Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Loughshinny Residential Home
Name of provider:	Bartra Opco No. 1 Limited
Address of centre:	Blackland, Ballykea, Loughshinny, Skerries, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	16 January 2025
Centre ID:	OSV-0006616
Fieldwork ID:	MON-0043904

About the designated centre

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

Loughshinny Residential Home is a designated centre registered to provide 24-hour health and social care for up to 126 male and female residents, usually over the age of 65. It provides long-term residential care, convalescence and respite care to people with all dependency levels and varied needs associated with ageing, physical frailty as well as palliative and dementia care. The philosophy of care as described in the statement of purpose is to provide a person-centred, caring and safe alternative for older people and to enable each resident to maintain their independence and thrive while enjoying a more fulfilled and engaged life. The designated centre is a modern two-storey purpose-built nursing home on the edge of the village of Loughshinny in North County Dublin. Accommodation is provided in 124 single and one twin bedroom, each with its own en-suite facilities and decorated to a high specification standard. There is a wide range of communal areas, including dining rooms, sun rooms and lounges available to residents, as well as a hairdresser facility. There are several enclosed, safe, wheelchair accessible gardens available for residents to use during the day. There is ample parking available for visitors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	107

How we inspect

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 16 January 2025	17:55hrs to 21:40hrs	Aislinn Kenny	Lead
Friday 17 January 2025	09:10hrs to 18:10hrs	Aislinn Kenny	Lead
Thursday 16 January 2025	17:55hrs to 21:40hrs	Laurena Guinan	Support
Friday 17 January 2025	09:10hrs to 18:10hrs	Laurena Guinan	Support

What residents told us and what inspectors observed

This inspection was conducted over two separate days. The inspectors spent time in the centre to see what life was like for residents living at Loughshinny Residential Home. The atmosphere in the centre was relaxed and calm. Residents told the inspectors 'staff are always around to help' and 'we're lucky to live here'. Other residents, due to speech or cognitive impairment, were unable to elicit their opinion on the service being provided in the centre; however, they appeared happy and content in their interactions.

The centre is divided into four units, referred to as St Patrick's 1, St Patrick's 2, Shennick and Colt. Each unit had separate dining facilities and, additionally, there were multi-purpose rooms located at the end of the bedroom corridors. On the ground floor of the centre there was a large welcoming reception area and a coffee dock area offering various types of coffee from a machine, at a charge. Staff spoken with confirmed that residents can ask staff to dispense beverages from the vending-machine without charge for them. In addition, tea and coffee-making facilities were also available to residents and visitors free of charge. This area was seen to be enjoyed by both residents and visitors during the second day. A large activity room was located beside the coffee dock and was colourfully decorated with photos of outings and residents' artwork on display.

Inspectors observed the centre to be very clean and welcoming on both days and many residents' bedrooms were decorated with their own soft furnishings and belongings, providing a homely feel. There were wide corridors with handrails to aid mobility. Units were accessed by swipe cards and exited by keypad. The swipe card was available beside the door and the key code was displayed beside the keypad. This allowed easy access and exit for residents while maintaining safety within the unit. An enclosed courtyard was accessed from the ground hall corridor between St Patrick's 1 and 2. This was well kept with seating areas for residents and a variety of plants; the residents' smoking area was located here also.

On the first evening of the inspection many residents were observed gathered in a sitting area on the corridor listening to the radio. Some residents were chatting amongst themselves, others were sitting quietly and some residents were listening to the radio. Inspectors observed that the dining room on St Patrick's 1 was locked and required a swipe card held by staff to access the area. This dining room had a dining area with tables and chairs as well as a sofa and TV. Staff members who spoke with inspectors confirmed that the dining room is closed from 7.30pm to 8am and this is done by way of an automatic locking system. This prevented residents from accessing a registered designated communal space and the seating area and television in the dining room during those hours and was a repeat observation from the previous inspection. On the evening of the first day of inspection some residents were observed in bed sleeping and others were watching TV, reading or chatting on

the phone in their bedroom. Residents spoken with told inspectors they had chosen to go to bed and had a choice of when they wished to go to bed in the evenings.

Inspectors observed that although the multifunction rooms on all units were warm and comfortable, only one was seen to be used, on the morning of the second day. Two family members visiting their relative in one of these rooms said it was the first time they had visited their relative there. Residents were seen to congregate in a small seating area on the corridor of each unit, where there was no tv or entertainment apart from a radio. While there were large windows over looking the centre grounds in these areas, most residents were positioned to view an internal wall. Residents were also seen sitting on the corridor in front of the nurse's station on the evening of the inspection, which partially obstructed the corridor in that area. The chairs were removed from those areas on the second day of the inspection.

On the second day of inspection, activities staff were seen engaging residents in group activities in the morning and afternoon. Residents reported enjoying the in house activities, particularly the music sessions. The outings to the theatre and to visit Malahide Castle, among others, were said by residents to be very enjoyable. Two visitors spoken with said that while the group activities were very good, if a resident did not want to take part there was no alternative offered.

Inspectors observed meals served to residents both in the dining rooms and in the residents' bedrooms. There was sufficient staff to assist at mealtimes, with one resident who required assistance saying she was never left waiting for meals and staff were patient when helping her. Residents spoken with were complimentary of the quality and choice of food offered.

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

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 (as amended) and to inform the registration renewal of the centre. Inspectors also followed up on the compliance plan actions from the previous inspection in July 2024. Overall, this was a well-managed centre, where management and staff were striving to ensure residents were provided with person-centred care and support. Action was required to ensure compliance as outlined under the relevant regulations.

Bartra Opco No 1. Limited is the registered provider for Loughshinny Residential Home. The company has two directors, one of whom is the named provider

representative. There were clearly defined roles and responsibilities in the centre and the provider had a robust management structure in place. The person in charge worked full-time in the centre and was supported in their management role by an assistant director of nursing and four clinical nurse managers. Other staff members included nurses, healthcare assistants, activity coordinators, catering, household, maintenance and administration staff.

There were management systems in place to monitor the quality and safety of the service provided to residents. This included a schedule of audits, regular meetings including governance meetings, clinical management meetings, staff meetings and housekeeping meetings. An annual review of the quality and safety of care delivered to residents in 2024 was in the process of being completed.

On the days of inspection, there was a sufficient number and skill-mix of staff on duty to attend to the needs of residents, when considering the size and layout of the building. The person in charge confirmed that staffing levels were kept under review and were informed through monitoring of residents' dependency needs and occupancy levels. There was a night-time clinical nurse manager on the evening of the inspection who provided oversight and management presence at night for all four units. A sample of staff files were reviewed and Garda vetting was in place for all staff members.

The provider maintained a comprehensive training matrix to maintain oversight of staff training in the centre. The inspectors examined staff training records, which confirmed that most staff had up-to-date training to support them in their respective roles. While there were gaps noted in fire safety and infection prevention control training there was a schedule in place to provide training on an ongoing basis to address these. Induction training was in place and staff spoken with were knowledgeable regarding their roles.

Incidents were recorded electronically and there was oversight of these by the person in charge. Inspectors found that two incidents had not been notified to the Chief Inspector, as per regulatory requirements.

The centre had a comprehensive complaints policy which outlined the process of raising a complaint. However, the procedure on display around the centre did not contain information on the time lines in which the complaint would be responded to. This was addressed by the provider before the end of the inspection. In addition, complaints were not always recorded in line with regulatory requirements, which is discussed further under Regulation 34: Complaints procedure.

The registered provider had ensured there were policies and procedures in place to guide staff in their practice. Inspectors found that these policies were not fully adhered to in relation to the management of residents' belongings and finances and the management of complaints as outlined under the relevant regulation.

A detailed and up-to-date statement of purpose was available to staff, residents and relatives and contained the required information.

Regulation 15: Staffing

On the day of inspection, the number and skill-mix of residents was appropriate to meet the needs of the residents living in the centre. There was a minimum of four nurses rostered 24 hours a day.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory training provided to staff was up-to-date and there was a training plan in place for further refresher training to ensure that staff maintained sufficient knowledge for their roles.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored required strengthening in some areas, for example;

- Oversight of the complaints procedure required improvement to ensure complaints were appropriately responded to.
- The provider's policies and procedures were not always adhered in particular the complaints procedure and the management of residents' accounts and property including pension management.
- There were incidents that required notification to the Office of the Chief Inspector that had not been identified by the provider's own systems.
- The registered provider did not ensure that all areas of the designated centre were used in accordance with their registered function and the statement of purpose. Restriction of access to the dining room for residents and subsequent impact on residents' rights was not identified by the provider's own systems.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A detailed and up-to-date statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

Incident management and incidents records were maintained in the centre. Two specified incidents relating to the care of residents as set out in the regulation as requiring notification to the Chief Inspector, had not been submitted.

Judgment: Not compliant

Regulation 34: Complaints procedure

- A sample of complaints reviewed also found that the complainant was not always signposted to the Office of the Ombudsman as required and as outlined in provider's complaints policy.
- 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 was not always provided to the complainant.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Not all policies were informing practice.

- While there were policies and procedures in place for the management of residents' finances and accounts, these policies were not consistently implemented in practice. For example, where the provider was acting as the pension agent, the residents' monthly fees were transferred from the account to pay their fees in the absence of a written agreement in place between the resident and the centre regarding the management of the account and funds. This practice was not in line with their local policy and required review.
- The complaints policy outlined a standard response that was required from the complaints officer in responding to complaints and referenced the Office of the Ombudsman. However, this was not always included in practice in the sample of complaints that was reviewed by the inspectors.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found that the residents of Loughshinny Residential Home were receiving a good standard of care. This care was seen to support and promote residents to enjoy a good quality of life. However, improvement was required under Regulation 9: Residents Rights.

The centre was built in 2019 and was well-maintained, clean and suitably decorated. The premises was designed and laid out to meet the needs of the residents, and had sufficient communal space, however as detailed under the first section of the report, not all designated communal spaces were available at all times or used regularly by the residents.

Residents' care plans provided evidence that a comprehensive assessment had been carried out for each resident prior to admission and informed the development of a relevant plan of care for each person's identified needs. Residents' health care needs were well met. There was evidence of appropriate referral to and review by health and social care professionals where required, for example, dietitian and tissue viability nurse. Evidence of appropriate referral and review was documented in the residents' care plans, with the advice incorporated into the care plan and shown to be implemented in daily care.

Overall, residents' right to privacy and dignity were respected. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents meeting minutes, satisfaction surveys, and from speaking with residents on the day.

Activities took place in the designated centre and there was a schedule of activities on display. However, throughout the days of the inspection, residents seen sitting in the corridor were not offered one-to-one activities, or alternatives to the group activity that was organised by the activity staff, despite staff present in their vicinity. Activity staff were on site 9 am- 5 pm Monday to Friday, which meant there were no regular organised activities in the evenings or at the weekend, unless facilitated by the health care staff. Inspectors also found that the dining room on the first floor was closed at night time and access was restricted to residents during this time as further discussed under Regulation 9: Residents rights.

Inspectors reviewed a sample of safeguarding incidents and saw that these were appropriately investigated with measures put in place to mitigate further risks to residents. However, one allegation of abuse received via the complaints process despite being adequately investigated had not been recognised as a safeguarding concern and therefore not reported to the Office of the Chief Inspector as discussed under Regulation 31: Notification of incidents.

Regulation 17: Premises

Overall, the premises was designed and laid out to meet the needs of residents, of sound construction and kept in a good state of repair externally and internally, and clean and suitably decorated

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had a comprehensive pre-admission and care plans were developed within 48hrs. These care plans reflected the residents' needs, were updated regularly and were familiar to staff.

Inspectors reviewed a sample of care plans on each unit and found that appropriate assessment tools were used to inform care, specifically in the areas of wound care, nutrition, safeguarding, falls and restrictive practices. These plans were implemented in practice, and staff spoken with on each unit were knowledgeable about the residents' needs.

Judgment: Compliant

Regulation 6: Health care

Residents were seen to be appropriately referred to and reviewed by allied health professionals. Their advice was reflected in the residents' care plans and was seen to be implemented in daily practice. Residents had access to a general practitioner (GP) who visited twice a week to review residents as required. A physiotherapist was on-site two days a week to assess and review residents' mobility as required.

Judgment: Compliant

Regulation 8: Protection

Staff who spoke with the inspectors were knowledgeable of different kinds of abuse. There were systems in place to safeguard vulnerable adults from abuse. For example, a sample of staff records indicated that staff had appropriate vetting completed by An Garda Síochána prior to the commencement of work in the centre The provider was acting as a pension agent for five residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements were required to ensure residents' rights were being fully upheld in the centre. For example;

- The availability of one-to-one activities required review to ensure all residents were consistently provided with opportunities to participate in activities in accordance with their interests and capacities.
- The restricted use of the communal area between 8pm and 7.30am did not facilitate residents rights to choice in how to use and access the environment.
- Some residents were observed sitting in corridors with no meaningful interaction or stimulation, despite the availability of multi-purpose rooms and staff supervising.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Loughshinny Residential Home OSV-0006616

Inspection ID: MON-0043904

Date of inspection: 16/01/2025

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 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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Person in Charge (PIC) at Loughshinny Residential Home carries out ther duties in compliance with relevant legislation, regulations, national policies, and standards, ensuring the protection, health, and wellbeing of each resident. The home has a clear and effective management and governance structure with well-defined lines of accountability for all roles and responsibilities. Management systems are in place to ensure the service provided is safe, appropriate, consistent, and effectively monitored. Since July 2024, an analysis of all general incidents has been implemented, and these incidents are reported weekly on the Weekly Management Report and discussed at the monthly Operations and Senior Management Team meetings. While the Home has and will continue to have an open culture of reporting all incidents, the Person in charge will ensure that all notifiable incidents are reported in accordance with Schedule 4 of the regulations.

The Complaints Statement on display throughout the Home was updated on the day of inspection on 16th January 2025 to ensure that the times frames for responding to Complaints and the Appeals Time frame was included. The Register Provide Representative and the Person Participating in Management will ensure that all complaints are appropriately responded to as per policy.

The registered provider will ensure that all areas of the designated centre are used in accordance with their registered function and the statement of purpose. As discussed with the inspector the restriction of access to the dining room for residents and subsequent impact on residents' rights was not a common practice in the Home. However, to further enhance the rights of the residents we have installed door openers on all communal doors on 29th January 2025 to ensure residents' access to the likes of the dining room is maintained at all the times.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The Registered Provider and the Person in Charge are aware of their responsibilities to report all incidents to the Authority as outlined in Schedule 4 of the Regulations.
The PIC will ensure that all future notifications are submitted promptly and in accordance with Schedule 4. In the absence of the PIC, Loughshinny Residential Home has contingency plans to ensure notifications are submitted on time. Both the Assistant Director of Nursing (ADON) and the Person Participating in Management (PPIM) have the required access and expertise to manage and complete notifications as needed.
Loughshinny Residential Home maintains strong clinical governance structures, and PIC provides regular reports to the PPIMs on a weekly and monthly basis. These reports include a record of all the incidents and notifications submitted.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Loughshinny Residential Home has a Complaints Policy in place in accordance with HSE Complaints Management Framework and Regulation 34. The Director of Nursing will ensure that all the complaints are dealt with according to this Policy. The Homes Complaints Log has been updated to include all the necessary information related to the management of complaint following the receipt, such as: verbal or written, acknowledged, investigated, meetings held, the provision of a written response informing the complainant whether their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process. appeals process and Ombudsman details are now included to the Complaints log. The Register Provide Representative and the Person Participating in Management will ensure that all complaints are appropriately responded to as per policy.

The Complaints Statement on display throughout the Home was updated on the day of inspection on 16th January 2025 to ensure that the times frames for responding to Complaints and the Appeals Time frame was included.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
All the Loughsinny Policies have been reviewed updated during 2024. Following the inspection the management of residents' finances and accounts policy is under review by the Senior Management Team and once updated it will be rolled out in the Home with all relevant staff provided with training on the chances made. This will be completed by the 31/03/25.
The Register Provide Representative and the Person Participating in Management will ensure that all complaints are appropriately responded to as per policy.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
In Loughshinny, there are two dedicated activity coordinators who provide one-to-one activities on a daily basis for residents who are bedbound or prefer to remain in their bedrooms. A weekly and monthly activity planner is in place, which is communicated to residents and prominently displayed on the Residents' Notice Boards across all units and in the Activities Room. Residents' participation in these activities is documented in their individual activity care plans, which are tailored to their preferences. It is acknowledged that not all residents prefer group activities, with some opting for more solitary engagement.

Door closers have been installed in all communal areas, ensuring residents have access to this space at all times. Each resident's care plan is regularly updated to reflect their personal preferences and needs, including a clear strategy for ongoing engagement. In addition, Residents Satisfaction Survey is completed twice a year and regular residents' meetings with the Director of Nursing are carried out to allow residents to express their wishes regarding the types of activities and interactions they find most meaningful, ensuring their input is integral to the decision-making process.
A recent review of the multi-purpose rooms was conducted to assess their optimal use and to ensure that activities and programs are scheduled to encourage meaningful interaction. Resident preferences regarding the spaces they wish to spend time in are always considered. Additionally, the Centre has recently enhanced the aesthetic of the community spaces and day rooms by replacing the previous plain blank walls with nature-themed paintings. This change aims to create a more stimulating and engaging environment for residents

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 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.	Substantially Compliant	Yellow	28/02/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	17/01/2025
Regulation 34(2)(c)	The registered provider shall ensure that the	Substantially Compliant	Yellow	17/01/2025

	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.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/03/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/03/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/01/2025