Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

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| Name of designated centre: | Boyne Manor |
| Name of provider: | Three Steps Limited |
| Address of centre: | Meath |
| Type of inspection: | Unannounced |
| Date of inspection: | 15 July 2026 |
| Centre ID: | OSV-0001804 |
| Fieldwork ID: | MON-0051081 |

## About the designated centre

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

Boyne Manor is a residential service which caters for up to three residents, under the age of 18 years, both male and female, with an intellectual disability. The centre is located in a town in County Meath close to a variety of local services and amenities. Each young person has their own en-suite bedroom. There is a spacious garden and play areas, as well as large kitchen/dining room and large common areas. Staffing support is provided 24 hours a day, seven days a week by a person in charge, a deputy manager, four team leaders and a team of social care workers/health care assistants.

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

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| Number of residents on the date of inspection: | 3 |

## 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 |
|---|---|---|---|
| Wednesday 15 July 2026 | 14:00hrs to 18:10hrs | Raymond Lynch | Lead |
| Thursday 16 July 2026 | 10:40hrs to 17:20hrs | Raymond Lynch | Lead |
| Thursday 16 July 2026 | 10:40hrs to 17:20hrs | Jennifer Deasy | Support |
| Wednesday 15 July 2026 | 14:00hrs to 18:10hrs | Danielle Monahan | Support |

## What residents told us and what inspectors observed

This inspection found that the provider had continued to make progress and considerable improvements with regard to the quality of care provided to the three young people living in this centre. Additionally, feedback on the service from a family member was exceptionally positive and complimentary and, the three young people appeared settled and content in their home. Notwithstanding, some issues continued to remain with aspects of risk management, governance and individual plans.

On arrival to the centre on 15 July 2026 it was observed to be clean, well decorated, welcoming and generally well maintained. There was a well-maintained garden area to the front of the property with a swing set and trampoline for they young people to avail of. Additionally, there was also a bicycle and scooter for the children to use when they wished.

The inspectors were met with by the deputy manager who facilitated this two-day inspection as the person in charge was no longer working in the service. One of the young people was at a summer camp and, the deputy manager explained that this young person was also going on a home visit in the afternoon but, would be back in the house at 5.30pm.

The other two young people were in the house. One was relaxing in their bedroom and the other was upstairs with staff. The inspectors met with the young person upstairs for a short period of time and, they appeared content in the company and presence of staff. This young person was on 2:1 staffing support throughout the day and, the inspectors observed that the two staff members were person-centred, calm and warm with their interactions with them. They were also observed to be attentive to the needs of the young person at all times. The deputy manager explained that this young person had plans to visit with family for the coming weekend so as to celebrate their siblings birthday and, were looking forward to this. Later on in the inspection process, this young person was met with again. They were having a snack in the kitchen, appeared in good form and again, the young person appeared contented in the company and presence of staff.

The second young person was met with briefly on a couple of occasions over the course of this inspection. This young person required continuous supervision and support and the inspectors observed that staff were at all times, attentive to them and their needs. The young person seemed relaxed in the company and presence of staff and, staff were observed to be kind and person centred in their interactions with the young person. Staff were also observed to support the young person's choices and preferences.

Later in the evening, the third young person arrived back to the centre. They appeared in very good form and gave one of the inspectors a 'high five'. This young

person was very active and, was observed to choose their own routine with regard to what to eat and what to do. Staff were observed to be respectful of the young person's choices and, interact with them in a warm and friendly manner. The young person was also observed to be content, happy and relaxed in the company and presence of staff. They liked to spend time watching their favourite cartoons on their phone, while on swing in the front garden and, when engaged in this activity their support staff respected their privacy. However, at all times they continued to monitor and keep an eye out for the young person from the house so as to ensure their safety.

On both days of this inspection the inspectors got to meet and speak with seven staff and the deputy manager. All spoke very positively about the young people, and demonstrated that they were aware of their assessed needs. For example, staff were able to talk the inspectors through the process and protocols in place for supporting one young person who could experience seizures. Staff also informed the inspectors that all three young people would be attending school after the summer break. Staff were also aware of some of the risks the young people could present with and how to manage such risks. However, it was observed that some of these risks and procedures to manage risk were not adequately documented in relevant care plans and/or risk assessments.

One family member spoken with over the phone was very complimentary of the staff team saying that they were so good to their relative. They also said that there was a '*great connection between staff and their relative*'. This young person had recently been supported by staff to go on a holiday to Galway with their family and, the family member spoke with said it '*it was a great success*'. They said that they got to go visit an aquarium on their holiday and take a boat trip reporting that the whole family had a wonderful time. They also said that they could visit with their relative at any time they wished and staff always made them feel very welcome. When asked had they any issues or complaints with the service they said that they had none, but if the did they would speak to management and/or staff. Overall they expressed that they were very happy with the level of care provided to their relative, staff were very good and that their relative was happy in the house.

Written feedback on the quality of care from one family member and a social worker involved in the care of one of the young people was also observed by one inspector. This feedback was generally positive and complimentary. For example, the family member reported that they had no concerns with the service and that their relative progressing well. They were also complimentary of staff and said that their relative was well cared for. The social worker also reported that they were happy with the placement of one of the young people saying that staff were familiar with their needs.

The inspectors observed over the two days of this unannounced inspection that they three young people were supported to looked their best and that their bedrooms and personal belongings were clean and tidy. Bedrooms were also decorated in line with the young peoples likes and preferences.

Overall, a number of improvements had been made and implemented to the quality of care provided to the three young people living in this service since the last inspection in March 2026. However, some issues continued to remain with aspects of the governance and management arrangements and the management of risk.

The next two sections of this report outline 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 care provided to the young people.

## Capacity and capability

Inspectors found that significant improvements regarding the quality of care had been made since the last inspection in March 2026. Some minor aspects of the governance and management arrangements continued to require review.

Young people appeared happy and content in their surroundings and feedback on the quality and safety of care from one family representative was both positive and complimentary.

Additionally, there was an experienced staff team in place who demonstrated that they were aware of the assessed needs of the young people. Staff were also observed to be kind, caring and person-centred in their interactions with the young people.

The deputy manager maintained actual and planned rosters in the centre and, had a schedule of supervision in place for the staff team. The deputy manager was also aware of their remit to update the statement of purpose on an annual basis (or sooner if required) in line with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

An annual review of the service had been completed for 2025 and, an unannounced six-monthly unannounced visit had also been facilitated. While these were informative and detailed audits of the service, it was observed that some actions arising out of the six-monthly audit were not being implemented in a timely manner.

## Regulation 15: Staffing

Over the course of this two-day inspection staff were observed to be kind, patient, warm and person-centred in their interactions with the young people. They also

demonstrated that they were aware of their assessed needs and, had had completed training in Children;s First and safeguarding..

The staffing arrangements were as described by the deputy manager and team leaders. For example

- six staff worked each day (as the three young people were on 2:1 staffing support)
- three staff worked overnight in the centre (two were on a sleep over arrangement and one worked live night duty)
- where required, an additional staff member was available for live night duty in line with the assessed needs of one of the young people
- the deputy manager worked in the house Monday through to Friday each week.

A family member spoken with on the first day of this inspection was very positive and highly complimentary of the staff team saying that their relative was very well cared for. Staff spoke with seven staff members (team leaders and support staff) and all demonstrated that they were aware of the assessed needs of the young people.

One inspector reviewed the schedule 2 files for nine staff. All had an up-to-date Garda vetting disclosures, two validated references, photographic ID and copies of their relevant qualifications.

Additionally, all nine staff had qualifications in suitable areas including social care, healthcare and education.

Judgment: Compliant

## Regulation 23: Governance and management

A number of improvements were noted regarding the governance and oversight of the designated centre since the last inspection of this service in March 2026. Overall the provider had made substantive improvements in their governance arrangements to move the centre towards regulatory compliance.

For example, the deputy manager had robust systems in place for the day-to-day management of the centre. Systems were also in place for the ongoing supervision of the staff team. All staff spoken with said that the deputy manager was approachable and, if they had any concerns about the welfare of the young people in their care, they could speak to the deputy manager.

Since the last inspection, improvements were also noted in communication, the premises and layout of the centre, and with the fire precautions

However, some aspects of the governance and management continued to require further review. For example:

- at the time of this inspection, the person in charge had left their post. While the deputy manager of the centre managed the inspection process competently, the Chief Inspector was not notified of the person in charges departure in the required 10 day time frame.
- a six-monthly audit of the service conducted on 29 January 2026, 03 February 2026 and 15 February 2026 identified that any outstanding training for staff was to be organised, particularly in relation to ligature cutting, self harm and communication. However, the majority of staff had not yet received training in self harm or communication at the time of this inspection. Taking into account the assessed needs of the young people, this required review.
- some improvements were required with one young person's bedroom and ensuite bathroom (flooring)

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The statement of purpose met the requirements of the regulations. It detailed the type of supports and services to be provided to the young people.

Judgment: Compliant

## Quality and safety

While a number of improvements pertaining to the quality and safety of care provided to the young people were noted since the last inspection of this centre in March 2026, risk management and aspects of individual assessment and personal plans required review.

Since the last inspection of this service access to multi-disciplinary support had been sourced and or increased for the young people to include access to a speech and language therapist and behavioural support.

Additionally, the young people were also being supported to maintain contact with families, attend summer camps and, go on holidays. All three young people also had a school placement organised after the summer break.

Staff had training in Children's First and all staff spoken with said that they would have no issues reporting any concern to the deputy manager if they had one.

The premises were observed to be clean, welcoming and generally well maintained and, the issues to do with fire safety as found on the last inspection, had been addressed.

## Regulation 10: Communication

The inspector saw, on a review of two young people's files, that they had each had a recent communication assessment completed by a relevant multidisciplinary professional.

These assessment reports, from June 2026, detailed strategies required to support young people's communication, for example, through using total communication and implementing strategies such as objects of reference.

At the time of this inspection, these strategies were ongoing and being implemented in line with the assessed needs of the young people.

Judgment: Compliant

## Regulation 13: General welfare and development

The inspectors found that the provider had made progress in respect of the access to education for all of the young people living in the centre. One of the young people, who had been without a school placement for September 2026 had received confirmation of a school place. Another young person was participating in July provision summer camps at the time of the inspection, and also attended school on a regular basis. The third young person was also in full-time education.

Inspectors contacted social workers for the three children over the course of the inspection; however, they were unfortunately unavailable to speak. Inspectors saw that regular reviews of the one child's placement were occurring with the relevant stakeholders.

Inspectors reviewed the daily notes for three young people across the course of a week in July. Inspectors saw that young people were offered a variety of personally meaningful activities both in the centre and in the community. Some young people attended local clubs and community groups. Others enjoyed visiting local parks and beaches. One young person was being supported to engage in music therapy.

Young people were supported to maintain contact with their families. One young person had recently been supported by the staff team to holiday with their family.

Another young person had plans to meet their family and siblings in the coming weeks.

Judgment: Compliant

## Regulation 26: Risk management procedures

Policies and procedures were in place for the management of risk and each young person had a number of individual risk assessments assessments in place.

It was observed however, that the process of risk management required review. For example,

- a serious incident occurred on 6th of July 2026 whereby a young person had broken a car window in an incident of self-injurious behaviour. However, their risk assessment had not been reviewed or updated to reflect this issue or to identify what additional controls might be needed to support staff in ensuring the young persons safety.
- inspectors saw, on a review of daily notes, that there were regular incidents of self-injurious behaviour which posed a risk to the safety of one young person. These incidents included banging their head against tiles in the bathroom and the radiator in the kitchen and bedroom. Where required, portable, padded mats were used to prevent injury. The staff placed these between the young person and the hard surface when they engaged in this behaviour; however, further consideration could be given to reviewing some aspects of the environment such as the radiators, in order to further reduce the risk of possible injury. Notwithstanding, the inspectors also noted that staff were at all times attentive to this young person's needs and provided ongoing support and reassurance to them.
- one young person who had epilepsy liked to have a bath and use a paddling pool. While there was a risk assessment in place for epilepsy, additional information on the measures and actions staff would take, if they were to have a seizure when engaged in these activities could have been documented. Notwithstanding, the inspector acknowledges that staff spoken with were able to identify the actions they would take, to ensure the safety of the young person if they had a seizure while using the bath/paddling pool.

Judgment: Not compliant

## Regulation 28: Fire precautions

The issue as found with fire precautions on the last inspection of this service had been addressed.

Firefighting systems were in place to include a fire detection and alarm system, fire doors, fire extinguishers, emergency lighting and fire signage.

Equipment was being serviced as required by the regulations.

For example:

- the fire alarm systems had been serviced in February and May 2026
- the emergency light system was also serviced in February and May 2026
- the fire extinguishers were serviced in March 2026

Each young person had an emergency evacuation plan in place and, fire drills were being conducted as required. It was observed that one young person could refuse to evacuate the premises during a fire drill however, there was clear guidance available to staff on how to manage this issue should it arise. Additionally, no issues were noted on the last two fire drills carried out in this centre. For example:

- a fire drill carried out in March 2026 reported that it took six staff and the three young people 59 seconds to evacuate the premises with no issues identified
- a night time drill carried out in June 2025 reported that it took three staff and the three young people 32 seconds to evacuate the premises with no issues noted

Staff also carried out as required checks on all fire fighting equipment in the centre.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

An inspector reviewed two of the young people's files in detail over the course of the inspection. A previous inspection had found that there were deficits in respect of the multidisciplinary assessment of the assessed needs of the young people. This inspection found that the provider had enhanced the access to multidisciplinary professional assessment for the young people. Young people's files now contained up-to-date assessments in many relevant areas including, for example, communication and sensory needs. One young person had recently attended for a dental review and referrals had been sent for dietetic reviews for young people, where there were concerns regarding their nutritional intake.

The inspection found that there remained some documentation gaps in respect of care plans for the young people. This was important given the complex support needs in this centre. For example, there were no specific care plans in respect of the support required to assist young people with constipation, epilepsy, consumption of

inedible items and dentition. There was some information on young people's intimate care plans in respect of dental care but this was insufficiently detailed to guide staff in monitoring this area of need. Other gaps were identified in respect of behaviour support plans. For example, some specific behaviours demonstrated by the young people were not detailed on these plans. A protocol for seeking medical treatments after self-injurious behaviour was reviewed by the inspector. This was also found to required further detail, for example, to define low, medium or high force impacts and the process to be followed after each level of injury.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

The young people had access to positive behavioural support and where required, positive behavioural support plans were in place.

These plans identified the behaviours the young people could present with, the possible causes of those behaviours and strategies to prevent and manage behaviours.

Staff also had training in the management of behaviours.

While it was observed that some of the paperwork pertaining to positive behavioural support plans required review (as detailed in regulation 5 individual personal plans) the inspectors observed staff supporting the young people in a calm, patient and person-centred manner and where required, provided reassurance and interventions to the young people as required.

Judgment: Compliant

## Regulation 8: Protection

Systems were in place to protect the young people from abuse and, at the time of this inspection the deputy manager informed the inspectors that there were no open safeguarding concerns with the child and family agency.

The deputy manager also informed one inspector of the management and reporting procedures in for any allegation of abuse or concern which included reporting the issue to the child and family agency, the Chief Inspector and if required, to An Gardaí. Additionally, safeguarding plans would be in place if required.

The inspectors also noted the following:

- a child safeguarding statement was in place in the centre

- safeguarding policies and procedures were also in place
- all staff members spoken with said they would have no issues reporting a concern about the quality or safety of care to the management team
- one family member spoken with over the phone on the first day of this inspection was exceptionally positive and complimentary about the quality and safety of care provided to their relative
- a social worker reported that they were happy with the placement of one of the young people saying that staff were familiar with their needs
- safeguarding was discussed at management/staff meetings

It was also observed that staff vetting and references on file and, had the following training completed

- Children's First
- safeguarding

Judgment: Compliant

## Regulation 17: Premises

Since the last inspection of this centre a number of improvements had been made to the premises to include the installation of a sink in the utility room, painting throughout and the installation of new flooring.

The house was found to be comfortable, clean, welcoming and generally well maintained. Each young person had their own bedroom with sufficient storage for their personal belongings. One young person who did not like to have their belongings in their room, had access to another room to for their clothes and other items.

There were well maintained garden areas to the front and rear of the property and, a swing and trampoline was available to the young people to use.

It was observed that flooring on one young person's bedroom required review (this was discussed earlier in this report under Regulation 23).

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 15: Staffing | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| **Quality and safety** | |
| Regulation 10: Communication | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 26: Risk management procedures | Not compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 17: Premises | Compliant |

# Compliance Plan for Boyne Manor OSV-0001804

## Inspection ID: MON-0051081

## Date of inspection: 15/Jul/2026

**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. A new PIC has been appointed to the designated centre. All relevant documentation relating to the appointment and registration requirements was submitted to HIQA on 21/08/2026.<br><br>2. The training needs of staff have been reviewed, and a programme of training has been implemented to address identified gaps. Communication training was completed on 29/07/2026, Ligature Cutter training is booked for the 18/09/2026, and Self-harm training will be completed by 30/09/2026.<br><br>3. The required repairs to the flooring in the resident's bedroom and en-suite bathroom have been completed. The resident has subsequently returned to their bedroom, which is now suitable for their assessed needs. | |
| Regulation 26: Risk management procedures | Not Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk management procedures:<br>1. The newly appointed PIC has undertaken a comprehensive review of all existing risk assessments within the designated centre. Any required amendments and updates identified through this review will be completed by 30/09/2026. | |

2. The Service Manager has completed a comprehensive environmental risk assessment of the designated centre. As part of this assessment, the installation of a radiator cover was identified as an additional control measure to mitigate potential risks to one of the residents. The required radiator cover will be installed by 11/09/2026.

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| Regulation 5: Individual assessment and personal plan | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
1. The Service Manager, in conjunction with the new PIC and Deputy Centre Manager, will undertake a comprehensive review of each resident's Programme of Care. The review will ensure that each Programme of Care accurately reflects the residents' current assessed needs, individual goals and support requirements. Any required amendments will be completed by 31/10/2026.

## 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(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Substantially Compliant | Yellow | 30/Sep/2026 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Not Compliant | Orange | 30/Sep/2026 |
| Regulation 05(6)(c) | The person in charge shall ensure that the personal plan is | Substantially Compliant | Yellow | 31/Oct/2026 |

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| | the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan. | | | |