



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

Issued by the Chief Inspector

Name of designated centre:	St Mary's Residential Care Centre
Name of provider:	St Mary's Nursing Home Unlimited Company
Address of centre:	Shantalla Road, Galway
Type of inspection:	Unannounced
Date of inspection:	03 September 2025
Centre ID:	OSV-0000726
Fieldwork ID:	MON-0048139

About the designated centre

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

St Mary's Residential Care Centre is a designated centre for Older People. The designated centre is registered to accommodate 62 residents. The accommodation comprised of 60 single and one twin bedroom. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Galway city. Residents have access to an enclosed garden. The service provides care to residents with conditions that affect their physical and psychological function. Resident's dependency needs are regularly assessed to ensure their care needs are met.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
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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 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
Wednesday 3 September 2025	09:35hrs to 17:45hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in St. Mary's Residential Care Centre told the inspector that overall, they received person-centred care and support from a team of staff who were kind and respectful. Residents reported feeling safe in the centre and that staff did their best to safeguard them and uphold their rights.

The inspector arrived unannounced at the centre and was met by the person in charge and assistant director of nursing. A walk-through of the centre was undertaken, during which the inspector observed the premises and care environment, spoke with residents and staff, and observed the interactions taking place between them. Following this, the inspector met with the nurse management team and conducted a brief opening meeting.

Residents were observed engaging in a variety of morning routines. Some were in their bedrooms enjoying breakfast, reading the morning paper, listening to the radio, or watching television. Others were seen walking through the centre and along corridors chatting to staff they met along their way. Residents reported that staff were kind, caring, and attentive to their needs. They described how staff respected their privacy, and their right to choose. Some residents preferred to remain in bed until late in the morning, and staff respected their choice. Staff were seen to ensure that bedroom and bathroom doors were closed before assisting residents with their care needs.

When asked what made them feel safe, some residents reflected on their experiences before moving into the nursing home. They explained that while living at home they had valued a high level of independence, but over time this reduced, and with that reduction came feelings of being unsafe. They described how moving into the nursing home was a significant change, but described how staff went above and beyond to support them in settling in and creating an environment that felt like their home. They described how their independence and privacy were respected in the same way as when they lived at home, and this helped them to feel safe. Other residents explained that they were never made do anything they did not wish to, and are consistently offered choice in their day-to-day life. Residents told the inspector that they continued to enjoy their rights and freedoms, including going out into the community, spending time with family, voting, attending appointments, receiving visitors, and maintaining contact with family and friends. They highlighted that moving into the nursing home had no impact on their rights, which they felt were recognised and upheld by staff.

Residents were supported to pursue interests that involved an element of positive risk-taking. For example, residents were encouraged to go on outings with their family and friends to socialise. Other residents shared that they felt well-informed and fully involved in decisions about their health and social care. They explained that when the doctor visited, the consultation took place in the privacy of their bedroom, where the doctor carried out their assessment and clearly explained the

proposed plan of care, including any medication that may be required. Residents described how their right to make choices about their care and treatment was respected, including the option to refuse certain interventions, which they felt upheld their dignity, autonomy and rights.

Residents expressed a high level of satisfaction with regard to the quality and quantity of food they received, and confirmed the availability of snacks and drinks at their request. Meals were served to residents in the main dining room, and were attractively presented. Some residents attended the dining rooms while others chose to have their meals in their bedrooms. Staff were available to provide discreet assistance and support to residents.

There were a variety of formal and informal methods of communication between the management team. It was clearly evident that the management team knew residents and their relatives well. Residents were consulted through opportunistic chats and formal residents' meetings. It was evident that residents were consulted about their care, such as where they would like to spend their time, the quality of food and activities. This ensured that residents' rights were upheld, such as having the right to freedom of expression, the right to complain, to hold opinions and to receive and impart information and ideas, particularly regarding the organisation of the service.

Residents expressed satisfaction with the care they received. They described their bedrooms as their own personal space, which they were encouraged to personalise. Each room had adequate storage for personal belongings, television and call bell facilities. Some residents had personalised their bedrooms with items to create a more homely and comfortable environment.

The premises was well-maintained, appropriately decorated, well-lit, and warm for residents. Corridors were wide and spacious. There were appropriately placed hand rails to support residents to walk independently around the centre. There was a large enclosed garden accessible to residents. The garden area was appropriately furnished and maintained to a satisfactory standard.

Residents told the inspector that they looked forward to activities as they were the most enjoyable part of their day. Residents told the inspector about the variety of activities they could choose to attend. This included arts and crafts, knitting, bingo, and music activities.

Overall, the inspector found that residents in St. Mary's Residential Care Centre received good quality health and social care from a team of staff that were committed to supporting residents to have a good quality of life, uphold their rights, and safeguard and protect them from the risk of abuse.

The following sections of this report detail the findings with regard to the capacity and capability of the provider and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This was an unannounced inspection which focused on adult safeguarding and reviewed the arrangements the provider had in place to safeguard and protect residents from all forms of abuse and promote their human rights.

The findings of this inspection were that the provider had established effective systems and processes, underpinned by policies and procedures, to ensure residents were safeguarded and protected from abuse and their human rights promoted. However, this inspection found that some aspects of the management systems intended to protect residents and provide effective oversight of the service were not consistently implemented. This included an incident management system and a system of communication to ensure staff had the required information about residents to deliver person-centred and safe care.

St. Mary's Nursing Home Unlimited Company is the registered provider of this designated centre. The company has three directors who are involved in the operation of a number of other designated centres for older persons throughout the country. The organisational structure remained unchanged since the previous inspection in October 2024 which included a representative of the company directors and a clinical operations manager, both of whom provided governance oversight of the service. Within the centre, the nursing management team consisted of the person in charge, supported by an assistant director of nursing. To support the supervision of the quality of the service, the provider was in the process of recruiting a clinical nurse manager to further strengthen the nursing management structure.

Within the centre, lines of accountability and responsibility were clearly defined. The person in charge and assistant director of nursing had day-to-day responsibility for safeguarding, with clear reporting structures in place. Incidents of safeguarding concerns were escalated to the provider representative and clinical operations director. This ensured that the provider maintained effective oversight of the centre to ensure that all safeguarding issues were being appropriately managed to protect residents.

An annual review of the quality and safety of the service had been carried out for 2024 in consultation with the residents. The review covered all aspects of service delivery, with a particular focus on safeguarding, including staff recruitment and vetting practices, training, and the management of incidents. Where necessary, quality improvement action plans were in place for 2025.

The provider had established management systems in place to ensure ongoing monitoring and oversight of safeguarding processes within the centre. A risk register was maintained to identify, monitor and manage risks, with controls in place to manage risks such as the potential risk of abuse of residents, the use of restraint, and managing responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social

or physical environment).

The provider had an audit schedule covering multiple aspects of safeguarding, including safeguarding of vulnerable people, restrictive practices, psychotropic medication and managing responsive behaviours. Each audit assessed compliance with the centre's safeguarding and protection procedures. In addition, audits assessed staff awareness of their role in recognising, responding to and reporting suspected incidents of abuse.

The centre had an incident management system in place where all incidents were recorded. This system facilitated the recording, investigation, and review of incidents, including the identification of outcomes and learning. The provider maintained oversight of this process, and safeguarding incidents were also documented within the system. However, the inspector identified a potential safeguarding incident that had not been appropriately documented or managed in accordance with the safeguarding policy and procedures. This resulted in missed opportunities for learning, improvement, and for putting safeguards in place to prevent the risk of recurrence and impact on residents. A subsequent safeguarding incident did receive appropriate action and was managed in accordance with safeguarding requirements.

Communication systems were in place to promote residents' safety and the quality of care provided. Staff meetings were held to discuss operational matters relating to the care of residents, as well as health and safety issues, and clinical governance meetings also took place. However, a review of meeting records did not evidence that safeguarding was a standing agenda item or routinely discussed with staff. While staff referred to structured handovers and documents outlining resident's individual needs, they confirmed that safeguarding was generally only discussed in response to specific incidents, rather than as part of ongoing practice development.

Staff were supported and facilitated to attend training relevant to their role such as safeguarding vulnerable people, restrictive practices, and supporting residents with complex behaviours including positive behavioural support. Staff were generally knowledgeable about restrictive practices, the management of restraints, and the actions they would take if they had a safeguarding concern. While safeguarding training included a component in relation to the principles that underpin a human rights-based approach to care, staff did not demonstrate an appropriate awareness of this aspect of their training and the provider had not assessed the effectiveness of the training provided.

There were arrangements in place to support staff in their professional development. An ongoing system of staff appraisals was used to assess staff performance across a range of competencies. Where staff required additional support in particular areas, or where gaps in knowledge were identified, agreed action plans were put in place. These were addressed through structured supervision and training support.

The inspectors reviewed a sample of staff personnel files to ensure the provider's recruitment practices safeguarded residents from potential abuse. Records

contained the necessary information, as required by Schedule 2 of the regulations, including Garda Síochána (police) vetting disclosures, documentary evidence of relevant qualifications, required references and current registration details.

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the identified needs of residents while maintaining their safety and promoting their rights. Residents were appropriately supervised at all times and support to exercise choice in how they spend their day. Residents were provided with kind, considerate, and timely assistance in a respectful and unhurried manner.

The provider had ensured that staff personnel files contained all the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff did not demonstrate an appropriate awareness of their training in relation to a human rights-based approach to care, particularly regarding the principles of fairness, respect, equality, dignity, and autonomy and how these could be implemented in daily practice.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider's oversight and management systems to identify, manage and respond to risk and ensure residents' safety were not fully effective. For example;

- Not all potential safeguarding incidents were reported, documented and investigated in line the centre's policies and procedure. This impacted on the timely implementation of effective safeguards to protect residents.
- The system in place to communicate information about residents individual care needs was not fully effective. Some staff were unaware of residents specific communication requirements, which had the potential to impact on residents ability to exercise their rights.
- The system for managing residents finances was not fully implemented. Statements detailing residents financial status and the funds held for safekeeping in the centre were not issued to the residents or their nominated

representatives on a quarterly basis, as required by the provider's policy on the management of residents' personal property and finances.

Judgment: Substantially compliant

Quality and safety

Overall, staff ensured that residents received care and support in line with their assessed needs and care plans. Residents felt safe in the centre and were satisfied with the care they received, including health and social care. However, in the case of some residents, staff were not fully aware of their individual communication needs.

The registered provider had arrangements in place to ensure residents who experienced communications difficulties were appropriately assessed, and their communication needs were outlined in their individual care plans. However, some staff were not fully aware of some residents specific communication needs. As a result, staff did not always recognise the extent of certain residents' communication deficits, which had the potential to impact on the residents ability to fully exercise their rights and participate in decisions about their care.

The provider had made arrangements to meet the safeguarding needs of each resident as identified through their assessments and personal care plans. A sample of residents individual assessments and care plan were reviewed and found to be person-centred, rights-based and developed in consultation with the residents. The health of residents was promoted through ongoing medical reviews and access to a range of external community and outpatient-based health care providers, including physiotherapists, occupational therapists, dietitian services, and palliative care services. The recommendations of these health care providers were seen to be documented in the residents' care plans. Care plans demonstrated that residents were supported to make choices and preferences about their care including positive-risk taking. However, care plans were not always reviewed and updated in a timely manner following a change in a resident's safeguarding needs.

There were care plans in place for residents who experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The care plans were person-centred and provided guidance to staff on how to support the residents to manage their responsive behaviours. There were effective arrangements in place to record, review and analyse incidents of responsive behaviours, identify antecedents and triggers to inform behaviour-support plans and to enable residents to manage their behaviours safely in a person-centred way.

There were systems in place to safeguard residents from abuse. All staff had An Garda Síochána (police) vetting disclosures on file. Staff had completed safeguarding training. Staff spoken with were clear about their role in protecting

residents from abuse. The records reviewed showed that most incidents and allegations of abuse had been investigated in accordance with the provider's policy. The provider did not act as a pension agent for any residents but did hold money belonging to residents in safekeeping.

Residents were provided with recreational opportunities, including games, music therapy, exercise, bingo, and art. Arrangements were in place for consulting with residents in relation to the day-to-day operation of the centre. Resident feedback was sought in areas such as activities, meals, and mealtimes, and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre. Residents had access to local and national newspapers, televisions, and radios.

Regulation 10: Communication difficulties

Residents who had communication difficulties were not always facilitated to communicate freely in accordance with their assessed needs. For example;

- There was no alternative means of communication in place to support a resident with hearing impairment in the absence of their hearing aids.
- A resident who relied on picture communication cards to express their needs did not have their communication aids within close proximity to them which limited their ability to communicate effectively or raise concerns they may have. In addition, staff were not aware of this requirement, or the residents individual communication needs.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A resident's care plan had not been updated to reflect changes in their complex behaviour and supervision needs following an incident. As a result, the care plan did not reflect the necessary safeguards required to protect both the resident and others. Following a subsequent incident, the care plan was reviewed and updated to include the necessary interventions and to provide clear guidance to staff on the actions required to safeguard and protect the resident and others.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff demonstrated up-to-date knowledge in relation to recognising and supporting residents to manage behaviours that may be challenging. Staff supported residents in ways that upheld their individuality, promoted choice, and ensured that support and engagement with residents were respectful.

Records reviewed showed evidence of positive risk-taking within the centre. For example, residents were actively consulted about decisions relating to their mobility and safety needs, particularly in relation to interventions designed to reduce falls or injury. Residents agreed to measures that they felt were reasonable, while emphasising that their independence remained central and was not diminished by supports put in place.

While a number of restrictive practices were in use in the centre, they were applied only when necessary, in line with policies and procedures, and informed by comprehensive risk assessments. Their application was subject to ongoing oversight by the management team to confirm that any use remained appropriate, proportionate to the risk, and protected residents wellbeing.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents and protect them from the risk of abuse. These arrangements were supported by policies and procedures that guided staff practices and outlined the organisations response to safeguarding concerns.

All staff had completed safeguarding training and demonstrated an awareness of their role in protecting residents from the risk of abuse. Residents reported that they felt safe living in the centre, highlighting the supportive and respectful manager in which staff engaged with them.

The provider had procedures in place to support residents in the management of their personal finances. However, some aspects of this system were not consistently implemented, and this is discussed further under Regulation 23, Governance and management.

Judgment: Compliant

Regulation 9: Residents' rights

The centre promoted a culture where a human rights-based approach to care was central to how residents were supported. It was evident from the care provided and

the daily interactions between staff and residents that principles of fairness, respect, equality, dignity and autonomy were actively applied in practice. The inspector spoke with residents in detail, who described how the service upheld these principles for them.

Residents were safeguarded not only from the risk of abuse, but also through the active protection of their rights. Where individual vulnerabilities or risks were identified, these were recognised and appropriate safeguards were implemented to protect residents from harm. In the majority of cases, this process was undertaken in consultation with residents themselves, with agreed plans of care developed to support their safety and wellbeing.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents were supported to exercise their individual preferences, ensuring that their right to choice and autonomy was respected and maintained. This included their choice in relation to the time they chose to get up or go to bed, whether they preferred to spend time alone in their bedroom or engage in communal area, and how they expressed their personal style and appearance.

There were facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Staff demonstrated and understood their role and responsibilities regarding socialisation and engagement with residents.

Residents had access to religious services and to independent advocacy services

Radios, newspapers, and magazines were available to residents. Residents' privacy and dignity were respected.

Residents has the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents meetings and taking part in resident surveys.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Mary's Residential Care Centre OSV-0000726

Inspection ID: MON-0048139

Date of inspection: 03/09/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Refresher training, which includes the FREDA principles, has been arranged for staff. The content of the training material will be reviewed, and future safeguarding training will be delivered in such a way that staff can apply the training to our Centre.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The CEO, Clinical Operations Manager and PIC have reviewed HIQA's Notification Guidance. This incident should have been logged as a potential safeguarding incident and dealt with as per policy. The first incident was not recorded on the incident management system but was recorded on our behaviour log, reviewed by DON and ADON, recording of this review and outcome should of being clearer, any future safeguarding incidents will be clearly communicated to the nursing team and the HCA team and all will be made aware of the safeguarding plan. Care plans are available to nurses and HCAs to inform care practices. All HCA's have now been shown how to access residents care plans on the electronic record system and a record kept of same. We will focus on developing a culture whereby	

<p>care plans are up to date and inform our care for nurses and HCA's. Care plan training is planned for our nursing team and will be delivered by the ADON.</p> <p>The implementation of our Management of Residents Personal Property Finances and Possessions Policy has been reviewed and staff updated on the Policy as necessary. We have also audited the residents' "pocket money" to ensure that it is being recorded and details given to residents or their nominated representatives as per our Policy.</p>	
Regulation 10: Communication difficulties	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties:</p> <p>Communication aids that are used for residents are clearly communicated to staff to ensure that they are used throughout the day and that they follow the resident during their day, during nursing handovers emphasis will be placed on the importance of communication aids that residents use to all HCA's</p> <p>Staff have been made aware that care plans contain details of residents' individual communication needs and that they should use these to guide them in communicating with residents.</p> <p>Communication aids are available to all residents that require them.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All care plans will be reviewed post-incident by the DON or ADON to ensure that all necessary interventions are made and that clear guidance is given to staff for residents' healthcare and support needs.</p>	

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 10(1)	The registered provider shall ensure that a resident, who has communication difficulties is facilitated to communicate freely in accordance with the residents' needs and ability.	Substantially Compliant	Yellow	31/10/2025
Regulation 10(3)	The person in charge shall ensure that staff are informed of any specialist needs referred to in paragraph (2).	Substantially Compliant	Yellow	31/10/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	31/10/2025

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/10/2025