Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

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|---|---|
| Name of designated centre: | Springfield |
| Name of provider: | Nua Healthcare Services Limited |
| Address of centre: | Kildare |
| Type of inspection: | Announced |
| Date of inspection: | 20 October 2025 |
| Centre ID: | OSV-0007225 |
| Fieldwork ID: | MON-0039727 |

## About the designated centre

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

Springfield is located in a rural location within a short driving distance to a town in Co. Kildare. There are a number of vehicles available to residents to provide community access. The centre provides full-time care and support for individuals with an intellectual disability, autism and individuals with a mental health diagnosis. 24-hour care is provided for four adult residents. In the centre each resident has their own self-contained apartment which includes a kitchenette/living area, bedroom and bathroom. Each of these self-contained apartments are located off a main house. In the main house there is an office, kitchen and accessible bathroom. Two of the residents can access the kitchen in the main house. There is a spacious enclosed garden for recreational use. The aim of the centre is to provide a high-quality standard of care in a safe and comfortable environment for individuals with a range of disabilities. Residents are supported by a person in charge, team leaders, social care workers and assistant social care workers.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 4 |

## How we inspect

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

As part of our inspection, where possible, we:

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

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

**1. Capacity and capability of the service:**

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

**2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date | Times of Inspection | Inspector | Role |
|---|---|---|---|
| Monday 20 October 2025 | 10:00hrs to 17:00hrs | Gearoid Harrahill | Lead |
| Monday 20 October 2025 | 10:00hrs to 17:00hrs | Brendan Kelly | Support |

## What residents told us and what inspectors observed

Inspectors had the opportunity to meet and speak with the residents in this designated centre and their staff team, observe their living environments, and review documentary evidence of their personal, health and social care supports and how they were consulted and involved in their support, as evidence to indicate the lived experience of people using this service.

On arrival, some residents were out at medical appointments and others were getting ready to go out and were having some breakfast. Inspectors spent time chatting with three of the residents in their apartments throughout the day. Residents had been advised in advance of this inspection and were clear on the purpose of the visit and were happy to share their news with inspectors and show them their apartments.

Inspectors observed a friendly and positive rapport between residents and their support staff. It was important to each resident and their comfort in the centre that they were supported by staff with whom they had built a trusting relationship, and inspectors observed evidence that the provider had maintained a familiar and consistent complement of staff. Residents were supported to stay in contact with their families both through visiting them and receiving them to their home. Residents were also kept up to date on news and events in the centre and with the provider, such as an upcoming Halloween event, and step challenges between the residents. One resident liked being informed of upcoming changes, events and news through their easy-to-read "weekly newspapers". Inspectors were shown evidence of how residents had been advised of the presidential election on the same week as this inspection, though inspectors discussed with the provider the importance of ensuring these discussions took place before the deadline to register to vote.

Due to the assessed support needs of residents, all four lived in separate, standalone apartments and were subject to various physical, environmental and rights-based restrictive practices. Some residents spoke with inspectors about their understanding of why these measures were in place, and what they needed to do to provide assurances that these risk controls could be phased out. One resident was proud to report that because they had been engaging well in their personal plans, this had resulted in some restrictions being slowly phased out, including being able to have food preparation material in their own apartment, and having gradual free access to the central areas of the designated centre. They were eager to do what they needed to reduce the need for restraints in the centre vehicle. One resident told inspectors about their progress in going about their routine in local businesses with reduced presence of their support staff, with a view to doing so with even less immediate support. Inspectors observed some examples of staff encouraging residents to normalise making appointments for themselves rather than having staff do it for them. One resident collected reward tokens to encourage a positive and healthy routine, which had had mixed success but had contributed to a reduction in risk incidents. Another resident was confident that they could retire a similar token

system as they liked the positive results they had felt from following safe and healthy lifestyle and routines. For other restrictions, the risk reduction plan required development regarding residents' next targets for phasing out restrictions.

Residents and their support team also told inspectors about their progress in maintaining healthy diet and exercise. Three of the residents had made good progress with personal weight management, and inspectors observed evidence of their active involvement in weight loss groups and sports events. One resident showed inspectors awards they had earned in their slimming group, and two of the residents had recently attended a golf event together. One resident enjoyed gardening and had a planting plot set up for their produce in the summer.

Inspectors also observed gradual improvement from previous inspections in the residents' living space towards a more home-like environment. Two residents who previously had their personal property locked in storage now had these storage spaces unlocked by default. One resident who previously had plain walls due to their support needs had been supported to paint flowers and unicorns on these walls and adorn them with wall stickers and shelves of cuddly toys of their favourite cartoon characters. Another resident had a wall full of photos of them enjoying a wide variety of sports including soccer, swimming and golf. One resident and their support staff had developed a collection of posters and photos which advised people how the resident expressed their feelings, which included photos of the resident demonstrating how they may appear when happy, frustrated or upset. These posters also advised readers of Lámh signs (a manual sign system used by children and adults with intellectual disability and communication needs in Ireland) used by this resident including a "word of the week". These posters supported effective communication and strategies for maintaining positive mood and low-stress environment for this resident. In one resident's apartment, sofas had been added, which facilitated staff to sit and chat with the resident rather than standing by them, which facilitated a more relaxed and homely environment.

Prior to this inspection, residents were invited to fill out a written survey and express their opinions and commentary on their experiences in this centre. All four residents returned these and commented positively on their staff, meals, living areas and routines. Two of the residents noted that they were happy in the progress they had made in their personal goals, and the positive impact it had had on their time in the centre, for example being supported to more freely come and go from their living space. Residents commented that staff were kind and friendly and supported them in preparing for seasonal events.

Residents' stories, achievements, challenges and priorities were reflected in the annual report for this designated centre. This included residents participating in social meals and balls, choir, art class, fishing, motor sport events, a day out at an amusement park, pumpkin patch visit, roller skating, sports day and events for Halloween, Valentine's Day, Pride, and Christmas. For some residents, participating and socialising in these events was a big achievement for them as they had typically declined to attend these previously.

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 on the quality and safety of the service being delivered.

## Capacity and capability

The purpose of this announced inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support Regulations (2013), and to follow up on solicited and unsolicited information which had been submitted to the Chief Inspector of Social Services. In addition, findings from this inspection contributed to the decision-making process for the renewal of the centre's registration.

In the main, the inspectors observed the designated centre to be resourced with a knowledgeable front-line team and person in charge, who demonstrated good examples of how they understood residents' support needs and advocated for their wellbeing. The team was fully staffed at the time of inspection and resources were sufficient to mitigate the impact on continuity of resident support during staff absences.

The management and supervision structure facilitated effective oversight of day-to-day operations. The front-line staff were supported through team and individual meetings which covered topics which were centre specific and meaningful to their duties and career development. The provider conducted quality and safety audits for the designated centre, though some aspects of these audits lacked specific and measurable action plans which tied back to the reported findings of the inspection.

## Regulation 14: Persons in charge

The person in charge had commenced in this role in 2025 and had previously held deputy management roles with this provider group. They held a qualification in management of people. They worked supernumerary hours as person in charge for 0.8 of their whole time equivalent (WTE) post, with the remainder of their time in another role in the organisation. The inspectors observed that they were suitably deputised in their role in this centre and maintained presence in the centre and effective oversight of the centre operation under this arrangement.

Judgment: Compliant

## Regulation 15: Staffing

Inspectors reviewed three months of worked rosters and found these to maintain a clear record of who was working in this centre and when. The service was fully staffed with no open vacancies, and did not utilise agency personnel. Inspectors observed that use of relief staff was relatively low, with absences primarily covered by overtime of the core team. This demonstrated that the continuity of familiar staff support was maintained during annual leave and other absences, which was important for maintaining the positive lived experience of the residents in this centre.

The inspectors observed a relaxed atmosphere in the residents' home where positive interactions between the staff team and all residents were also observed. Inspectors observed residents to be comfortable in the company of staff with staff responding to residents' needs in an appropriate manner.

Judgment: Compliant

## Regulation 22: Insurance

The provider had evidence of appropriate insurance cover in place, including cover against damage to property or injury to residents.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had clear and suitable management and accountability structures in place, with a fully-resourced team of staff led by a person in charge who demonstrated a good knowledge of their role and responsibilities under the regulations. They were supported by deputies at centre level and by a director of operations at provider level.

Inspectors reviewed a sample of minutes from four front-line staff members' supervision meetings with their respective managers. The minutes of these meetings covered meaningful topics, including the relationship and morale among the team, staff members who were pursuing new responsibilities and career development goals, and staff taking the opportunity to raise grievances with the management.

Inspectors reviewed an inspection report of the quality and safety of care and support in this designated centre, composed by the provider in August 2025. In this report, the provider assessed the service as requiring actions in 13 of 19 areas

reviewed, to come into compliance with policies, standards and regulations. In the main, the sections outlining findings of this inspection were generic in nature and did not outline the specific evidence and findings gathered or observations in this centre, to evidence compliance, to highlight areas of good practice and areas in which opportunities for improvements were identified. As such, the actions set out were not consistently specific or measurable and did not tie back to the listed findings of the inspection report. For example, where residents' care needs, risk assessments or centre records were noted as having gaps, it was not clear what or how many of same were identified for the relevant person to address. Examples of this were discussed during the inspection with the person in charge.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The inspectors reviewed the statement of purpose for this designated centre, and found that it included centre-specific information per the requirements of Schedule 1 of the regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

The inspectors reviewed incidents and practices notified to the Chief Inspector for 2024 and 2025 and found that the provider had submitted notifications as required and within the relevant timeframes.

Judgment: Compliant

## Regulation 34: Complaints procedure

Inspectors reviewed the complaints log for 2024 and 2025 and the details related to a sample of four verbal or written complaints in or about this designated centre. These details included conversations with the complainant to gather more information to inform the relevant lines of enquiry. Where complaints included allegation of poor treatment by others, safeguarding processes commenced parallel to resident complaints. In the sample reviewed, details were not consistent in how the outcome of the complaint and actions and learning for service improvement taken on foot of same were communicated to the complainant. For example,

inspectors observed one resident having their complaint acknowledged and closed with no further notes before the matter had been investigated by the provider.

Judgment: Substantially compliant

## Quality and safety

Inspectors found that residents were overall safe and happy in this centre, and were being supported to pursue meaningful routines and events tied to their social, recreational and healthy lifestyle goals. Through meeting with residents and their support staff, inspectors were told of key achievements the residents had made. These included abiding by healthy personal routines, engaging in exercise and weight management activities, and developing their confidence in participating in their local community and reducing the need for environmental and rights-based restrictive practices.

Residents were supported to further personalise their apartments, with new wall decorations, posters, photographs, and home appliances which they previously would not have tolerated. Progress was being made in supporting residents to prepare simple meals in their apartments and to have enhanced access to the central areas of the centre.

In the main, the provider had suitable and person-centred assessments and care interventions to assist with residents' health, social and personal needs. Risk assessments were in place relevant to the centre and the residents individually, with some areas for development to ensure risk analysis was kept live and continuously reflective of current evidence.

## Regulation 10: Communication

The inspectors reviewed two residents' communication plans on the day of inspection. Communication plans were informative for staff and helped guide staff in meeting resident needs. Areas identified in both communication plans were how to help the resident communicate, what residents like and dislike, and areas with which residents need support and areas residents are working on to be more independent.

Communication plans were subject to regular review and staff spoken with on the day of inspection were suitably informed and knowledgeable of the plans' content. Inspectors also observed all staff to communicate with residents they were supporting in a person-centered, friendly manner that met each of the residents' individual needs.

Judgment: Compliant

## Regulation 11: Visits

The inspectors observed evidence that residents were supported to receive guests to their home in accordance with their wishes, and each resident had their own living room in which they could receive their guests in a private area outside their bedroom.

Judgment: Compliant

## Regulation 12: Personal possessions

Inspectors observed examples of active personal goals related to supporting enhanced autonomy with access to personal possessions and money. Some restrictive practice reductions in this centre included storage of personal property not being locked without specific reason at that time, and introduction of items previously excluded from living spaces. In one apartment in particular, a resident had been supported to paint and personalise a minimally decorated living space with appropriate decoration and furniture to provide a pleasant and homely lived environment with their participation and input.

Judgment: Compliant

## Regulation 13: General welfare and development

Inspectors reviewed two residents' person centred plans and also spoke with residents regarding their welfare and development. Residents spoken with shared examples of positive welfare and development in the centre. One resident spoke about fund raising initiatives they were involved in for a charity that is important to them. This resident also spoke about reductions in restrictive practices in their lives, for example, the resident now has a microwave in their apartment which they showed to the inspectors. Another resident showed the inspector around their apartment which showed evidence of resident likes, including cars and their favourite football team. The resident also spoke positively about the choice that they have in their lives and how this is promoted by the staff team.

On review of resident person centred plans, inspectors observed evidence of a range of community activities for residents including trampoline use, gym, soccer, coffee shops, planned Halloween party and day clubs.

Judgment: Compliant

## Regulation 18: Food and nutrition

Inspectors reviewed risk control measures, personal plans, and staff guidance related to safe and healthy diet and nutrition, including guidance related to residents who required modification to their food. These plans were informed as required by the speech and language therapist and dietitian and kept up to date to reflect changes in residents' needs. Residents were also supported with healthy eating and weight management strategies, with which residents had had successful progress. Residents were supported with meals and snacks, and some residents were being supported to increase their access to the central kitchen and to have appliances in their own kitchenettes.

Judgment: Compliant

## Regulation 26: Risk management procedures

The registered provider had a comprehensive suite of risk assessments in place for both residents and the centre overall. Identified risks included behaviours of concern, fire setting, restrictive practice, transport and reduced staffing. The risk register was maintained by the person in charge who was responsible for review of risk within the centre. Inspectors reviewed the risk assessments and found that while the risk assessment control measures were strong, improvement was required in the areas of an evidence based approach to risk identification and appropriate scoring of risk in both impact and likelihood.

All risk with the centre had been identified and a corresponding risk assessment in place to support residents who present with often complex and challenging behaviour, however, it was not clear that all evidence available to centre management was utilised when scoring risk assessments. This meant that a number of risk assessments regarding residents were scored higher than was appropriate using the evidence available. For example, one resident had a risk assessment in place for incidents in a particular community location and this risk assessment was scored as a high medium risk. At the time of inspection the resident had not had any incident in this location, however the scoring of this risk assessment was the same as another risk assessment for the resident in regard to self injury, where eleven documented incidents had occurred.

Impact and likelihood scoring was another area that required review, one resident had a risk assessment in place regarding the use of ligatures. The resident has a significant history in relation to ligature use, however in one risk assessment the likely impact of a break in the associated control measures was scored two out of

five. This resident also had a risk assessment in place regarding an incident of throwing an item at staff, the centre management confirmed this incident took place in 2023, has not been repeated since but the likelihood of the incident occurring in the risk assessment is scored three out of five.

The registered provider had comprehensive behaviour support systems in place that included valuable, current data and information on residents that could have been used to better inform risk scoring. For example, one resident's behaviour support included data that showed a reduction in self-harm, soiling and assault since July 2025, however, none of these reductions were evident in corresponding risk assessment reviews which means that the resident profile in terms of live risk, was not reflective of significant improvements made.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

The provider had ensured that residents had access to regular behaviour support reviews, and reviews informed comprehensive behaviour support plans. Inspectors reviewed two behaviour support plans and found that both were reflective of resident needs in terms of appropriate supports and helped guide staff practice. Behaviour support reviews contained up to date, relevant data in terms of incidents and impacts of incidents. Trending of data collected was evident throughout both plans, where incident numbers trended downwards an associated restriction reduction plan was discussed where appropriate.

Plans outlined a traffic light system to guide staff in interpreting resident behaviour and comprehensive responses were documented for each colour of the traffic light system. Behaviour support plans outlined in detail functional assessments that were used to build individual plans for residents, these functional assessments guided proactive and reactive strategies for staff. Both plans had input from multi-disciplinary teams and were subject to regular review.

Staff spoken with on the day of inspection were informed and knowledgeable on the behaviour support plans for residents.

Judgment: Compliant

## Regulation 8: Protection

Where the provider had been in receipt of allegations of resident abuse or where staff had raised concerns, matters were investigated with appropriate engagement

with relevant outside parties. This included where the nature of resident feedback had been referred to the provider's safeguarding process.

Inspectors reviewed samples of intimate and personal care and support plans which were found to be person-centred and suitable to protect the dignity and autonomy of the residents. Systems were also in place for the oversight and monitoring of residents' incoming and outgoing finances.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| **Quality and safety** | |
| Regulation 10: Communication | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

# Compliance Plan for Springfield OSV-0007225

## Inspection ID: MON-0039727

## Date of inspection: 20/10/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

## Section 1

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

**Compliance plan provider's response:**

| **Regulation Heading** | **Judgment** |
|---|---|
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>1. The Person in Charge (PIC) will review the inspection report from August 2025 in conjunction with the Quality Assurance Officer to ensure actions identified are specific, measurable and more centre focused.<br><br>Due Date: 30 January 2026<br><br>2. The Head of Quality and Safety will provide feedback to Quality Assurance Officers regarding reference to SMART and centre-focused actions within their report following an unannounced visit to the designated Centre.<br><br>Due Date: 02 January 2026 | |
| Regulation 34: Complaints procedure | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 34: Complaints procedure:<br>1. The Person in Charge (PIC) will ensure that all complaints received in the centre are processed in accordance to Nua Healthcare's Complaints Policy and Procedure.<br>Completed: 30 November 2025<br>2. The PIC will ensure a discussion on the Complaints Policy with the staff team is conducted during the next scheduled team meeting, focusing on improving communication with complainants and outcome of the review.<br>Due Date: 02 January 2026 | |

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| Regulation 26: Risk management procedures | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

1. The Person in Charge (PIC) in conjunction with the Behavioural Specialist or other members of the Multi-Disciplinary Team, will complete a full review of all Individual Risk Management Plans (IRMPs) to ensure all risks pertaining to the Individuals are clearly evidence-based to risk identification and appropriate scoring of risk in both impact and likelihood.

Due Date: 30 January 2026

2. Following the review of each Individual's IRMP, the Person in Charge will present and discuss all updated plans during the next scheduled staff team meeting to ensure understanding across the team.

Due Date: 27 February 2026

## Section 2:

## Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---|---|---|---|---|
| Regulation 23(2)(a) | The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support. | Substantially Compliant | Yellow | 02/01/2026 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the | Substantially Compliant | Yellow | 27/02/2026 |

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|---|---|---|---|---|
| | assessment, management and ongoing review of risk, including a system for responding to emergencies. | | | |
| Regulation 34(2)(f) | The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied. | Substantially Compliant | Yellow | 02/01/2026 |