



**Health
Information
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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:	Kenmare Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	06 September 2023
Centre ID:	OSV-0000753
Fieldwork ID:	MON-0037196

About the designated centre

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

Kenmare Community Nursing Unit is located on the outskirts of the town of Kenmare. It is registered to accommodate a maximum of 35 residents. It is a two-storey building with lift and stairs access to the upstairs accommodation. It is set out in two units: Sheen House located on the ground floor with 19 residents; Roughy House can accommodate 16 residents on the first floor. Residents' accommodation comprises 31 single and two twin bedrooms with en suite shower and toilet facilities. The palliative care family room is adjacent to the palliative care suite bedroom; the family room has a comfortable seating, kitchenette and en suite shower and toilet facilities. Additional assisted bath and toilet facilities are located throughout. Each unit has a dining room, sitting room and quiet rooms for residents to enjoy. Additional seating areas are located in the large foyer and along corridors for residents to rest and look out at the mountains, garden and courtyards. The enclosed gardens and courtyards both upstairs and on the ground floor provide secure walkways, seating and shrubbery for residents leisure and enjoyment. Other resident facilities include a prayer room for quiet reflection, visitors room, physiotherapy gym, occupational therapy room, and hair dressers salon. The community physiotherapist, monthly surgical outreach clinic from University Hospital Kerry, mental health day services are accommodated on site and residents have access to these facilities. The service provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence, respite and palliative care is provided, mainly to older adults.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 September 2023	09:30hrs to 17:00hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents living in Kenmare Community Nursing Unit were provided with a good standard of care from kind and competent staff. The inspector met with many of the 25 residents, living in the centre, on the day of inspection and spoke with six residents in more detail. Residents who spoke with the inspector were full of praise for staff working in the centre and gave very positive feedback on the quality of food provided to them. Residents told the inspector that they felt safe.

The inspector arrived unannounced to the centre and following an initial meeting, the person in charge accompanied the inspector on a walk around of the centre. The inspector saw that the reception area was bright with ample comfortable seating areas. It was decorated with beautiful scenic paintings of the Kenmare country side, created by a local artist, which gave the centre a homely feel. A prayer room was located in the reception and provided a restful space for residents to use. The reception area was staffed with a receptionist who greeted residents as they arrived to the centre. The centre was clean, bright and warm throughout. The inspector saw that some residents were up and ready for the day ahead while others were being assisted with personal care by staff. The inspector saw that residents were dressed in accordance with their own style and preferences.

Kenmare Community Nursing Unit is a purpose built centre on the outskirts of Kenmare town. The centre is set out in two different units, Sheen House on the ground floor and Roughty House on the first floor. The centre is registered to accommodate 35 residents. At the time of inspection, the inspector was informed that 28 beds were currently operational with 19 beds in use downstairs in Sheen House and nine (of 16 beds) upstairs open in Roughty House. On the day of inspection, there were 18 residents downstairs and seven residents accommodated upstairs. Residents' bedroom accommodation comprised 30 single rooms, two two-bedded rooms and one palliative care suite. All bedrooms had ensuite shower and toilet facilities. The palliative care suite had adjoining living room space that included, showering facilities, seating, sleeping facilities and a kitchenette for family and visitors' use. This room was unoccupied on the day of inspection. The shared rooms had large movable privacy screens in place to ensure privacy and dignity for residents who may be sharing. However, the inspector saw that when the privacy screen around one of the beds in an occupied shared room was opened out, it was broken and couldn't completely surround the bedspace to ensure the resident had privacy. The person in charge agreed to ensure that this was reported to maintenance.

The corridors were sufficiently wide to accommodate walking aids and wheelchairs; handrails were readily available for residents' use. The inspector saw that residents' bedrooms were homely and personalised with family pictures, ornaments and in some rooms, furniture from residents' own homes. A number of residents told the inspector they loved their rooms and that they could access the courtyard gardens

from their rooms when the weather was suitable. Due to the split level design of the centre, residents on both floors had access to well-maintained outdoor spaces, with great views of the local country side and mountains. The centre also had murals depicting local scenes which had been repainted and changed since the previous inspection.

There was plenty communal spaces that included a dining room, sitting room, quiet room and activities room on each floor. The inspector saw there were quiet areas with tables and seating where residents could relax and enjoy a cup of tea. The sitting rooms were well decorated with muted colours and soft furnishings and plants. Electric fireplaces gave the rooms a homely feel. The ground floor sitting room had book shelves and large smart TVs for residents use. The inspector saw that this room had been recently fitted with patio doors that could open out to the front garden in the centre. The inspector was informed that plans were underway to ensure that the front garden was enclosed so that once completed it would increase the outdoor space for residents living in the centre.

The dining rooms were decorated with furnishings such as old style dressers which gave the centre a homely feel. The inspector observed the lunch time meal and saw that the dining experience on both floors had improved since the previous inspection with many of the residents choosing to eat together and chat with staff and each other during the meal. Residents could also choose to eat in their bedrooms if they wished. The inspector saw that residents were offered a choice of main course at lunch time and both normal textured diets and modified textured diets appeared appetising and wholesome. The inspector saw that residents' likes and dislikes were displayed in the kitchen and the chef was very familiar with residents' preferences and worked to ensure residents' choices were facilitated. Homemade desserts were cooked and served to residents each day in the centre and residents spoke very highly of the choices and quality of food available to them. The inspector saw that meal times were now protected and medications were not administered during the meal. The inspector saw that there were sufficient staff to assist residents who required it with their meals and this assistance was provided in a respectful and dignified manner.

On the day of the inspection, the inspector observed staff engaging in kind and positive interactions with the residents. Staff who spoke with the inspector were knowledgeable about the residents and their needs. Visitors were seen coming and going throughout the day of the inspection. Visitors who spoke with the inspector spoke highly of the nursing and care staff and of the care provided to their relatives living in the centre.

A member of the care team was assigned each day to support residents with one-one and group activities. Available activities included chair exercises, newspaper readings and music and singing. The return of the school term meant the return of transition year students visits with the therapy dogs from the local community school which was welcomed by residents. A local volunteer also assisted with activities in the centre. Regular resident meetings and family forums were held which ensured that residents were engaged in the running of the centre. From a review of these minutes, it was evident that action was taken by the provider in

response to feedback from the residents. Residents had access to independent advocacy if they wished.

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 impacted the quality and safety of the service being delivered

Capacity and capability

This was an unannounced risk inspection by an inspector of social services to monitor compliance with regulations, and to follow up on the findings from the previous inspection of November 2022. The inspector followed up on the compliance plan submitted following the last inspection and found it had been implemented in the centre. Overall, the inspector found that the governance and management systems in place ensured that residents living in the centre were provided with a good standard of care.

Kenmare Community Nursing Unit is a designated centre for older persons that is owned and managed by the Health Service Executive who is the registered provider. The organisational structure within the centre is clear, with roles and responsibilities understood by the management team, residents and staff. The management team operating the day-to-day running of the centre consists of a full time person in charge, and a clinical nurse manager. The management team reported to an interim general manager, who represented the provider. The person representing the provider was in regular contact with the centre. Governance meetings such as quality and patient safety meetings were held regularly with the other HSE centres in the area as well as director of nursing meetings across CHO4 older persons services. Records of these management meetings provided to the inspector showed that issues were discussed, and corrective actions were implemented as required. The management team working in the centre also had access to support from infection control nurse specialists and a clinical development coordinator in relation to the quality and safety of care for residents.

The provider ensured that there was a schedule of audits in place to monitor the quality and safety of care for residents. Findings from these audits were discussed with nursing staff and actions plans developed. These were also reviewed through quality and safety meetings in CHO4. The inspector found that high levels of compliance with audits undertaken in the centre were reflective of the findings of the inspection.

From a review of rosters and from speaking with staff and residents, it was evident that there was an adequate number and skill mix of staff available to meet the assessed needs of residents given the size and layout of the centre.

The inspector reviewed the record of staff training. The registered provider had a comprehensive training programme in place for staff. A review of the records indicated that staff had received up-to-date training in areas such as safeguarding residents from abuse, fire training and dementia care. Staff responses to questions asked displayed a good level of knowledge. The centre had a link nurse for infection control who was allocated time for education of staff in relation to hand hygiene practices and other aspects of infection control.

There was a system in place to record and respond to complaints in the centre and the person in charge was the nominated complaints officer. It was evident from a review of records of complaints that feedback from residents was responded to and any learnings or improvements required implemented. However, the complaints procedure required review to reflect the recent changes to regulation 34 Complaints procedure.

The annual review of the quality and safety of care in 2022 was completed in conjunction with residents and their relatives. Incidents were appropriately notified to the Chief Inspector within the required time frame.

There was evidence of consultation with residents in the planning and running of the centre. The person in charge held regular resident forums and had sought residents views on improvements required in the centre through surveys. Family forums were also held regularly to keep residents' relatives updated regarding any changes or improvements in the centre.

Regulation 15: Staffing

The inspector found that the number and skill mix of staff was appropriate to meet the assessed needs of the 25 residents living in the centre on the day of inspection. From a review of rosters, it was evident that there were three registered nurses rostered each day from 08.00hrs to 20.00hrs and two registered nurses rostered each night. Another nurse was rostered for a half day in the morning. The person in charge was on duty Monday to Friday and a clinical nurse manager also worked four weekdays. Along with nursing staff, there were three care staff working each day and two rostered at night, with another member of the care team assigned to the pantry.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix was reviewed and showed that mandatory training was up to date. Additional training was scheduled to ensure that training remained in date.

Staff were appropriately supervised in their roles in the centre.
Judgment: Compliant
Regulation 23: Governance and management
There was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same. There were good management systems in place to ensure the service was safe, appropriate and effectively monitored. The inspector found that the findings from the previous inspection had been addressed. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for 2022 was prepared, in consultation with the residents and was available for review in the centre. There was evidence that sufficient resources were available to the centre to ensure the effective delivery of care in accordance with the centre's statement of purpose.
Judgment: Compliant
Regulation 24: Contract for the provision of services
A review of a sample of contracts showed that residents had a written contract of care that outlined the services to be provided , the fees to be charged and the terms relating to the bedroom to be provided to the resident and the number of other occupants of the room.
Judgment: Compliant
Regulation 31: Notification of incidents
Notifications were submitted within the required time lines and in line with regulatory requirements.
Judgment: Compliant
Regulation 34: Complaints procedure
The registered provider had not updated the complaints procedure in the centre to reflect the changes to Regulation 34;complaints procedure that came into effect

from March 2023. The inspector saw that the available complaints procedure had been last reviewed in 2021 and did not include the requirement for a written response to a complainant to include; details of whether the complaint was upheld or not , the reasons for that decision, any improvements recommended and details of the review process.

Furthermore, the procedure displayed did not direct the complainant to a review officer if the complainant was not satisfied with the outcome but listed directors of nursing in other community hospitals as points of contact for the complainant.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements with the exception of the complaints procedure as outlined under regulation 34. These policies were available to staff in the centre.

Judgment: Compliant

Quality and safety

Findings of this inspection were that residents were in receipt of a good standard of care in Kenmare Community Nursing Unit, from staff that were responsive to their needs. Residents spoke positively about the care and support they received from staff and told the inspector that their rights were respected and they felt safe in their home.

Residents were assessed using validated tools and care plans were initiated within 48 hours of admission to the centre, in line with regulatory requirements. Care plans were found to be personalised to resident's individual needs and provided good guidance on the care to be provided to residents.

Residents had access to appropriate medical services to ensure that their health care needs were met. From a review of records and from speaking with staff and residents, it was evident that residents were referred in a timely manner to appropriate allied health and social care professionals such as dietitian, speech and language therapist. A physiotherapist attended the centre two days a week to provide assessments and treatments for residents.

The inspector found that the dining experience had improved since the previous inspection, with residents enjoying a sociable dining experience on both floors of the centre at lunchtime. Residents' hydration and nutrition needs were assessed,

regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented.

The inspector saw that the design and layout of the premises was suitable for its stated purpose and met residents individual and collective needs in a comfortable and homely way. Residents had access to a lockable space in their bedrooms and had ample storage room for their clothes and personal belongings.

The inspector saw that décor in bedrooms and communal rooms were well maintained, clean and homely. One of the day rooms on the ground floor had recently been fitted with doors that would open out to courtyard and work was underway to enclose this space, therefore giving residents access to further outdoor space. The inspector saw that some equipment in the centre required repair as a privacy screen was broken in a shared room and an overhead hoist was broken in one resident's bedroom, these are outlined under Regulation; 17 premises.

The inspector reviewed fire safety records maintained in the centre. Up-to-date service records were in place for the maintenance of fire fighting equipment, fire detection, alarm systems and emergency lighting. Annual fire training was completed by staff and staff who spoke with inspectors were knowledgeable as to actions to take in the event of a fire.

The inspector saw that visitors were welcomed in the centre and could visit residents in their bedrooms or in the many communal spaces in the centre.

Residents were provided with access to local and national newspapers and were provided with access to telephone and Internet services if they wished. It was evident that residents' rights were protected and promoted in the centre and individuals' choices and preferences were seen to be respected. Care was provided in a respectful and unhurried manner by staff. Residents views on the running of the centre were sought through regular residents meetings and surveys. Residents were encouraged to maintain their links with the community and go out with family. Residents reported their satisfaction with the care they received, appropriate access to health care and their satisfaction with the variety and quality of food provided in the centre.

Regulation 10: Communication difficulties

The inspector observed that residents with communication needs were assisted in a kind and respectful manner and had access to communication aids to assist them as needed.

Judgment: Compliant

Regulation 11: Visits

The registered provider had arrangements in place to facilitate visiting in the centre. Residents could meet their relatives and friends in the privacy of their bedrooms or in the communal areas of the centre.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that there were systems in place to ensure that residents' clothes were laundered and returned to residents in a timely fashion. Residents had adequate storage for their personal belongings and the inspector saw lockable storage in residents' bedrooms.

Judgment: Compliant

Regulation 17: Premises

The inspector saw that a privacy screen in a shared bedroom, where two residents were accommodated, was broken and could not be pulled around the bed space. Therefore privacy for residents could not be ensured when required. The person in charge reported this issue to maintenance on the day of inspection.

An overhead hoist in a resident's bedroom was broken and required repair; the person in charge informed the inspector that a part to repair the device was ordered from overseas.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents who required it were assessed by a dietitian and speech and language therapist. Residents who spoke with the inspector were complimentary regarding the quality, quantity and variety of food. This was supported by the observations of the inspector who saw that food was attractively presented. Residents who required

assistance were provided with this from staff in a discreet and respectful manner. Residents had a choice of meals at lunch and tea time and residents told the inspector that they were happy with the choices and quality of food provided. The inspector saw that the dining experience was a sociable one with residents enjoying the company of staff and other residents during the lunch time meal in both dining rooms.

Judgment: Compliant

Regulation 28: Fire precautions

Actions required from the previous inspection had been addressed. The fire safety management folder was examined. The provider ensured the fire safety policy was updated yearly for the centre. Appropriate certification was evidenced for servicing and maintenance. Fire safety training was up-to-date for all staff and regular face to face training sessions were scheduled in the centre. Personal emergency evacuation plans were in place for residents. Daily and weekly fire safety checks were recorded by staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents care records and saw that residents had a comprehensive assessment of their needs and their preferences for care and support, completed on admission to the designated centre. Care plans were person centred and were reviewed every four months or if the resident's needs changed, as per regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate health and medical care, including evidenced based nursing care. Residents had timely access to medical assessments and treatment from a local General Practitioner (GP) and the person in charge confirmed that a GP visited the centre twice a week and more frequently as required. A physiotherapist attended the centre twice a week and provided assessments and treatments to residents as required. Residents also had access to a range of allied health care professionals such as dietitian, speech and language

therapy, psychiatry of later life and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From the observations of the inspector and from review of care plans, it was evident that residents who presented with responsive behaviours were responded to in a person-centred and respectful way. Staff and management were working to promote the principles of a restraint free environment and were working to implement alternatives to restraint measures such as low low beds and crash mats for residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to radios, telephones, television and local newspapers. Notice boards in the centre prominently displayed details of available advocacy services. Residents' rights and choice were promoted in the centre. A member of the care staff team was assigned to assist residents engage with social activities on a daily basis. The inspector saw that this was recorded on the allocations board at the nurse's desk. During the morning of the inspection, the staff member assigned held a group discussion of a local newspaper which the residents seemed to enjoy. During the remainder of the day, the staff member engaged in one-to-one activities with residents, such as helping them with art, going for walks and one-to-one chats. The weekly schedule of activities available included, chair and baton exercises, arts and crafts, reminiscence and music and singing. The centre had close links with the community and transition year students along with therapy dogs from the local secondary school were regular visitors to the centre during the school terms. A volunteer attended the centre one day a week and did both group and one to one session with residents. A review of residents' meeting minutes and satisfaction surveys confirmed that residents were consulted with and participated in the organisation of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kenmare Community Nursing Unit OSV-0000753

Inspection ID: MON-0037196

Date of inspection: 06/09/2023

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The center’s complaints procedure has been updated to reflect the specifications to Regulation 34 within the S.I 628/2022 Health Act 2007 (Care and Welfare of Residents in Designated Centre’s for Older People) (Amendment) Regulations 22, which came into effect from March 2023.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The identified broken privacy screen was reported to maintenance by nurse management on the day of the inspection and was repaired on the 8th September 2023. The overhead hoist in one of the bedrooms for which a part had been ordered and awaited from overseas has since been repaired and fully functional again.</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	11/09/2023
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	26/09/2023
Regulation 34(2)(d)	The registered provider shall ensure that the	Substantially Compliant	Yellow	26/09/2023

	complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).			
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