detail the techniques and approaches to be used by staff members to help residents express their emotions and words to enable them to communicate freely.

Judgment: Compliant

Regulation 13: End of life

Residents' personal wishes and preferences at the end of life were recorded, when known, in individualised care plans. Records showed that residents were afforded appropriate care and comfort, and their religious needs were met when approaching the end of life.

Judgment: Compliant

Regulation 17: Premises

Improvements were required in order to ensure compliance with Schedule 6 of the regulations. For example;

- There was no appropriate sluicing facility in the designated centre, which was a repeat finding. Having an appropriate sluicing facility is fundamental in ensuring effective waste disposal and preventing the spread of infection.
- The emergency call-bells or chords were not available in the bathrooms of bedrooms 21 and 6, in the shower rooms opposite rooms 4 and 12, and in the Oratory. The missing call bell in the bathroom of bedroom 21 and the shower room opposite room 4 was also found in the last inspection.

- General wear and tear were noted throughout the centre, including chipped paint on doors, frames, beds and furniture.
- Storage facilities required review. For example, an area underneath the stairs was used for the storage of wheelchairs, the footrests of wheelchairs, weighing scales and oxygen concentrators. The inspectors acknowledge that the provider removed these items before the end of the inspection. However, storage in the centre required further review.
- Floor coverings in the nursing station required review, as three wooden tiles were missing on the floor.

Judgment: Not compliant

Regulation 20: Information for residents

While there was a guide for residents, it did not contain all the requirements of the regulation, such as the procedure regarding complaints.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Transfer letters to and from the centre were seen in care documentation; this ensured that the most relevant information was provided in accordance with the resident's current needs.

Judgment: Compliant

Regulation 27: Infection control

Improvements were required to ensure that the centre complied with procedures consistent with the National Standards for Infection Prevention and control in Community Services (2018). For example;

Infection prevention and control governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control practices and antimicrobial stewardship. For example;

- There was no appropriately qualified infection prevention and control link nurse in place to increase awareness of infection prevention and control and antimicrobial stewardship issues locally.

The following actions were required to ensure adequate procedures, consistent with the standards for the prevention and control of healthcare-associated infections, were in place:

- The storage practices required review. For example, two commodes were stored in the laundry, which was not appropriate.
- There was no clinical hand washing sink available in the treatment room.
- The segregation between the clean and dirty equipment was not adequate. The staff were observed using the lift to transport the unclean equipment and food trolleys, which posed a risk of cross-contamination.
- In the absence of clinical handwash sinks, more frequent points with alcohol-based hand-rub wall-mounted dispensers were required in order to support good hand hygiene practices.
- Some of the staff practices did not support the prevention and control of healthcare-associated infections, as some members of the staff were observed to not change their gloves between different activities. One staff was seen wearing the same gloves while attending to residents' bedrooms and not changing them when moving to other areas in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider in order to comply with the requirements of Regulation 28: Fire precautions to ensure residents' safe evacuation in the event of a fire in the centre. This was evidenced by;

- Storage of residents' assistive equipment, oxygen concentrators and some of the furniture underneath the stairs presented a potential fire risk; if a fire did develop, it would be accelerated by the presence of these items.
- Directional signage was missing along one fire exit route to direct and illuminate the route of escape in the event of a fire evacuation at night. This could cause confusion in the event of a fire evacuation and required a review by the provider.
- Fire maps and information on evacuation were not displayed beside the fire panel or at key locations in the centre.
- Some of the fire evacuation ski sheets were missing underneath the mattress.
- The room number was missing on the door of one of the bedrooms. This could cause confusion in the event of a fire in that area, as signalled in the alarm panel.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre, and all interactions observed on the day of inspection were person-centred and courteous. Residents spoke of exercising choice and control over their day and being highly satisfied with various activities and recreational facilities.

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 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kinvara House Nursing Home OSV-0000054

Inspection ID: MON-0038681

Date of inspection: 12/02/2024

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: <ul style="list-style-type: none"> • Residents directory updated- the records in line with regulation- Completed • Staff members involved of updating records trained on all items to be included to meet with regulatory requirements - Completed 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Auditing process updated to inform quality improvement and any arising issues to be effectively addressed. – Complete • New fire book in place with all records contained in one place – Completed • Review of outstanding items from previous inspection- actions plan developed - Completed 	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure:	

- Updated Complaints policy updated and implemented in line with regulation changes under S.I. 628 of 2022. - Completed

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

- Risk Management Policy updated and implemented inline with regulatory requirements – completed
- Policies listed under Schedule updated and available to all employees, residents and families - completed

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The emergency call-bells and chords were reviewed by Nurse call provider- additional items required ordered and instillation date 15/04/2024
- Storage facilities – Under stairs cleared and off site storage utilised- completed
- Flooring coverings ordered and insulation date to be confirmed – completion date 30/04/2024
- Damaged furniture removed- schedule of works developed in relation to maintenance and upgrades required. 31/08/2024
- Architectural support contracted for Sluice room and upgrade to treatment room- schedule of planning requirements, regulatory requirements and building works necessary to be developed. Completion date for works 31/12/2024

Regulation 20: Information for residents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:

- Residents information Handbook updated and implemented inline with regulatory requirements around new complaints procedure – completed

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"> • The storage practices reviewed – items removed- completed • Clinical hand washing sink – will be completed with other necessary works- 31/12/2024 • Additional points with alcohol-based hand-rub wall-mounted dispensers on each corridor and all entrances to facility- completed • Staff retrained in practices to support the prevention and control of healthcare-associated infections 30/04/2024 • RGN – appointed to be infection link nurse - completed 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • External company reviewed all emergency lighting and illumination of emergency paths. All repair works completed – completed • External company- Updating Fire maps and information on evacuation routes- to be completed by 30/04/2024 • Emergency Ski Sheets- Fitted on beds of residents where unable to evacuate by stairs- completed • Room number replaced on door - completed 	

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(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2024
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	25/03/2024
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	25/03/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	25/03/2024

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/04/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	25/03/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	25/03/2024
Regulation 34(2)(a)	The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to investigate complaints.	Substantially Compliant	Yellow	25/03/2024
Regulation	The registered	Substantially	Yellow	25/03/2024

34(2)(b)	provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Compliant		
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	25/03/2024
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).	Substantially Compliant	Yellow	25/03/2024
Regulation 04(2)	The registered provider shall make the written policies and procedures	Substantially Compliant	Yellow	25/03/2024

	referred to in paragraph (1) available to staff.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	25/03/2024