



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

Issued by the Chief Inspector

Name of designated centre:	Elmville
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	20 July 2026
Centre ID:	OSV-0001821
Fieldwork ID:	MON-0042546

About the designated centre

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

This service is provided in a purpose built, single storey residence located in a housing development in a rural village. A maximum of six residents can be accommodated and the service supports residents with higher needs in the context of their disability. The provider aims to provide an individualised service informed by the needs, choices, interests and preferences of each resident. Residents are encouraged to maintain family and community links. The centre is open on a full-time basis and a staff presence is maintained at all times. The staff team is comprised of care assistants and social care workers led by the person in charge who is a registered nurse in intellectual disability nursing.

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
Monday 20 July 2026	09:00hrs to 16:15hrs	Kerrie OHalloran	Lead

What residents told us and what inspectors observed

From what residents told us and what the inspector observed, residents living in this designated centre were receiving person-centred care and support, and were enabled to access activities and their local community. The inspection found good levels of compliance with the regulations. Some improvements were required. These are outlined under Regulation 26: Risk management and Regulation 9: Residents' rights.

The current inspection was carried out as part of a group inspection on 20 and 21 July 2026 that had been agreed in advance with St Joseph's Foundation. As part of this group inspection, inspection activity was conducted for eight designated centres operated by St Joseph's Foundation to inform registration renewal applications for all eight centres. During this inspection activity, a specific set of regulations was focused upon. Staff files for seven of the centres involved were reviewed in St Joseph's Foundation's head office on 20 July 2026 as part of the group inspection.

Elmville is made up of one house located in a village and in close proximity to a nearby larger town. The house is close to local amenities. It is a bungalow style house and is home to six residents. The house comprises a large sitting room, smaller sitting room, dining area and kitchen, utility, six resident bedrooms, two communal bathrooms and an enclosed garden to the rear of the property. This garden is designed to suit the needs of the residents and included a large swing and outdoor seating. Throughout the inspection residents were seen to be enjoying the good weather either on the swing or relaxing on blankets in the garden.

Over the course of the inspection, the inspector had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting five of the residents living in the centre, two staff, the person in charge, and a person participating in the management of the designated centre. The inspector observed a sixth residents as they were relaxing in their room after being out for the morning and afternoon, as the resident appeared comfortable resting the inspector did not interrupt this. Additionally, observations, review of documentation and discussions with staff were used to capture the lived experience of residents.

On arrival to the house, the inspector was greeted by the person in charge and shortly after this a resident guided the inspector into the kitchen. The inspector observed that two of the residents were sitting at the kitchen table having their breakfast, while a third resident was enjoying doing a table top activity with pegs. Another resident was relaxing in an armchair in the kitchen. The inspector was introduced to the residents by a member of the staff team who was supporting a resident with their breakfast. Residents appeared comfortable in the presence of each other. The staff and person in charge spoke about the residents plans for the day which included a group trip to the cinema for residents that had chosen to go.

The staff appeared to be knowledgeable of the support needs of the resident, the inspector observed one resident had their specialised eating utensils in place to support them with their meal.

Residents had a variety of communication support needs and used words, vocalisations, gestures, facial expressions, signs and body language to communicate. The inspector observed staff communicating with residents throughout the inspection and found that staff were familiar with residents' communication styles and preferences.

The inspector found that residents participated in a number of activities both within the designated centre and the wider community. The designated centre had access to an day staff which was in place Monday to Friday to support the residents with their preferred activities. The staff member was seen to be working alongside residents and staff to identify activities and goals in the local community and in the centre that residents would enjoy. Some residents in the designated centre enjoyed activities in their home. Music therapy took place regularly in the centre and pictures of residents enjoying this were seen by the inspector. Residents had access to reflexology and chiropody, along with attending music shows, day trips and holidays and dining out.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre and were presented to the inspector on the day of the inspection. The inspector received six forms. The feedback in general was very positive and indicated a high level of satisfaction with the service provided in the centre. This included the staff, activities and food.

In summary, residents in this centre were enjoying a good quality of life. The provider was aiming to develop and enhance the centre in line with residents changing needs. The inspector found that residents living here enjoyed their lives and enjoyed being involved in activities in their home and community. Staff had access to training to ensure they could support the residents with their assessed needs.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre, and how these arrangements affected the quality and safety of residents' care and support.

Capacity and capability

This designated centre was one of eight designated centres operated by St. Joseph's Foundation that were inspected as part of the regulatory requirement relating to the renewal of registration of designated centres. The overall inspection programme was conducted over a two-day period by a team of five inspectors. The inspection of this

designated centre took place over one day and was carried out by one inspector. Overall, this inspection found that residents were in receipt of care and support from a consistent staff team.

The provider was aware of the regulatory requirements to complete an annual review and internal provider led audits every six months in the designated centre. The provider also had an internal audit schedule in place to monitor the designated centre.

The provider had systems in place through which staff were recruited and trained, to ensure they were aware of their roles and responsibilities in supporting residents in the centre. Residents were supported by a core team of consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff. For example, residents smiled and responded to staff supporting them in various activities including mealtimes.

Regulation 15: Staffing

The provider had ensured that staff numbers and skill mix was appropriate in supporting the assessed needs of the residents. The staff rosters in place showed the staffing levels and skill mix available to the residents at all times of the day. A selection of dates of the staff rosters were viewed for June and July 2026. This review showed consistent staff members and staff levels were working in the designated centre. There were no staff vacancies at the time of the inspection. Staffing levels match those as set out in the designated centre's statement of purpose. The staff members working with residents during the inspection knew them well and spoke with the inspectors about their interests and how they supported them with their daily routines and activities.

An inspector reviewed a sample of three staff files for this designated centre, comprising of one social care worker, one health care assistant, and one night health care assistant. The records reviewed were found to contain the documentation required under Schedule 2 of the Health Act 2007 :Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

A follow-up request was made to the provider regarding the employment details of one staff member. The requested assurances was submitted promptly following the inspection, providing assurance that the staff member's employment records were complete and appropriately maintained.

Overall, the records reviewed demonstrated that the provider had systems in place to maintain staff records for this designated centre in accordance with the requirements of Regulation 15.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the training matrix in place. This had identified twenty-seven staff members, this included records for staff that worked relief in the centre also.

All staff working in the centre had completed a range of mandatory training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in areas such as fire safety, safeguarding, children's first and crisis prevention training which all of the staff team had completed.

The person in charge had scheduled staff meetings to take monthly. The inspector reviewed the minutes of these meetings from 2026. Topics discussed during the meetings held to date included safeguarding, staff training, incidents and the changing needs of the residents in the designated centre.

The person in charge provided details of the dates supervision that had taken place with the staff team to date in 2026. This was completed with staff on a quarterly basis, with planned times in place for the duration of the year. The person in charge also had ensured that all relief staff members had completed supervision.

Judgment: Compliant

Regulation 23: Governance and management

There was a management structure in place, with staff members reporting to the person in charge. The person in charge was also supported in their role by an area manager. The current remit of the person in charge was for this designated centre.

The provider had organisational governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. The provider was in the process of implementing a new electronic system. This was seen on the day of the inspection. The designated centres supervision records and training matrix was available on this system. The designated centre had an internal audit schedule in place to support the oversight and monitoring of the centre. The inspector was informed that this would also be transferring to the online system.

Regular scheduled audits had been completed and demonstrated consistent and effective monitoring was taking place in this designated centre in line with the provider's own procedures and protocols. Some of the audits completed had no

actions identified by the auditors with overall good findings reported on the audits reviewed by the inspector.

The provider had also completed regular six-monthly audits of the quality and safety of care. The inspector reviewed the most recent audit in June 2026. In addition, the provider had completed the annual review of the service and this was carried out in February and March 2026. Resident and family representative views was captured in this review through the use of surveys which were completed in quarter four 2025 as part of the providers six-monthly unannounced audit.

Judgment: Compliant

Quality and safety

The inspector found that residents' well being and welfare was maintained by a good standard of care and support in the centre. Residents appeared to be happy and content in their home and with the service provided to them. The inspector observed a homely environment, and staff engaged with residents and attended to their needs in a kind and professional manner.

The staff spoken to during the inspection were aware of personal preferences and choices of each resident. For example, one resident enjoyed sitting on a blanket in the garden enjoying the spell of good weather, while another residents preferred to use the swing. The inspector was informed that some residents who did not want to attend the cinema that day would be heading out in the evening for an activity of their choice.

Residents had consistently engaged in activities since the previous inspection with the support of a day staff being present each weekday. A review of the documentation on how activities were being recorded had been undertaken to ensure all activities were being captured for residents. Also staff could ensure each resident was being offered opportunities regularly to part take in interests, hobbies and social events in line with their wishes.

Some review was required to Regulation 26: Risk management and Regulation 9: Residents' Rights.

Regulation 12: Personal possessions

Residents in this designated centre were in the process of being supported to access and retain control of their personal possessions. As per previous inspection findings arrangements were in place related to residents finances which meant that residents

did not have direct access to and control over their own finances. This will be reviewed under Regulation 9: Residents' rights.

The inspector was informed of the progress being made to put arrangements in place for residents to access their own finances. This new system would be coming into place in the coming weeks in this designated centre and would result in the residents being provided with their own bank card to access their finances, with the support of the staff team and family members.

The inspector reviewed the current systems the provider has in place to support residents with their finances. A sample of finance records for residents was reviewed. These records were seen to be clear and well maintained. Records were being maintained for residents to request their money and logs were being maintained to ensure this was being accounted for.

Residents bedroom had storage of personal items and clothing. All residents were provided with the necessary equipment required to support their individual assessed needs in their bedrooms, which included hoists. One resident had purchased new furniture before the inspection. The inspector reviewed a sample of residents personal inventory lists which had outlined residents personal belongings.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge had ensured that residents had access to opportunities for leisure and recreation. Residents engaged in activities in their home and community and were supported to maintain relationships with family and friends. On the day of the inspection the inspector observed some residents attending their planned activities which they enjoyed, this included a cinema trip.

From a review of three residents records the inspector observed residents were offered several activities both in their home and community such as going for walks, music therapy, baking, listening to music, going to the hairdressers, shopping and attending mass or visiting the church. Residents were supported in hobbies they enjoyed, this included horse riding and equine therapy.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was found to be clean, well ventilated and comfortable. Bedrooms were decorated in line with personal preferences. For example, pictures were on the walls of resident's bedrooms, while other personal

items were on display. There was evidence of ongoing maintenance throughout the designated centre, such as internal painting and the premises had also been painted externally. The centre had good storage facilities in place. Residents had access to an enclosed garden, with outdoor seating and a swing. Residents were seen to enjoy their home on the day of the inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date care plans on file. The inspector reviewed two FEDS care plans and found that there was guidance regarding resident meal time requirements including food texture modification and their likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy, including advice on any specialised cutlery required. The inspector observed the timing of meals and snacks throughout the day were planned to fit around preferences of residents being supported. For example, meals were planned around residents' daily activities and schedules allowing all residents plenty of time to eat and drink. Residents were observed to access drinks and snacks throughout the inspection day when they requested.

Residents were consulted with on menu planning. Pictures of products and meals were displayed and used as a support in menu planning. The inspector was informed by a staff member that if a resident changed their mind about an option, the staff would help them to pick another meal from the products in the house or go out for dinner.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place which provided for the identification, assessment and management of risk. A risk register was in place for the centre which outlined identified risks. Each risk had a risk assessment in place that outlined control measures for mitigating the risk. When reviewing these risk assessments, it was noted that they had been reviewed in recent months. A system for recording incidents was also in operation which is important as part of a risk management system. The inspector reviewed a sample of three residents

individual risks. These were also found to be recently reviewed and contained clear control measures in place to mitigate from the risk identified.

However, some review was required as not all hazards that occur in the centre had been identified as a risk. For example, the designated centre had safeguarding incidents that had occurred. There was no safeguarding risk in place at the time of the inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

On the walk around of the premises, the inspector saw that fire containment measures were in place. Automatic closure mechanisms on doors were working, emergency lighting was in place and suitable fire fighting equipment was available. Records reviewed indicated that all equipment was being serviced as required.

Systems were in place to review the effectiveness of fire safety measures in the centre. For example, daily checks were taking place on fire escape routes, weekly checks on the fire alarm system and emergency lighting. On review of the records in place from May to July 2026, all had been signed off by staff to say these checks had been completed.

On review of fire drill records, it was demonstrated that all residents could be evacuated in a timely fashion when required to do so. Personal evacuation plans were in place and had clear guidance for staff.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines in the designated centre. The centre had also completed a pharmacy audit in 2026. The person in charge informed the inspector that they would be completing another audit later in the year. This audit overall identified positive findings.

The inspector was informed and staff demonstrated during the inspection the safe practices in place for the storage and administration of medications in the centre. A sample of medicines within this storage were reviewed also with these found to be appropriately labelled and in-date. Aside from the storage facilities, medicine prescription and administration records were reviewed and found for the most part

that the system in place was effective in ensuring medicine received was in line with the resident's prescription.

Residents were supported with prescribed as necessary (PRN) medication. Protocols were in place for which were seen to provide clear guidance for staff. Records were also in place and maintained to ensure the effectiveness of this medicine was recorded.

From the personal plans reviewed, residents living in this designated centre had also not been supported to have capacity assessments completed regarding their medications. This required review.

Judgment: Substantially compliant

Regulation 6: Health care

The person in charge had ensured residents were being supported to access appropriate allied health care professionals as required.

- Health care management plans were subject to regular review and updated to reflect current assessed needs as required.
- Feeding eating and drinking recommendations were being followed by the staff team to ensure the well-being of each resident.
- Residents were being supported to have annual health checks and assessments.
- Residents were supported to be referred and attend consultants where required to manage medical conditions.
- Residents had access to their own medical practitioner.

Judgment: Compliant

Regulation 8: Protection

At the time of this inspection, all staff members had completed training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices. There was one open safeguarding plan in the designated centre at the time of this inspection. The inspector was provided with updated information regarding this plan and actions that had been taken to effectively support the particular residents. Reviews of the safeguarding plan in place had also taken place with a planned date in place for further review. All staff spoken to during the inspection were aware of the possible indicators of abuse taking place and the process to report any concerns if required.

The personal and intimate care plans in place promoted the resident's rights to privacy and bodily integrity during these care routines. These had been subject to regular review.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. The inspector observed the following examples of this:

- The staff and management of the centre demonstrated how each resident was being supported in line with their preferences and assessed needs, this included flexible routines, individual and group activities in the community, social outings and meeting relatives and friends.
- A staff member was in place to work weekdays in the designated centre which assisted with residents being provided with increased opportunities each week to engage in meaningful activities, such as participate in swimming, horse riding, shopping, massage therapy and art/craft activities.
- Residents were being supported to attend social events such as concerts, enjoy trips and concerts. Residents enjoyed attending event and classes organised by the provider such as flower arranging classes. On the day of the inspection some residents enjoyed attending the cinema as part of a larger group with other residents from other designated centres.
- Residents were supported with weekly residents' meetings and monthly key worker meetings. These meetings informed residents about upcoming activities and events, along with reviewing activities that had taken place. Residents were kept informed about their home and also provided with information regarding safeguarding and complaints at these meetings.

For residents of this centre, particular arrangements were in place related to their finances which meant that residents did not have direct access to and control over their own finances. This had been a long-standing matter that had been raised on multiple inspections of the other provider's other centres during 2025 and 2026. Such financial arrangements had been recognised by the provider as being a restriction on residents. During this inspection, it was communicated that the provider was in the process of implementing a new spend management system for residents which was intended to increase residents' access to and control over their own finances. This spend management system was due to be trialled in three of the provider's other designated centres but had yet to be introduced in the current centre.

Judgment: Substantially compliant

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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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Elmville OSV-0001821

Inspection ID: MON-0042546

Date of inspection: 20/07/2026

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PIC acknowledges the finding that not all hazards and adverse events occurring within the designated centre had been reflected within the centre's risk management systems. The PIC can confirm that a full risk review has now been completed within the centre and includes a specific safeguarding risk assessment is now in place since 21 July 2026	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: In order to address capacity/self-administration of Medication the provider can assure the Chief Inspector that the current Medication policy will be reviewed to determine capacity to self-medicate for all service users	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: In regard to financial arrangements for Service Users, the Provider wishes to confirm that it is currently trialing in 3 of its designated centres a spend management system. It is expected that this system will be rolled out to the entire service, which includes Elmville centre by the 15th October 2026. It should be noted that this spend management system will be relevant to 5 service users in Elmville as 1 other has an alternative financial arraignment.	

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 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	21/07/2026
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the	Substantially Compliant	Yellow	15/12/2026

	nature of his or her disability.			
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	15/10/2026