



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

Issued by the Chief Inspector

Name of designated centre:	Kildalton
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	04 June 2025
Centre ID:	OSV-0007229
Fieldwork ID:	MON-0038032

About the designated centre

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

Kildalton is a centre run by the Health Service Executive located close to a town in Co. Sligo. The centre provides residential care for up to five male and female residents, who are over the age of 18 years and who present with an intellectual disability. The service can also provide care to residents with specific health care and mobility needs. The centre comprises of one bungalow dwelling which provides resident with their own bedroom, some en-suite facilities, bathrooms, shared communal rooms and large accessible garden space. Staff are on duty both day and night to support the residents who live here. A waking night-time arrangement is in place in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 4 June 2025	15:40hrs to 19:00hrs	Angela McCormack	Lead
Thursday 5 June 2025	10:30hrs to 14:00hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, this inspection found that residents living in Kildalton were provided with a person-centred service where their choices and rights were respected.

This inspection was an announced inspection and was completed to monitor compliance with the regulations. This inspection also formed part of the monitoring to inform the renewal of the registration of the designated centre. The inspection was completed over two half days, one evening and the following morning. As part of the inspection announcement, an easy-to-read information leaflet called 'Nice to Meet you' was provided. This document included the name of the inspector and the purpose of the visit. Questionnaires were also provided to seek the views of residents. These questionnaires were completed by all five residents and one family member. The feedback given in these questionnaires were reviewed as part of the inspection. Overall, feedback was very positive about the service.

Kildalton comprised a detached bungalow that was located in a rural area outside a small town. There were five residents living in the house. Some residents had lived together for many years, including when they lived in a congregated setting prior to moving to Kildalton. The inspector got the opportunity to meet and spend time with all five residents throughout the inspection. In addition, the inspector spoke with three staff members and observed interactions between staff members and residents.

On arrival on the first day the inspector was greeted by two residents who were in the sitting-room with staff members. There was a friendly and warm atmosphere in the house. Caring and respectful communications were observed between residents and staff members. It was clear from observations that residents got on well together, had respect for each other and had strong friendships. Staff were seen to support residents with dignity and respect.

Residents told the inspector about their individual plans to go on holidays to another county. This was planned for the coming weekend. Residents appeared excited about this. They spoke about the plans they made, items they would pack and what staff member was supporting them. One resident spoke about getting their bedroom decorated while they were away. They described the colours and furnishings that they chose. They also spoke about furniture that they planned to buy. It was clear from talking with residents that they had the autonomy to make choices in their lives and that they were consulted about their care and support. During the evening another resident returned from a night away that they had been on with a staff member. They briefly spoke about what they did while away, and showed items that they purchased. Two other residents were attending an external day service and they were met with during the evening at a time that suited them.

Residents told the inspector that they were happy living in their home and that they felt safe. Some residents spoke about their friendships with each other.

Observations during the inspection were that residents were happy in the house and got on well with each other. Some residents showed the inspector their photograph albums, which included family members and friends. Residents had good contact with family, friends and members of their religious community. They also received regular visitors to their home. The inspector was informed that an annual 'family day' was planned each Summer in Kildalton. Residents organised this gathering for their family and friends, where they enjoyed food and music together. There was a large canvas hanging in one of the sitting-rooms that had a photograph of residents and their family and friends enjoying a 'family day'.

The house was bright, clean and homely with accessible and well maintained gardens. The communal areas were beautifully decorated with framed pictures, photographs, house plants and table lamps all which helped to create a warm and cosy environment. Residents had their own individual bedrooms that were decorated beautifully and reflected their unique personalities and interests.

Residents were found to be fully involved in making decisions about their care and support. Consultation occurred through residents' annual review meetings and through residents' meetings that were held in the house. Observations were that residents had the autonomy to make decisions in their day-to-day lives as well as make plans for the future. Residents were supported to enjoy a range of leisure and recreational activities including, going shopping, going on hotel breaks, getting their hair done, horse therapy, and attending concerts.

The inspector spoke with three individual staff members during the inspection. Staff members spoke about residents in a caring and respectful manner and it was clear that they were good advocates for all residents. It was evident from talking with staff that they enjoyed their work, cared about residents and knew how to support them with their individual needs.

The questionnaires reviewed gave positive feedback about the centre and the care and support provided. Feedback received indicated satisfaction with choices offered, activities, food and staff. Some comments from residents included, 'I like the food here and coffee', 'I love my home where I live with my friends', 'I love my own bedroom where I keep my teddies', 'I love when my friends come to see me' and 'I love horse-riding and going to concerts'. Feedback from a family representative indicated their satisfaction with how their family member was supported and about how they are consulted with decisions. They also said 'we especially love the family days' and 'it's often the highlight of the year for families'. Feedback from one questionnaire felt that staffing levels could be increased.

Overall, the service was found to provide safe, person-centred care to residents. Residents appeared relaxed and content in their home, with staff and with each other.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affects the quality and safety of the service provided.

Capacity and capability

This inspection found that there was strong governance and management arrangements in place with effective monitoring systems. The centre was found to be in compliance with the regulations overall. However, areas for improvement were required in the completion of mandatory staff training, and in including consultation with residents as part of the provider's annual review of the quality and safety.

There was a clear governance and management structure in place. This included a person in charge and a person participating in management (PPIM). The staffing levels and skill-mix appeared to meet the needs of residents at this time. Staff members were provided with training to ensure that they had the skills and knowledge to support residents with their needs. The person in charge spoke about reviewing the staffing levels to plan for the future as residents' needs changed.

The systems for the monitoring and oversight of the centre were effective in ensuring that a person-centred and safe service was provided. This included regular auditing of; finances, personal plans, restrictive practices, medication, infection prevention and control (IPC), health and safety and complaints. Complaints were found to be well managed also.

Overall, the centre was found to be well managed and effectively monitored to ensure that the centre met residents' needs.

Registration Regulation 5: Application for registration or renewal of registration

A complete application to renew the registration of the designated centre was completed by the provider and submitted to the Chief Inspector of Social Services within the time frames required.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the centre's current training matrix, where it was found that refresher training in behaviour management was required by six staff members. Training dates were allocated post inspection and this was due to be completed by December 2025. This required completion to ensure that all staff had all of the mandatory training required to work in the centre.

Notwithstanding this, there was good oversight for ensuring that staff training needs were reviewed and that site specific training was offered to staff to support residents' changing needs. Staff were found to be supervised and supported through annual supervision meetings. A sample of three meetings held with individual staff were reviewed by the inspector and showed that the meetings were occurring in line with the provider's policy.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider ensured that there was insurance in place for the centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were good systems in place for the management and monitoring of the centre, However, one area for improvement was required as follows;

- The inspector found that consultation with residents was not included as part of the provider's annual review of the quality and safety of care in the centre. This was required under the regulations and would ensure that residents' feedback and views on the centre would be used to drive quality improvement.

There was a clear governance structure in place. Each employee had clear roles and responsibilities which were also clearly detailed in the provider's policies and procedures. There were good arrangements in place for monitoring and oversight of the centre by the local management team and provider. The monitoring arrangements ensured that changes in need were identified in a timely manner. The management team were found to be responsive to issues that arose. This had a positive impact on residents as they had timely access to appropriate supports, such as multidisciplinary team (MDT) and enhancements to the home, as required.

The inspector reviewed local management and provider audits, team meetings, training records, action plans and care plans. Overall, the systems in place were found to be effective in identifying and addressing actions to improve the care and support provided. Actions from audits were monitored through a quality improvement plan (QIP) which included time frames for actions to be completed. This meant that actions to improve the centre were under ongoing review by the

management team and where actions were overdue or not met by the persons responsible, the QIP highlighted this so that corrective action could be taken.
Judgment: Substantially compliant
Regulation 24: Admissions and contract for the provision of services
The provider ensured that there was a policy and procedure in place that outlined the criteria for admissions to the service. This was available for review by the inspector. The inspector reviewed three residents' contracts of care. These were found to include information about the fees charged. The contracts of care were signed as agreed between residents, and or their representatives, and the provider. They were available to residents in an easy-to-read document.
Judgment: Compliant
Regulation 3: Statement of purpose
The provider ensured that there was an up-to-date statement of purpose in place that included all the information required under Schedule 1 of the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge ensured that all information that was required to be notified to the Chief Inspector was submitted as required in the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
The inspector reviewed the provider's policies and procedures for the management of complaints. There was a nominated person to investigate complaints, whose details were clearly displayed in the centre. Records of compliments and complaints were kept in the centre. The inspector reviewed these records since January 2025,

where it was found that there was one complaint and five compliments from family members.

On review of the documentation by the inspector, this complaint was found to be followed up appropriately. There was ongoing and clear communication with the complainant and the issue was resolved to their satisfaction. A post complaint review was completed by the staff team, person in charge and PPIM where learning from the issue was discussed. This demonstrated that the provider took complaints seriously and that complaints and feedback were viewed as opportunities for learning and service improvement.

Judgment: Compliant

Quality and safety

Kildalton was found to provide person-centred care and support to residents. Residents' needs were kept under ongoing review. This meant that changing needs were identified and addressed in a timely manner. This ensured that the service was safe and to a good quality.

Residents were protected through the ongoing review of incidents and through discussions at team and residents' meetings about safeguarding. Residents were regularly consulted with about their lives and feelings of safety. Assessments on the health, personal and social care needs of residents were completed, with personal plans developed to guide safe practice.

Residents had access to various MDT supports and allied healthcare professionals, as required. This supported residents to achieve the best possible health and wellbeing. Staff spoken with appeared knowledgeable about residents' needs and about how best to support them. This knowledge was also observed in practice by the inspector throughout the inspection.

In summary, the care and supports provided to residents living in Kildalton were found to be person-centred, safe and regularly monitored. This helped to ensure that it met residents' individual needs and was to a good quality.

Regulation 10: Communication

The inspector reviewed four residents' communication support plans. These were found to provide clear information on individual residents' communication preferences. They also provided clear guidance to staff on how to support with residents' individual communications. Staff were observed responding to residents' communications in a caring and respectful way. Through the inspector's

observations throughout the inspection, it was clear that staff members knew residents well and were responsive to communications. In addition, residents had access to telephones, mobile phones, televisions, music players, magazines and the Internet in line with their individual preferences.

Judgment: Compliant

Regulation 11: Visits

The provider had a policy and procedure in place for visiting, which was available for review by the inspector. The inspector was told that visitors were welcome to the centre. An annual 'family day' occurred which the inspector was informed was a big celebratory event enjoyed by residents and their families and friends.

In addition, there were suitable facilities and rooms for residents to receive visitors in private if they so wished. A standalone room out the back of the main house was decorated and designed to facilitate extra space for residents to spend time with their visitors. Overall, it was clear from talking to residents that there were no restrictions on visitors to the centre and that they enjoyed receiving visitors.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector found that residents were supported with their general wellbeing and that they had opportunities for personal development. Residents talked with the inspector about their interests and about the activities that they enjoyed. These included; horse therapy, going out for meals, going to concerts, going on shopping trips and going on holidays. Residents spoke about their plans for overnight breaks that were planned for the weekend. In addition, residents had access to an external day service, depending on their preferences. One resident was supported to join a day service for a group session with peers, one day per week. They commenced this the week of inspection.

Within the house, residents had access to a range of leisure and recreational activities that were meaningful to them. For example; listening to favorite music artists on televisions, and access to personal sensory items, writing materials and crafts.

Judgment: Compliant

Regulation 17: Premises

The house was found to be spacious, clean, bright and well maintained. Each resident had their own bedroom that was decorated in line with their individual preferences. Some residents proudly showed the inspector their bedrooms. Residents also had space to store personal belongings securely.

There were ample communal areas for residents to relax and have visitors. The rooms were bright, clean and contained well-maintained, comfortable furniture. Residents had access to individual aids and appliances as required. There were suitable bathroom and laundry facilities to meet the numbers and needs of residents. The kitchen had cooking equipment to enable residents to cook meals and do baking.

The front and back garden areas were accessible, well maintained and included mature shrubs and plants. There was garden furniture in place for residents to sit out and relax if they so wished.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide in place which contained all the information that was required under this regulation.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the provider's policies and procedures for safe medicine administration. One staff member talked through and showed the inspector the medication management arrangements, where it was found that there were good arrangements in place. This included effective arrangements for the ordering, receipt, safe storage, administration of prescribed medication, and the disposal of unused or spoiled medicines. Regular audits were completed of medication arrangements, of which the audits for 2025 were reviewed by the inspector. Two residents' individual assessments on their capacity to self-administer their medicines, were reviewed by the inspector and found to be up to date, with plans for annual reviews to occur.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Three residents' personal plans were reviewed by the inspector. The inspector found that residents had comprehensive assessments completed of their health, personal and social care needs. Care and support plans were in place, and kept under review and updated if changes occurred. This meant that required assessments and supports were identified and provided in a timely manner. Residents had timely access to MDT supports where required to support with their needs.

Annual review meetings occurred to review residents' care and support. The inspector reviewed three residents' review meetings and found that these were attended by residents and their representatives. This meant that residents and families were consulted about care and support. This meant that a collaborative approach was taken to support residents.

In addition, residents were supported to identify personal goals for the future. Through the inspector's review of three care plans, goals identified were found to be kept under review to ensure that they were achieved in a timely manner.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed three residents' personal plans which included support plans for optimising health and wellbeing. Residents were found to be supported to achieve the best possible health. Residents were facilitated to access a range of allied healthcare professionals, including national screening programmes and vaccinations where recommended and agreed by residents.

Residents had access to relevant healthcare information in an easy-to-read format to aid their understanding of various health issues and to support their autonomy in looking after their health. For example, the inspector observed a number of easy-to-read documents that were developed around healthcare issues, including one to aid in the explanation about national screening programmes offered to residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were policies and procedures in place for behaviour support and for restrictive practices which were available and reviewed by the inspector. Two supports plans

for behaviour and stress reduction were reviewed by the inspector. These were found to provide clear guidelines to staff members on how to best support residents. Staff spoken with were found to be knowledgeable about the specific supports that residents required. Support plans were developed with input from MDT. It was evident through the documentation reviewed by the inspector and discussions with staff members, that every effort was made to establish the causes of behaviours such as ruling out possible physical causes of upset.

The centre used a low number of restrictive practices. Any that were in use were for the health and safety of residents and were used as a last resort and in consultation with residents. They had been clearly assessed with protocols that included clear rationales on their use and were available for review by the inspector. In addition, the local management team carried out staff awareness audits on restrictive practices. This demonstrated a clear commitment to ensuring that restrictions would not be used in the centre without consultation, clear rationales and assessment.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the provider's policy and procedure for safeguarding and found that the procedures were followed where there were protection concerns in the centre. The Chief Inspector was informed of four protection concerns that occurred between residents from January to April 2025. These incidents were reviewed by the inspector, where it was found that actions were taken to support all residents involved. It was clear that the causes of incidents were reviewed and that actions were taken to reduce the risk of similar incidents occurring in the future. For example; a review of incidents trended by the person in charge found that the kitchen area could be a noisy and busy environment at certain times that could be a trigger to one resident's stress levels. Changes to the environment occurred as a result and led to a reduction in stress levels experienced by residents and thereby a reduction in incidents.

The training records reviewed by the inspector showed that all staff members completed training in safeguarding vulnerable adults. Safeguarding was also a regular agenda item at both staff meetings and residents' meetings. Residents were supported to learn about how to self-protect through accessible easy-to-read information that was discussed with them. Residents spoken with said that they felt safe, and observations by the inspector during the inspection were that residents were comfortable and relaxed around each other.

In addition, three intimate care plans were reviewed by the inspector, which showed that residents' rights, safety and dignity were promoted through the guidance in the plans.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights based service. Residents were consulted about the running of the centre through regular meetings. It was clear through talking with residents and staff members, that residents were supported to make choices in their lives and that these choices were facilitated. For example, some residents spoke about their love of going on shopping trips and the items they liked to buy, and one resident showed the inspector their wardrobe and new clothes they got recently.

Residents were supported with information to help them make informed choices and to aid in their understanding of various topics. For example, residents had access to information on relevant healthcare related topics. Residents were also provided with information on human rights, complaints, safeguarding, and advocacy services in an easy-to-read format which were in an accessible location. These were discussed with residents at the residents' meetings.

Residents were supported to practice their faith and were valued members of their religious community. In addition, residents' choices about whether they attended a day service and about how they spend their days were respected. Overall, it was clear from communications and observations that residents' choices about how they lived their lives were respected and promoted.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kildalton OSV-0007229

Inspection ID: MON-0038032

Date of inspection: 05/06/2025

Introduction and instruction

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

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>To ensure compliance with Regulation 16: Training and Staff development the following actions have been undertaken;</p> <ul style="list-style-type: none">• The Person in Charge has ensured that all staff are now scheduled for mandatory training inclusive of refresher training in Studio 111, and will ensure that all staff have completed all of the mandatory training requirements to work in this designated centre by July 31st 2025.	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with Regulation 23: Governance and Management the following actions have been undertaken;</p> <ul style="list-style-type: none">• The Registered Provider will ensure that discussion and consultation with all residents is documented clearly in the annual review reports going forward and this has been communicated to staff participating in these visits. (Completed 30/6/2025)• The Registered Provider has actively sought the input of residents and their chosen representatives during the review process, who can be the resident's family representative, communication partner or assisted decision maker. This review process	

ensures that all residents perspectives are considered when assessing the quality of care and identifying areas for improvement (Completed 30/6/2025)

- The person in charge has ensured all easy read documentation is in place to discuss the visits of the registered provider and actions post inspections. (Completed 30/6/2025)

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/07/2025
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/06/2025