



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

Issued by the Chief Inspector

Name of designated centre:	Newhall
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	15 April 2025
Centre ID:	OSV-0005728
Fieldwork ID:	MON-0037836

About the designated centre

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

Newhall is a designated centre operated by Nua Healthcare Services Limited. This centre is located in a rural setting in Co.Laois and can provide residential care for up to six male and female residents, with an intellectual disability, who are over the age of 18 years. The centre comprises of two buildings, located within close proximity to each other. The main building accommodates five residents, with each having their own bedroom, some en-suite facilities, shared bathrooms, two sitting rooms, kitchen, dining area, and a staff office. The second building can accommodate one resident, who has their own en-suite bedroom, open plan kitchen, living and dining area and staff toilet and bedroom. Each building provides residents with a garden area to use as they wish. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 15 April 2025	11:00hrs to 19:15hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with residents who lived in the centre and observed how they lived. The inspector also met with the person in charge, a senior manager, four staff on duty, and viewed a range of documentation and processes.

Residents who lived in this centre had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to residents.

Although residents were out and about at various times during the day, the inspector had the opportunity to meet and speak with five of the six residents during the course of the inspection. On the inspector's arrival at the centre, it was found that residents started the day at their own pace and got up at times that suited them. Residents knew the purpose of the inspection and were happy to discuss their views with the inspector. Some residents showed the inspectors while others said that they were happy for the inspector to see their rooms later in the day.

The inspector spoke with five of the six residents who lived in the centre. Residents said that they were very happy living there and enjoyed their daily lives. They told the inspector that they had good involvement in the community and talked about some of the social and leisure activities that they took part in and enjoyed. Residents said that they enjoyed going out in the community for meals, outings to various activities and places of interest, meeting up socially with friends, visiting their families, and going for walks. They also enjoyed taking part in everyday community activities such as going to the barber, carrying out recycling, attending medical appointments and shopping. Transport was available so that residents could go for leisure activities and attend local amenities. On the day of inspection residents were out doing activities during the day. On return in the afternoon, a resident talked about having gone to get glasses, had had something to eat out and then went to visit some friends at their home. This resident said that they had a good day out and had enjoyed meeting their friends. Two residents told the inspector that they had been to Galway to visit the aquarium. They had also gone for a meal out. When they returned they talked about the fish that they had seen and having been by the sea, and said that they had enjoyed the outing very much. Other activities that residents were involved in during the day included going out for a drive, shopping, going for coffee and attending appointments. Although residents were out and about for most of the day, some were relaxing watching television and listening to music while they were at home.

The inspector was told by residents that they had good relationships with staff. They knew that they could raise any complaints or concerns with staff and were confident

that it would be taken seriously. Residents knew who was in charge in the centre, and they said that they trusted the staff. Residents told the inspector that they enjoyed their meals in the centre. They explained that they had choices around their food shopping and meals, and that staff prepared meals that they liked, at the times that suited them and that they could be involved in meal preparation if they chose to. The inspector joined some residents while they were having their evening meal of chicken casserole.

This had been chosen in advance at a weekly meeting and had been prepared by staff. These residents told the inspector that the meal was very good and that they were enjoying it. One resident had eaten out and did not want to have the meal at that time, while another also said that they would prefer to have it later.

Staff who spoke with the inspector were very knowledgeable of each resident's care and support needs and discussed residents' preferences and interests, and how their specific support needs were being met. Throughout the inspection the inspector could see that residents' wishes were respected and that individualised care was being provided to each resident.

It was clear from a walk around the centre that safe and comfortable accommodation was provided for residents. The centre consisted of one main house and an adjacent apartment. It was situated in a rural area and local towns were accessible by car. Both dwellings were spacious, well-equipped, comfortably decorated with photographs and art work displayed. Each resident had their own bedroom and these rooms were personalised and decorated in line with each resident's interests and wishes. The inspector saw, for example, that some rooms were decorated with family photos and personal belongings, while some residents preferred minimal décor and this was respected. There was adequate storage for residents' clothing and belongings in each bedroom.

Throughout the inspection it was clear that the person in charge and staff prioritised the wellbeing and quality of life of residents. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed, and going out in the community. In addition residents were observed to be at ease and comfortable in the company of staff, and appeared to be relaxed and happy in the centre.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents.

Capacity and capability

This announced inspection was carried out as part of ongoing regulatory monitoring of the centre, and following receipt of the provider's application to renew the registration of the centre. The findings from this inspection indicated that the provider was delivering a good quality service, which was focused on residents' needs and preferences. This inspection indicated good compliance with the regulations reviewed, although some improvement to the complaints procedure was required.

The centre was well resourced to ensure the effective delivery of care and support to residents. These resources included comfortable accommodation and adequate transport vehicles for residents' use. There were sufficient staff on duty during the inspection to support residents to take part in the activities that they preferred, and to ensure that each resident had individualised care and support. Staff had attended up-to-date mandatory training and other training relevant to their roles, were being suitably supervised by the person in charge. The provider had also ensured that the centre was suitably insured.

The provider had developed a clearly defined management structure and this was described in statement of purpose. There was a suitably qualified and experienced person in charge employed to manage the centre. The person in charge was also responsible for the management of one other designated centre, and split their time equally between the two centres. The person in charge was very familiar with the care and support needs of residents who lived in this centre and focused on ensuring that these residents would receive high quality of care and support. There were processes in place to ensure that the service was safe and suitable for residents. The inspector viewed a range of processes which included identification and management of risk, accessible complaints and advocacy processes, and ongoing maintenance of the property. However, some minor improvement was required to the documentation of complaints.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation and information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services. The inspector reviewed this documentation and found that it had been suitably submitted. Minor amendment to the statement of purpose was required but this was addressed by the person in charge and an updated version was submitted to the Health Information and Quality Authority shortly after the inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a suitable person in charge to manage the designated centre.

The inspector read the information supplied to the Chief Inspector in relation to the person in charge. This indicated that the person in charge was suitably qualified and experienced for this role. The person in charge worked closely with staff and the wider management team. Throughout the inspection, the person in charge was very knowledgeable about the individual needs of each resident who lived in the centre, and was also aware of their regulatory responsibilities. It was clear that the person in charge was very involved in the running of the service and was well known to residents. Residents who spoke to the inspector knew who was in charge in the centre and acknowledged that they could discuss any issues of concern with the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received appropriate training to equip them to provide suitable care to residents.

The inspector viewed the staff training records which showed that staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding, in addition to other training relevant to their roles, such as medication management, children first, basic first aid, food hygiene, infection control and in management of specific aspects of health and welfare relevant to residents in the centre such as epilepsy management, rescue medication and communication. All staff had also attended training in human rights, positive risk taking, and putting people at the centre of decision making.

There was a plan in place to ensure that all staff attended supervision meetings at least twice each year. The inspector viewed the plan and found that supervision meetings were taking place as required. The person in charge showed the inspector a sample of two supervision records which had been carried out as planned and had been suitably recorded.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that the centre was suitably insured against risk of loss or damage to property and or injury to residents.

The inspector viewed the centre's certificate of insurance which was submitted to the Chief Inspector as part of the centre's registration renewal process and found that it was up to date and suitable.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

The provider had developed a clear organisational structure to manage the centre and this was set out in the statement of purpose. There was a suitably qualified and experienced person in charge. The person in charge was frequently present in the centre, and worked closely with staff and with the wider management team. The person in charge was the manager of two centres and divided their time equally between the two services. There were arrangements in place to support staff when the person in charge was not on duty. Two other staff with managerial functions worked in the centre, and were rostered opposite the person in charge, which ensured that there was management presence in the centre every day.

The provider had processes in place to ensure that the service was safe and suitable for residents. The inspector viewed a range of process which included identification and management of risk, accessible complaints and advocacy processes, and ongoing maintenance of the property.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport vehicles, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs. Staff were being suitably trained and supervised in line with the provider's processes.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose had been prepared for the service, and it was available to view in the centre. Overall, the statement of purpose was informative and met the requirements of schedule 1 of the regulations.

The inspector read the statement of purpose and found that it was informative and was being reviewed annually by the person in charge. A minor adjustment to the

statement of purpose was required and the person in charge committed to updating the statement of purpose following the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

There were processes in the centre to manage and investigate complaints. It was found that complaints were being taken seriously by the provider and that systems were in place to investigate and resolve complaints. Information about the complaints process was made available to residents. However, the complaints policy did not provide sufficient information to guide staff on the recording of complaints, and improvement to completion of the centre's complaints records was required.

There was an up-to-date policy for the management of compliments, comments and complaints. The inspector read this policy and found that it contained guidance on the receipt and management of complaints, and on access to advocacy services. The policy provided guidance to residents and their representatives on the complaints system but did not provide guidance to staff on the recording of complaints, including verbal complaints, in the complaints log.

Some aspects of complaint records, investigation and resolution were not available to view during the inspection as they were retained by the complaints officer and not in the designated centre. The inspector viewed the centre specific comments, compliments and complaints log which was kept in the centre. Some complaints were recorded in this log, although the log had not been recorded in full. Details of any complaints were recorded and signed by the person making the complaint. Details of investigation were not recorded in these logs. A feedback section including the final outcome and the satisfaction of the person who made the complaint. It was also found that any issues regarding premises that residents made verbally to the person in charge had been recorded for attention and addressed through the centre's maintenance system. For example, a request for a structural change in the building had been addressed and a request for further change was being explored with the person who made the request, the person in charge, and the maintenance department.

Judgment: Substantially compliant

Quality and safety

Based on the findings of this inspection, there was a high level of compliance with regulations relating to the quality and safety of care delivered to residents who lived

in the centre. The person in charge and staff in this service were very focused on ensuring the safety, community involvement and general welfare of residents. The inspector found that residents were supported to live lifestyles of their choice, to take part in activities that they enjoyed, and that residents' rights and autonomy were being supported.

The centre comprised of one house and a separate self-contained apartment. This accommodation suited the needs of residents, and was clean, comfortable and well maintained. The house was spacious and all residents had their own bedrooms which were furnished and personalised to their liking. The apartment was also well-equipped and well maintained. Both the house and apartment had well equipped kitchens and dining areas where residents could have their meals, and could become involved in food preparation if they liked to. Laundry facilities were available in the centre for residents' use if they wished and there was a refuse collection service provided. There was a large well-kept garden where residents could spend time outdoors and a separate garden was attached to the apartment. Residents could use the centre's transport to access their preferred activities.

As this was a home-based service, residents could take part in their preferred activities in their home, and in the community. Individualised staff support was provided for each resident which ensured that they could achieve these in accordance with their individual choices and interests, as well as their assessed needs. During the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Residents were involved in a range of activities such as shopping, day trips, taking exercise, meeting with family and friends and going out for something to eat.

Residents' human rights were being well supported by staff and by the provider's systems. Information was supplied to residents through ongoing interaction with staff and the person in charge, and through easy-read documents. Residents could choose whether or not they wanted to vote or to partake in religion and were supported to take part in these at the levels that they preferred. Residents' financial independence was also being supported and encouraged and residents had access to a complaints process and advocacy service.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for residents based on these assessments and residents' personal goals had been agreed at annual planning meetings. Personal planning information and plans of care were detailed and informative.

There were several systems in place to ensure that residents were protected from harm and risk in the centre. These included development of intimate care plans, missing person profiles, and behaviour support plans with specialist involvement. A risk register had been developed in which risks specific to the centre and their control measures had been identified. Individualised risk assessment had also been completed for each resident.

Regulation 13: General welfare and development

Residents were being supported and encouraged to take part in a range of social and developmental activities both at the centre and in the local community.

Suitable support was provided for residents to carry out these activities in accordance with their individual choices and interests, as well as their assessed needs. Each resident had one-to-one staffing allocation and there were sufficient transport vehicles in the centre to ensure that residents were supported to take part in activities as they wished. These activities included meeting up with family and friends, and outings to places of interest,

Some residents were also involved in household tasks, such as laundry, recycling and food preparation as they wished, and had autonomy to carry out everyday community activities such as shopping, going to the barber, swimming, cinema, and eating out. Resident told the inspector about some of the activities that they liked including visiting family, cinema, attending appointments and going out for coffee or to restaurants.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of the residents. The centre comprised a house and separate self-contained apartment in a rural area. During a walk around the centre, the inspector saw that the centre was spacious, that all parts were well maintained, clean and comfortably decorated, and that all residents had their own bedrooms. There were gardens to the front and rear of the centre, including separate secure back gardens for both the house and the apartment. The centre was equipped to support residents to mobilise safely. For example, there were hand rails in corridors, spacious accessible bathrooms were available to residents, and some steps were highlighted in contrasting colours to support their visibility.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The centre had well equipped kitchens in both the house and the apartment where food could be stored and prepared in hygienic conditions. The inspector saw how choice was being offered to

residents. Residents had weekly meetings with staff at which they planned their main meals for the coming week. The inspector saw that the meal plan was clearly displayed to keep residents updated. Main meals were freshly prepared in the centre and the dinner that was made on the day of inspection appeared wholesome and nutritious. Meals were prepared and served in line with each resident's preferences and assessed needs and staff who spoke with the inspector were knowledgeable of these requirements.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information was provided to residents in a way that suited their needs.

A residents' guide had been developed to provide information to residents. The inspector read this document and found that it had met the requirements of the regulations. Other information that was relevant to residents was provided in user friendly formats. This included sharing information about topics such as how to make a complaint, the menu for the week, activities that were on in the local area, human rights and safeguarding information, and photos to identify senior managers.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good systems in place for the management of risks in the centre. The provider's risk management arrangements ensured that risks were identified, monitored and regularly reviewed.

The inspector viewed the risk register and found that it identified a range of risks associated with the service and had documented interventions to reduce these risks. The inspector also saw that further individualised risk assessments had been carried out for to identify and manage risks specific to each resident. These risks were being reviewed and updated as required. The provider had developed a risk management policy which was up to date, and was available to guide staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of residents had been carried out, and individualised personal plans had been developed for each resident based on their assessed needs. These were of good quality, were up to date' and were informative.

The inspector viewed a sample of two residents' personal plans and found that these personal plans had been developed with input from the provider's multidisciplinary team. Comprehensive assessments of residents' needs were being carried out annually with multidisciplinary involvement as required. The assessments informed personal plans which identified residents' support needs and identified how these needs would be met. These plans of care were clear and were up to date. Residents' personal goals had been agreed at annual planning meetings. Monthly goals were also being developed. Progress in achieving these goals was being reviewed and updated monthly.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

The inspector saw that there were procedures to support residents to manage behaviours of concern, which enabled them to live their lives as safely and comfortably as possible. The inspector viewed the support plans that had been developed for resident who required support to manage their behaviours. These plans was clear and up-to-date. Residents had access to the provider's multidisciplinary team which included behaviour support and psychology specialists who worked with and supported residents as required. The centre was adequately staffed to ensure that each resident had individualised support at all times. Staff who spoke with the inspector were very clear about the behavior management strategies that were in place to support each resident.

Judgment: Compliant

Regulation 9: Residents' rights

There were systems in place to support residents' human rights. Throughout the inspection, the inspector saw that residents had choice and control in their daily lives. Each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do.

The inspector observed that staff had established and recorded residents' likes, dislikes and preferences, based on discussions with residents, assessments, observation, and knowledge of each individual. During the inspection, residents were offered choices of wholesome meals, prepared and served in line with their needs and preferences.

Residents had comfortable accommodation. Each had their own bedroom and there was ample communal space, which ensured that residents could enjoy privacy or time alone as they wished. Residents were also being supported to keep in contact with family and friends and to access the local community.

Residents had access to complaints and advocacy processes and this information was freely available in the centre to inform residents. Residents told the inspector that they knew about the complaints process and would tell the person in charge or a member of staff if they had any concern. A resident also told the inspector of having used both the complaints and advocacy process, and records viewed by the inspector confirmed this to be the case. Training records confirmed that all staff had attended training in human rights and it was clear during the inspection that residents' rights to choose were being taken into consideration and were being supported.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Newhall OSV-0005728

Inspection ID: MON-0037836

Date of inspection: 15/04/2025

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>1. The Complaints Policy will be updated to guide staff on the recording of all complaints received such as verbal/written/email.</p> <p>Due Date: 20 June 2025</p> <p>2. The Person in Charge (PIC) will review and update where required the Comments, Compliments and Complaints form to ensure all records are completed in full and maintained to a high standard.</p> <p>Due Date: 20 June 2025</p> <p>3. The Central Complaints Register, and the Comments, Compliments and Complaints form will be reviewed and updated to include a section on how the complaint was received such as verbal/written/email, the Complaints Register will have the outcome noted within.</p> <p>Due Date: 20 June 2025</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 34(1)(a)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure that the procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.	Substantially Compliant	Yellow	20/06/2025