Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Clann Mór 2
Name of provider:	Clann Mór Residential and Respite Company Limited by Guarantee
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	04 August 2026
Centre ID:	OSV-0004929
Fieldwork ID:	MON-0046110

About the designated centre

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

This service comprises of three community houses located in Co. Meath. It provides care and support to nine adults with intellectual disabilities. Two of the houses are terraced bungalows located within a short walk of each other. These bungalows consist of a large sitting room, a kitchen cum dining room, three bedrooms (one being en-suite) and a large communal bathroom. Each resident has their own bedroom, which are decorated to their individual style and preference. The other house is a large detached two-story bungalow located approximately 25 kilometres away. This house comprises of a large fully furnished sitting room, a kitchen cum dining room, five bedrooms (three downstairs and two upstairs) and a communal bathroom on each floor. There are private well maintained garden areas to the front and the rear of the property, with adequate private and on-street parking available. The house is staffed by the person in charge, community facilitators and community based support staff. The aim of the centre is to enable people with disabilities to live meaningful lives of their choosing in their local communities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

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 4 August 2026	10:00hrs to 18:30hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed and what residents told the inspector, it was evident that the nine residents living in the centre received quality care in which their independence was promoted. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed in line with the requirements of the regulations. This inspection found high levels of compliance with the regulations which reflected the delivery of a person centred and high quality service. Some areas for improvement were identified in relation to staff training, maintenance in one of the houses and review of Schedule 5 of the regulations policies and procedures.

This report outlines the findings of an unannounced inspection of this designated centre. The inspection was conducted to monitor the ongoing compliance of the centre with the regulations and to follow up on a small number of areas of non compliance from the last inspection in the centre.

The centre comprises of three separate houses. Two of the houses were located close to each other in a residential estate and were home to three residents in one house with two residents in the other house. The third house was located in another town which was a drive away. The latter house was home to four residents. Each of the houses were within walking distance of local amenities and transport links. The first two houses had a similar layout and comprised of a sitting room, kitchen come dining room, three bedrooms and a communal bathroom. One of the resident bedrooms in each of the houses had en-suite facilities. A bedroom in one of the houses was used as a staff sleepover room. Each of the residents had their own bedroom which had been personalised to their own taste and preferences. The third house comprised of a large fully furnished sitting room, a kitchen come dining room, five bedrooms (three downstairs and two upstairs) and a communal bathroom on each floor. Each of the houses had access to well maintained back garden with tables and chairs for outdoor dining and an array of planting and garden ornaments.

Each of the three houses were found to be comfortable, accessible and overall, in a good state of repair. However, some maintenance was required in one of the houses for the kitchen floor and for painting on some walls and woodwork. All areas were welcoming and provided pleasant spaces for the residents to relax. One of the houses had two pet goldfishes in the sitting room which the residents in that house enjoyed interacting with and caring for. Each of the residents had their own bedroom which reflected the individual resident's tastes and was a suitable size and layout for residents' individual needs. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. Pictures of each resident and important people in their lives and other memorabilia were on display in each of their respective homes. Two of the residents had exercise bicycles in their bedroom which they regularly used.

The centre was registered to accommodate nine adult residents and there were no vacancies at the time of inspection. There had been one recent new admission to one of the houses. The resident was met with on the day of inspection and told the inspector that it had been a big change for them moving from their previous home where they had lived for an extended number of years. However, the resident told the inspector that they liked living with the other two residents in their house and that they were 'getting used to ' living in their new home. A number of the residents required low levels of support with many aspects of their daily lives with a number of residents accessing the community independently.

The inspector visited all three of the houses and met with each of the nine residents living in the centre on the day of the inspection. Each of the residents met with, told the inspector about the many activities that they were engaged with in the community and that they 'loved' their respective homes, felt safe and that their rights were upheld. These residents spoke fondly of the other residents who they were living with and of the staff team who supported them. The residents individually told the inspector that the other residents were their friends who they enjoyed spending time with in the centre and out in the community. The residents in each of the houses had plans to go on a two night hotel stay in Ireland in the coming weeks. The residents also told the inspector of a recent pamper day organised by the provider which they had particularly enjoyed. It was evident that the residents were very proud of their homes and particularly their bedrooms which they had personalised. Residents spoke with the inspector about their garden which they helped to maintain.

The inspector observed warm interactions between the residents and staff members caring for them in each of the three houses. Staff were noted to complement residents on their cloths and have a strong knowledge of their individual interests. A maintenance man was present in one of the houses on the day of inspection to assist a resident with hanging a new mirror. The resident was observed interacting with the maintenance man and their advice and support being sought in relation to the fitting and positioning of the mirror. Staff were observed to interact with the residents in a respectful and supportive manner. For example, knocking and seeking permission to enter a resident's bedroom and reassuring a resident who identified that they were feeling anxious. A resident in one the houses was noted to be reluctant to engage with the inspector and this was respected. Overall the residents were considered to get along well together and enjoyed each others company. It was noted that the behaviours of a small number of residents in one of the houses, could on infrequent occasions present with some behaviours which could be difficult for staff to manage in a group living environment. However, incidents were well managed and the provider's behaviour support specialist visited the centre on a regular basis. Earlier in the year it had been identified that needs of one of the residents were not being consistently met in the centre and that there was a potential impact for other residents living in the centre. Decisive actions were taken and the resident subsequently transitioned to another centre where it was assessed that their needs could be better met.

There was evidence that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The

inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported that they were happy with the care and support that the residents received. The provider had completed a survey with the residents and their relatives as part of their annual review which indicated that residents and family representatives were satisfied with the care and support being provided.

Residents were supported to engage in meaningful activities on an individual basis. There was evidence that the residents from each of the houses also chose to engage in numerous activities together. Each of the residents were engaged in a formal day service programme which they regularly attended and enjoyed. Individualised services from the centre were provided for each of the other residents. Examples of other activities that residents engaged in included, cooking, walks to local scenic areas, social club, special olympics, swimming, basketball, bowling, attending mass, library visits, beauty pampering sessions, dancing and family home visits. A small number of the residents independently used public transport. A number of the residents had a signed document on their file stating that they did not wish for have formal goals in place.

The residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service and information about same was available for residents in the resident's guide. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre. The provider had an advocacy group which met on a regular basis. Two of the residents from the centre were members of the committee and spoke with the inspector about work completed by the group which included advocating for accessible paths in a nearby town which had been put in place and the use of accessible information and menus in a local restaurant that was frequented by a number of the residents. There was a complaint policy in place. There had been a small number of recorded complaints in the preceding 12 month period. These had been appropriately responded to in line with the provider's policy. The inspector observed staff to interact with the residents in a respectful, dignified and supportive manner. Easy to read documents were available in each of the houses on areas such as safeguarding and complaints. Staff had attended training regarding residents rights.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to each resident's needs. Area for

improvements were identified in relation to staff training and the arrangements for reviews of policies and procedures in line with the requirements of the regulations.

The centre was managed by a suitably qualified and experienced person in charge. They presented with a strong knowledge of the assessed needs and support requirements for each resident. The person in charge had taken up the position in March 2026. They had a back ground as a registered nurse and held a degree in nursing and a certificate in management. They had more than three years management experience. The person in charge was in a full time position and was not responsible for any other centre. They were supported by house lead staff in two of the three houses. The person in charge reported that they felt supported in their role and had regular formal and informal contact with their manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the service manager who in turn reported to the chief executive officer. The person in charge and service manager held formal meetings on a regular basis and there was evidence that the service manager visited each of the houses on a regular basis.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The Inspector reviewed the Schedule 2 information which the provider submitted for the person in charge. These documents demonstrated that the person in charge had the required qualifications and experience relevant for the role. They were in a full time position and were not responsible for any other centre. The person in charge presented with a good knowledge of the requirements of the regulations and demonstrated good oversight of three houses which the centre comprised of.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of residents. A significant number of the staff team had been working in the centre for a significant number of years. This meant that there was consistency of care for the residents and enabled relationships between the residents and staff to be maintained. The inspector noted that the residents' needs

and preferences were well known to staff met with, the person in charge and the service manager on the day of this inspection.

There was a waking member of staff in one of the houses at night and sleep over staff in the other two houses in line with residents' assessed needs

The full complement of staff were in place at the time of inspection. A small number of regular relief staff were used to cover absences and other leave. The inspector reviewed the rosters for the preceding two month period to the inspection date. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. However a number of staff were over due to attend some training. Two staff required refresher safeguarding training and the staff team required refresher training for positive behaviour support.

The inspector reviewed the training matrix and found that staff had attended all other training deemed as mandatory by the provider in areas such as fire safety, manual handling, infection control and rights. Suitable staff supervision arrangements were in place. The inspector reviewed the supervision schedule and found that staff had received supervision in line with the provider's supervision policy. A staff member spoken with told the inspector that supervision with their manager was supportive for their role.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were suitable governance and management structures and arrangements in place. The inspector reviewed the provider's annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care completed on a six monthly basis as required by the regulations. The inspector reviewed minutes of regular staff meetings and management meetings. It was evident that appropriate information was being shared across the team to ensure that staff had up to date information to carry out their respective roles. The inspector reviewed a sample of audits completed in the centre on a regular basis. These included, health and safety checks, fire safety, medication, finance, healthcare plans, wellness plans and hygiene. There was evidence that actions were taken to address issues identified in these audits and checks.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There had been a recent admission to the centre which had been determined on the basis of transparent criteria in line with the provider's admission policy and the centre's statement of purpose. There was evidence that the resident had been appropriately supported to transition and live in the centre. Contracts of care were in place for each of the residents. These included details of the terms on which the individual resident would reside in the centre, including details of fees to be paid.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place, dated May 2026 which had recently been reviewed. It was found to contain all of the information set out in Schedule 1 of the regulations and to clearly detail the services and facilities provided.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector of Social Services in line with the requirements of the regulations. The inspector reviewed records of all incidents occurring in the preceding three month period. Overall, there were low levels of incidents occurring in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had implemented a suite of policies and procedures on the matters set out in schedule 5 of the Regulations. These policies and procedures were readily available to staff in each of the houses. However, it was identified that a significant number of the policies and procedures had not been reviewed in line with the

requirements of the regulations. The requirement is that all policies are reviewed minimally on a three year basis. The following policies required review:

- The safeguarding policy, dated June 2022
- The incidents where a resident goes missing policy, dated June 2022
- Provision of intimate care policy, dated June 2022
- Provision of Behaviour support policy, dated June 2022
- Communication with residents, dated August 2022
- Visitor policy, dated June 2022
- Recruitment, selection and Garda vetting of staff policy, dated June 2022
- Staff training and development policy, dated June 2022
- Monitoring and documentation of nutritional intake, dated June 2022
- Provision of information for residents, dated June 2022
- The creationof, access to, retention of, maintenance of and destruction of records, dated June 2022
- Access to education, training and development policy, dated December 2022.

Judgment: Not compliant

Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. An area for improvements was identified in relation to maintenance in one of the houses.

Overall, the residents' well-being, healthcare and welfare was maintained by a good standard of evidence-based care and support. A personal support plan reflected the assessed needs of individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. The personal support plan for a resident who had recently transitioned to live in the centre had been appropriately revised to reflect their new living arrangements. An annual personal plan review had been completed in the last 12 months in line with the requirements of the regulations for each of the residents. It was noted that the behaviours of residents in one of the houses could on infrequent occasions be difficult for staff to manage in a group living environment.

The health and safety of residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments and individual safety assessments for residents. These included assessments relating to residents spending periods in the centre on their own and falls risks. Measures put in place to control and manage the risks identified were recorded. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in

place for investigating and learning from incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences. The inspector reviewed a record of all incidents and accidents in the centre in the preceding three month period. These were reviewed by the person in charge and where required, learning was shared with the staff team and risk assessments were updated to mitigate against any re-occurrence. Overall, there were low numbers of incidents reported.

Regulation 17: Premises

The centre comprises three separate houses with two located within walking distance of each other in the same residential estate. The third house was located a a short distance away. Each of the houses were found to be homely, accessible and overall in a good state of repair. However, some maintenance was required in one of the houses for the kitchen floor and for painting on some walls and woodwork.

The provider had a maintenance team in place and records showed that they responded promptly to all maintenance requests. Each of the houses were found to be a suitable size and layout for the residents living in the respective house. Each of the residents had their own bedroom which the inspector observed they had personalised according to their individual tastes and preferences.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. Further to the last inspection, a ramp had been installed to an exit point at one of the houses. This enabled a resident in that house who had limited mobility, to safely evacuate from the house in the event of fire. There were adequate means of escape and a fire assembly point was identified to an area to the front of each of the houses. A procedure for the safe evacuation of the residents was prominently displayed in each house. Personal emergency evacuation plans, which adequately accounted for the mobility and cognitive understanding of individual residents were in place. Fire drills involving the residents in each house had been undertaken at regular intervals, using different scenarios and it was noted that each of the houses were evacuated in a timely manner. There was documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed personal support plans for a sample of residents in each of the houses. These reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. An annual personal plan review had been completed in the last 12 months in line with the requirements of the regulations. Each of the residents had an assigned key worker.

Judgment: Compliant

Regulation 8: Protection

The inspector found that there were measures in place to protect the residents from being harmed or suffering from abuse. It was noted that the behaviours of a small number of residents in one of the houses could be difficult on occasions for staff to manage in a group living environment and had the potential to have a negative impact on other residents living in that house. All allegations or suspicions of abuse were appropriately responded to. The provider had a safeguarding policy in place and the person in charge and a staff member spoken with, were aware of safeguarding procedures. Following a trend of safeguarding incidents in one of the houses earlier in the year, it had been assessed that the needs of one of the former residents were not being appropriately met in the centre. The resident had been supported to successfully transition to live in another centre operated by the provider where it had been assessed that their needs could be better met.

Judgment: Compliant

Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service and information about same was available for residents in the resident's guide. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre. The provider had an advocacy group which met on a regular basis. Two of the residents from the centre were members of the committee and spoke with the inspector about work completed by the group which included advocating for accessible paths in a nearby town which had been put in place and the use of accessible information and menus in a local restaurant that was frequented by a number of the residents. There was a complaint policy in place. There had been a small number of recorded complaints in the preceding 12 month period. These had been appropriately responded to in line with the provider's policy.

The inspector observed staff to interact with the residents in a respectful, dignified and supportive manner. Easy to read documents were available in each of the houses on areas such as safeguarding and complaints. Staff had attended training regarding residents rights.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clann Mór 2 OSV-0004929

Inspection ID: MON-0046110

Date of inspection: 4/Aug/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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Safeguarding refresher training - Two staff were outstanding according to the training matrix on the day. One staff had completed training in 12.04.26, but it was not recorded on the Matrix, this has been updated. The second staff completed this training on 27.08.26. Positive Behaviour Support training – This training was not updated on the training matrix on the day of inspection. However, there are five staff who require training, which will be delivered on 05.10.26. To maintain ongoing accuracy the training matrix will be reviewed monthly by PIC and discussed at a monthly training meeting (all PIC's and HR admin).	
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All schedule 5 policies and procedures have been reviewed and were updated on the 05.08.26. Email sent to all staff on to review schedule 5 policies and procedures. At the staff quarterly training on 24.09.26, staff will sign to state that they have read and understand Schedule 5 policies and procedures. Clann Mór are in the process of purchasing a new quality software system, which will highlight when any policy is due to be reviewed. It is envisaged that this software will be up and running in January 2027.	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The kitchen floor grout of will be completed on the 02.09.26. Painting on walls and woodwork in Ashbourne House will be completed by 17.09.26.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	5/Oct/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	17/Sep/2026
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any	Not Compliant	Orange	5/Aug/2026

	event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			