The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Haypark Residential Care Home

Provider: Haypark Homes Ltd

Date of Inspection: 12 August 2026

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation:	Haypark Homes Ltd
Responsible Individual:	Mrs Sarah Reid
Registered Manager:	Ms Jennifer McClean
Service Profile: This home is a registered residential care home which provides health and social care for up to 30 residents. The home provides care for residents living with dementia, mental health and for those needing general residential care. Resident's bedrooms are located over three floors in the home, accessible by lift or staircase. The lounges and dining room are located on the ground floor.	

2.0 Inspection summary

An unannounced care inspection took place on 12 August 2026, from 9.30 am to 5.00 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 10 March 2026; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Due to the findings of the inspection, a meeting was held with the home's management team on 28 August 2026 with the intention of issuing three Failure to Comply (FTC) notices in respect of The Residential Care Homes Regulations (Northern Ireland) 2005:

- Regulation 27 (2) (b) (d) regarding the fitness of the premises
- Regulation 10 (1) regarding the management and governance arrangements
- Regulation 13 (8) regarding the privacy and dignity of residents living in the home

At the meeting, the Responsible Individual and manager discussed the actions taken since the inspection and the plans in place to address the inspection findings. An action plan and refurbishment plan were shared and RQIA were sufficiently assured from the discussion held that action had been taken and would be taken to address the deficits identified; and the decision was made not to serve the three failure to comply notices. In addition, the home are to submit a quarterly update on the refurbishment action plan to RQIA. Monthly monitoring reports conducted under Regulation 29 must also be provided to RQIA by the 5th day of each month.

As a result of this inspection seven areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Seven areas for improvement were not met; two will be stated for a third time and four for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Feedback from residents living in the home was varied, with some residents expressing satisfaction with the care and services provided, while others identified areas of concern. For example, some residents told us they were happy living in the home and that staff were "helpful". Other residents expressed dissatisfaction with the provision of footcare and the quality of food in the home. Specific comments were shared with management for their action and review.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Eight questionnaire responses were received from residents and their representatives following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels in the home.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment.

Review of a sample of staff recruitment records evidenced two occasions when staff had commenced working in the home before the required Access NI checks had been received. It was also identified that one staff member had not received a reference from their most recent employer. This demonstrated that the management had not ensured that appropriate pre-employment checks were completed prior to staff commencing employment, potentially placing residents at risk. Staff induction records were not fully completed and lacked managerial oversight. For example, gaps were noted throughout the induction records and signatures to evidence completion were missing.

The need to ensure robust and safe recruitment practices was emphasised to the management team during the meeting on 28 August 2026. One area for improvement has been stated for a second time, and one new area for improvement has been identified.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the relevant information about the residents, especially any changes to care, that they needed to assist them in their caring roles.

Staff interactions with residents were observed to be polite, friendly, warm and supportive. Staff were mostly knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising.

Concerns were identified regarding the lack of timely action by the home to ensure changes in residents' needs were promptly and fully addressed and escalated to the relevant professionals. It was identified that the mobility needs of one resident had increased significantly. Staff were observed using an unapproved manual handling technique with this resident; potentially placing

the resident and themselves at risk of harm. While RQIA recognised there was no intention to cause harm, there was a lack of clear escalation to the relevant professionals and planning regarding the suitability of the placement to safely and effectively meet the resident's needs. This also had the potential to compromise their dignity, comfort and wellbeing. Assurances were provided to RQIA in writing post inspection that this had been escalated to the District Nursing Team and an incident report completed for the commissioning Trust.

Further intervention from RQIA was required to ensure that podiatry care was arranged for another two residents as they had not been addressed in a timely and effective manner. One resident told us that they had been asking for their foot care to be attended to "for a long time". Another resident's care records indicated that they were last reviewed by podiatry on 3 October 2025. This has the potential to cause discomfort and adversely affect resident's dignity, wellbeing and quality of life. This has been a concern previously identified by RQIA during inspections on 8 April 2024 and 9 January 2025. It is concerning that previous improvements are not being sustained.

Infection Prevention and Control (IPC) deficits were identified relating to the home's environment and staff practice. For example; staff did not adhere to Personal and Protective Equipment (PPE) requirements regarding appropriate donning and doffing when moving from a care task to handling food. During the serving of the lunch time meal, there was no evidence of staff carrying out hand hygiene as required or of providing residents with support to complete their own hand hygiene. Domestic staff attempted to enter the kitchen area wearing PPE, which may suggest limited staff knowledge in respect of Infection Prevention and Control best standards; however the manager did intervene to re-direct staff as required. Deficits within the homes environment are further discussed in section 3.3.4

These matters were discussed during the meeting with the home on 28 August 2026. The home's management provided assurances regarding the immediate steps taken to ensure residents' needs were fully addressed. This included ensuring timely and appropriate escalation to the relevant multi-disciplinary professionals. RQIA accepted the submitted action plan. Three areas for improvement were also identified.

3.3.3 Management of Care Records

Care records reviewed were not consistently updated to reflect the resident's current needs. For example, one resident's mobility needs had not been accurately assessed, and the care plan did not reflect their current level of mobility or support required. This had the potential to result in inaccurate or conflicting information being shared with staff and could lead to errors in the delivery of care.

It was also noted that one resident had a pressure relieving mattress in place; however, it had not been plugged in or turned on and there was no information in the resident's care records to inform staff on this aspect of care and support. The need to ensure accurate and up to date care records were in place was discussed at the meeting with the home on 28 August 2026. The home's management team confirmed that records had been updated and would remain under review. RQIA accepted the submitted action plan. Three areas for improvement have also been identified.

3.3.4 Quality and Management of Residents' Environment

A number of significant concerns were identified in relation to the maintenance and upkeep of the home's environment which had the potential to adversely impact on residents' health, safety, dignity and quality of life. The flooring in the ground floor hallway and in one resident's bedroom was visibly damaged and presented as a potential trip hazard. In another resident's bedroom, there was significant damage to the walls, which had been highlighted during the previous inspection on 10 March 2026. It appears that no action has been taken to address this and the condition of the walls had further deteriorated. Throughout the rest of the home, there was damage to paintwork, woodwork, doors and skirting boards. There was also evidence of damp on ceilings in communal areas and the managerial office.

A number of residents' bedrooms were sparsely furnished and lacked personal belongings, or other items that reflected the individual resident's personality or preferences. The overall presentation of the home was basic and did not provide a sufficiently personalised or homely environment.

Two showers/baths were found to be out of order at the time of inspection. There was no clear evidence of a time bound action plan in place to address the defects and restore the showers to full working order. This reduced the residents' access to suitable bathing facilities and had the potential to impact on their dignity, choice and independence.

As discussed in section 3.3.2 a number of IPC deficits were identified throughout the home, including in communal bathrooms, equipment used by residents such as a raised toilet seat which was unclean and had evidence of rust, the trolley used to transport food/fluids from the kitchen to the dining room was unclean. Furniture throughout the home was unclean and in a poor state of repair. It was also noted that PPE was not being stored correctly and had been placed on top of dirty mop buckets, increasing the risk of contamination.

There was a persistent and unpleasant odour throughout the home during the inspection, which would indicate that deep cleaning was required. However; there was no evidence that this had been identified as a concern or that there was any plan in place to identify or address the cause. The presence of malodour impacts on residents' right to live in a pleasant and comfortable environment.

Environmental hazards were present within the home and there was insufficient evidence that effective measures had been implemented following previous inspections to reduce or eliminate the associated potential risks to residents' health, safety and well-being. For example; the cleaning trolley was left unattended on two occasions by domestic staff; flooring presenting as a trip hazard as stated above; access to Steradent denture cleaning tablets in the communal bathroom; access to topical lotions, creams, razors and toiletries, which were left in unlocked cabinets in communal spaces. This is of particular concern given that these themes have been identified as areas for improvement during previous care inspections; and raises concerns that when improvements in relation to the management of risk and hazards are made, these are not being sustained or embedded into practice.

In one communal bathroom, it was noted that the call bell had been positioned in a manner that prevented any residents' from accessing it. This prevented any resident using this bathroom from summoning assistance if required, presenting a potential risk to their health, safety and wellbeing.

In one resident's bedroom, the television aerial was not secured appropriately and the television had been inappropriately placed on a foam seat with newspapers and magazines underneath. The use of combustible materials in close proximity to electrical equipment presented a potential fire risk. It is concerning that a potential fire safety risk had not been identified through the governance systems in the home and required intervention by RQIA. This raises further concerns that existing arrangements for the management oversight of environmental risks were not effective.

The staff office was left open on a number of occasions, with information pertaining to residents easily accessible. This is not compliant with GDPR and demonstrates a lack of respect for residents' rights to privacy and confidentiality.

The areas of concern were discussed in detail at the meeting with the home's management team on 28 August 2026. A time bound environmental refurbishment plan was provided, which outlined the actions being taken to address the environmental issues. RQIA accepted these assurances; and the home's management team are also to submit a quarterly update of this plan to RQIA. In addition, one area for improvement under the standards has been subsumed into a Regulation. Two areas for improvement have been stated for a third time. Two areas for improvement have been stated for a second time. Three new areas for improvement have been identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Jennifer McClean has been the registered manager in this home since April 2005.

Residents and staff commented positively about the manager and described her as supportive and approachable.

Concerns were identified that that the management and governance systems in the home were not robust as there was limited to no evidence that any of the inspection findings had been identified by management through audits or monitoring processes. A review of a sample of audits and monthly monitoring visits highlighted that they lacked sufficient detail so as to effectively quality assure service delivery and drive any necessary improvements in the home. The most recent monthly monitoring visit report completed on 27 July 2026 did not reflect the inspection findings. This raises concerns regarding the effectiveness of the governance arrangements in the home and their ability to identify, address and monitor risks within the home to ensure a safe and healthy environment is maintained for residents. Management and governance arrangements were discussed in detail at the meeting with the home's management team on 28 August 2026l and RQIA accepted the assurances provided. Two areas for improvement have been identified. In addition, the monthly monitoring reports conducted under Regulation 29 must also be provided to RQIA by the 5th day of each month.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	8*	10*

* the total number of areas for improvement includes two Regulations that have been stated for a second time, two Standards that have been stated for a third time and two Standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 14 (2) (a) **Stated:** Second time **To be completed by:** 12 August 2026	The registered person shall ensure that as far as reasonably practicable all parts of the residential home to which residents have access are free from hazards to their safety. Ref: 3.3.4 **Response by registered person detailing the actions taken:** Domestic staff have both received immediate supervision after the inspection - zero tolerance policy: domestic trolleys must never be left unattended in any area of the Home where residents have access. If domestic staff need to leave an area, the trolley must be taken with them. Domestic staff received a toolbox talk on COSHH and trolley safety, delivered by the new manager on 22/09/2026
Area for improvement 2 **Ref:** Regulation 14 (4) **Stated:** Second time **To be completed by:** 12 August 2026	The registered person shall ensure that Steradent denture cleaning tablets are stored safely and securely at all times. Ref: 3.3.4 **Response by registered person detailing the actions taken**: Sterdent denture tablets are now kept in the locked medication cupboard and clearly marked with the resident's name. Staff request the tablets for individual residents from the senior care assistant (person in charge) of that shift.
Area for improvement 3 **Ref:** Regulation 21 (1) (b) (c) **Stated:** First time **To be completed by:** 12 August 2026	The registered person shall ensure that Access NI checks and references from a most recent employer are completed and certificates received prior to staff commencing employment in the home. Ref: 3.3.1 **Response by registered person detailing the actions taken**: The onboarding process for recruitment has been revised to ensure that all new employee have relevant checks and documentation completed and signed off by manager before commencing their employment start date.

Area for improvement 4 **Ref:** Regulation 13 (1) (a) **Stated:** First time **To be completed by:** 12 August 2026	The registered person shall ensure that a robust system is in place to identify and appropriately respond to any change to resident's needs. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Home's Manager will continue to closely monitor residents' needs and ensure to liase with relevant professionals when necessary. Management will closely monitor the care plan update system in the staff office to ensure it is consistently used. Staff are required to document any changes to a resident's needs, with all care staff signing to confirm that they are aware of and have read the updated care plan or assessment. Although this system was previously implemented, it was not consistently utilised. Additionally, all senior care staff were reminded at the staff meeting held on 29/09/2026 of their responsibility to ensure that residents' care plans are reviewed and updated promptly whenever there is a change in the residents' needs or on a monthly basis. Management will continue to monitor residents' care plans through monthly auditing to ensure that reviews and updates are completed appropriately and to the required standards.
Area for improvement 5 **Ref:** Regulation 27 (2) (b) (d) **Stated:** First time **To be completed by:** from 5 December 2026	The registered person shall ensure the home's environmental refurbishment plan remains under review; and includes a detailed, time bound action plan. A quarterly update on the refurbishment action plan will be provided to RQIA. This will commence on 5 December 2026. Ref: 3.3.4
	Response by registered person detailing the actions taken: A detailed environmental refurbishment plan remains in place and is reviewed regularly to ensure progress is monitored and actions remain time bound. Quarterly updates on the refurbishment plan will be provided to RQIA, commencing on 5 December 2026.
Area for improvement 6 **Ref:** Regulation 27 (4) (b) **Stated:** First time **To be completed by:** 12 August 2026	The registered person shall ensure that all necessary precautions are taken against the risk of fire, including ongoing review of any electric equipment used by residents in the home. Ref: 3.3.4
	Response by registered person detailing the actions taken: The resident in question has a tendency to pile items such as newspapers, books, magazines, cusions and blankets. This was an isolated incident of setting the television on top of the cushion. Staff monitor this situation throughout the day during hourly

	checks as this resident enjoys staying in his bedroom. All necessary precautions are in place to minimise the risk of fire. The Home's Manager completes daily checks to identify and address any potential fire risks, including ensuring that combustible materials are not placed around or near electrical equiptment. Electrical equiptment used by residents is routinely monitored and reviewed to ensure it remains safe and fit for use. PAT testing is up to date. Staff will remain vigilant and report any concerns regarding electrical equiptment used by residents to the Home's Manager promptly who will action accordingly.
Area for improvement 7 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 12 August 2026	The registered person shall ensure that a system of audits are in place and when actions are identified, these are completed within the timescales required to drive the necessary improvements. Ref: 3.3.5 **Response by registered person detailing the actions taken**: A support Manager has been employed to assist the Registered Manager with governance oversight in the Home. A robust system has been implemented and an overview of the auditing has been completed. Audits will be completed on time and monitored by the registered individual to ensure regulatory compliance.
Area for improvement 8 **Ref:** Regulation 29 (5) (a) **Stated:** First time **To be completed by:** From 5 October 2026	A copy of the home's Monthly monitoring reports conducted under Regulation 29 must be provided to RQIA by the 5th day of each month. Ref: 3.3.5 **Response by registered person detailing the actions taken**: Monthly monitoring reports conducted under Regulation 29 will be provided to RQIA by the 5th day of each month, in accordance with the required timescale.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 32 **Stated:** Third time **To be completed by:** 12 August 2026	The registered person shall ensure that all topical lotions are stored safely and securely in the home. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: All prescribed topical lotions are kept in the locked medication cupboard. Topical medication are distributed by the person in charge during medication rounds. Cream charts now include a section for care staff to sign that the topical lotions have been returned to the person in charge of that shift.
Area for improvement 2 **Ref:** Standard 35 **Stated:** Third time **To be completed by:** 12 August 2026	The registered person shall ensure individual residents' toiletries are managed and stored appropriately, not for communal use. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager completes daily walkrounds to ensure that residents' toiletries and personal items are managed and stored appropriately and are not left in communal areas, including communal bathrooms. Residents' toiletries and any items that may be hazardous to health are now stored safely in the designated small basket at the back/bottom of their wardrobes. Care staff assisting residents with personal care are required to return all toiletries and relevant personal items back in the designated basket at the back/bottom of their wardrobes after use. Staff are aware and will remove hazards immediately from communal areas. All staff are reminded at every handover of this responsibility which was also discussed at the staff meeting held on 29/09/2026.
Area for improvement 3 **Ref:** Standard 23.1 **Stated:** Second time **To be completed by:** 30 September 2026	The registered person shall ensure that staff induction records are completed in full and evidence is recorded of managerial oversight of this process. Ref: 2.0 & 3.3.1
	Response by registered person detailing the actions taken: An overview of all staff induction has been reviewed and every staff member has/is meeting with the Registered Manager and support Manager individually to complete/refresh their inductions.

Area for improvement 4 **Ref:** Standard 28.3 **Stated:** Second time **To be completed by:** 12 August 2026	The registered person shall ensure the infection prevention and control issues identified during this inspection are addressed and monitored by management. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: The Registered Manager has conducted IPC group supervisions and disciplinary actions with the staff members identified on the day of inspection, covering PPE, donning and doffing and hand hygiene. The Registered Manager will continue to reinforce staff hand hygiene requirements before food handling/serving and will ensure residents are provided with appropriate support to perform hand hygiene before meals. The Registered Manager will closely observe mealtimes to ensure correct infection prevetion and control issues are adhered to. Moreover, although there is clear notice on the kitchen door regarding prohibited kitchen access, the Registered Manager will regularly remind staff of this. Additionally, Management has planned to replace the existing kitchen door mechanism with a key fob access system, and where the door closes automatically, to further restrict access to authorised staff only. The Registered Manager completes walkrounds throughout the day to ensure compliance and disciplinary action will be completed for staff failing to comply with infection prevention and control procedures going forward.
Area for improvement 5 **Ref:** Standard 9.5 **Stated:** First time **To be completed by:** 12 August 2026	The registered person shall ensure arrangements are in place to identify and respond to residents' podiatry needs in a timely manner. Ref: 3.3.2
	Response by registered person detailing the actions taken: The podiatry requirements for all residents have been reviewed and are up to date. Podiatry visit dates have now been included in the monthly monitoring reports conducted under Regulation 29 to ensure review dates remain up to date and do not become overdue.
Area for improvement 6 **Ref:** Standard 5.5 **Stated:** First time **To be completed by:** 12 August 2026	The registered person shall ensure residents' assessments are reviewed regularly and updated to accurately reflect their current needs and level of support required. Ref: 3.3.3
	Response by registered person detailing the actions taken: All residents' assessments have been reviewed by Management who have ensured they are up to date and accurately reflect residents' current needs and level of support required. All staff were reminded at the staff meeting held on 29/09/2026 of their responsibility to ensure that residents' assessments are reviewed and updated promptly whenever there is a change in the

	residents' needs and level of support required. Staff were also reminded of their responsibility, as key workers, to complete monthly evaluations of their allocated residents' assessments to ensure that they remain accurate, current and reflective of residents' individual needs and levels of support required. Management will continue to monitor residents' assessments regularly and complete thorough audits of these assessments on a monthly basis to ensure that reviews and updates are completed appropriately and to the required standards.
Area for improvement 7 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 12 August 2026	The registered person shall ensure that residents' care plans are reviewed and updated promptly following any changes in their needs, to ensure they provide clear and accurate guidance for staff. Ref: 3.3.3
	Response by registered person detailing the actions taken: All care files are in the process of being reviewed by Management who will ensure that the content is reflective of residents' current needs. Care plan training schedule for all senior care staff on 15/10/2026. Care plans were a topic discussed at the senior meeting on 29/09/2026 and Home Manager reiterrated that senior care staff have the responsibility of evaluating and updating care records. As a working live document, senior staff are aware that care plans must be updated as residents' circumstances change and evaluated at least monthly. Management will continue to monitor residents' care plans regularly and complete thorough monthly audits to ensure that reviews and updates are completed appropriately and to the required standards. The RI will also audit this during MMV.
Area for improvement 8 **Ref:** Standard 27.8 **Stated:** First time **To be completed by:** 12 August 2026	The registered person shall ensure pressure relieving devices are used appropriately in accordance with residents' assessed needs and prescribed settings. Ref: 3.3.3
	Response by registered person detailing the actions taken: This resident has capacity and advised staff that he unplugged the mattress to plug in his radio. The radio has been moved to an alternative appropriate power point where it does not interfere with the mattress. An audit is now in place and staff check the mattress three times throughout the day to ensure it is connected and in working order. Staff are reminded of this responsibility to ensure that pressure relieving equiptment is used correctly and without concern.

Area for improvement 9 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 12 August 2026	The registered person shall ensure that personal and protective equipment (PPE) is stored in a clean, designated area and protected from potential contamination, including contact with used cleaning equipment. Ref: 3.3.4
	Response by registered person detailing the actions taken: The cupboard in question where PPE was being stored has now been removed. The Registered Manager will ensure that PPE is stored correctly in the designated area.
Area for improvement 10 **Ref:** Standard 22 **Stated:** First time **To be completed by:** 12 August 2026	The registered person shall ensure that resident's records are maintained securely and that access is restricted to authorised individuals, to protect the confidentiality and privacy of resident's personal information. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager completes walkrounds throughout the day to to ensure that residents' records are maintained securely and are not left unattended when office door is open. The staff office door has been replaced and a new key fob system introduced to ensure the door is not left open at any time. All staff are reminded at every handover of their responsibility to maintain the confidentiality and security of residents' records. This expectation was also discussed at the staff meeting held on 29/09/2026.

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