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:	Brambley Services
Name of provider:	Corlann
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	19 May 2026
Centre ID:	OSV-0005011
Fieldwork ID:	MON-0047118

About the designated centre

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

This designated centre is run by Brothers of Charity Services Ireland CLG. The centre can cater for the needs of up to six male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one building, with four separate apartments, located on a campus setting, on the outskirts of Galway city. Residents have their own bedroom, some en-suite facilities, bathrooms, sitting rooms, laundry room and kitchen and dining area. Two enclosed garden areas are also available to residents to use as they wish. Staff are on duty both day and night to support the residents who live at this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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 19 May 2026	09:40hrs to 17:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection carried out to monitor compliance with the regulations. The findings from this inspection indicated generally good compliance with the regulations reviewed, however, further oversight and improvements were required to follow through on quality improvement actions, to some aspects of staff training, fire safety management, infection, prevention and control and to assessment and care planning documentation.

The inspection was facilitated by the team leader and the person in charge. The inspector also met with three other staff members and with the five residents living in the centre. Due to the limited verbal communication skills of these residents, they were unable to tell the inspector their views about the care and support they received; however, they appeared content and happy as they engaged positively with the inspector through some words and gestures. Some were happy to show the inspector around their apartments and they appeared familiar and comfortable in their environment.

Residents were generally in good physical health, but required supports with complex mental health needs. There was consistent stable staffing arrangements in place which had a positive impact on residents experiences. Staff spoken with had a thorough understanding of each resident's unique needs, preferences, and interests contributing to a consistent and supportive living environment. Residents were seen interacting with staff members throughout the day, enjoying friendly banter and it was clear that they had developed comfortable and trusting relationships with one another. Overall, staff demonstrated a commitment to advocating on behalf of residents, ensuring their rights, preferences and well being were actively promoted and respected. Staff ensured that residents' preferences were met through daily consultation, monthly house meetings and regular individual key working sessions.

The centre is a single storey building, comprising of four separate interconnecting apartments, situated on a campus setting, located in a residential area on the outskirts of a city. It is centrally located and is close to wide range of amenities. The campus provided many facilities for residents to avail of for recreational use, for example, residents had access to a swimming pool, hydrotherapy and a rebound therapy unit. The centre is registered to accommodate up to six residents. Two of the apartments were for single occupancy and two could accommodate up to two residents. The apartments were found to be large, bright, comfortable, furnished and decorated in a homely way. They were generally well maintained and visibly clean, although more thorough cleaning of some bathroom floors was required. Residents had their own bedrooms, some of which had en suite bathroom facilities. Bedrooms were found to be spacious, tastefully decorated and personalised with photographs and other items of significance to residents. There was adequate personal storage space provided in each bedroom. Each apartment had an adequate number of toilets and suitable shower facilities, kitchen and living spaces. All

residents had access to enclosed garden areas. In response to the behaviour support needs of some residents, significant emphasis was placed on the design and layout of their apartments. For example, one resident who loved being outdoors had access to a large enclosed garden area, which contained non-poisonous plants, covered decking area with outdoor furniture and spacious grounds for this resident to use. The windows on some apartments were embossed which allowed the resident to see out but ensured their privacy and dignity was maintained. Some residents required restricted access to food and drink, the provider had put arrangements in place, whereby, these residents could still safely access all areas and amenities within their kitchen and bathroom. Some residents were unable to have curtains or window blinds on their windows, however, external window shutters had been provided to these windows to provide privacy and to ensure that residents got a restful sleep at night-time.

One new resident had been admitted during the past year and shared an apartment with another resident. The inspector met with both residents in their apartment and observed that they appeared happy and content in their environment and in the company of one another. Staff spoken with advised that they were still getting to know the new resident and were supporting them to settle into their new home. Staff reported that the resident was settling in well and there had been a noticeable reduction in behaviours of concern since admission to the centre. Staff also reported improvements to the residents overall quality of life and daily well-being since the transition to the service.

The inspector met with five residents at various intervals throughout the day. Two residents normally attended day programmes during the weekdays and four residents were provided with a wrap around day service from the centre. On the morning of inspection, two residents had already left to attend their day programmes and two residents had gone to their regular swimming sessions. Throughout the day, residents had opportunities to get out and about and partake in their preferred activities. Some residents were supported to go for drives, walks on local beaches, visit the shops and local cafe. One resident was supported to visit their family members at home. Some residents returned to have lunch in the centre while others had lunch out. Some residents spend time relaxing in the house, watching television, having cups of tea and refreshments while engaging in warm and friendly interactions with staff. Staff spoke positively about residents active lifestyles and advised that some residents greatly enjoyed going on long walks each day as part of their daily routines and preferred activities. Some residents had recently taken part in local park runs and another resident was now enjoying cycling. Residents continued to enjoy outings and day trips, going to the cinema, bowling, shopping, eating out and some enjoyed going for pints in local restaurant's and bars. Residents also enjoyed going on holidays and on mini breaks away. The inspector observed many photographs of residents enjoying a wide range of activities, outings and holidays. Residents had plans in place to go on holidays and social outings in line with their goals identified in their personal outcome plans. Some residents also regularly enjoyed more sensory activities such as foot spas, head massage and reflexology.

Family contact and involvement was seen as an important aspect of the service, and this was being well supported. Some residents regularly visited their families at home while others were in weekly telephone contact. Residents were also supported to attend important family events. Families had recently attended a summer party hosted by the provider on campus.

The person in charge provided an update on plans to provide suitable accommodation for residents so as to support them move to live in the community in line with national policy on de-congregation. They advised of ongoing consultation and meetings with the Health Service Executive with regard to funding, purchasing and design of same. They confirmed that one property to accommodate four residents had been purchased and a further property to accommodate two residents was still being sought.

From conversations with staff, observations made by the inspector, and information reviewed during the inspection, it appeared that residents had good quality lives in accordance with their capacities, and were regularly involved in activities that they enjoyed, on the campus, in the community and also in the centre.

The next two sections of the 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 the residents lives.

Capacity and capability

There was a clearly defined management structure in place and the findings from this inspection indicated that the centre was generally being well managed. The local management team were committed to promoting the best interests of residents however, some further oversight and improvements were required to ensure that identified quality improvements were addressed in a timely manner, to ensuring that staff training records were accurately maintained, to some aspects of fire safety management documentation, to ensuring effective cleaning of all bathrooms and to carrying out a comprehensive assessment of each residents needs.

The person in charge worked full-time and was responsible for one other designated centre located close by on campus. The person in charge had a regular presence in the centre. They were supported by a full-time team leader who was a clinical nurse manager and staff team including nursing staff. There were on-call management arrangements in place for out-of-hours.

The inspector found that the staffing levels on the day of inspection met the support needs of residents and were in line with that set out in the statement of purpose. There was consistent stable staffing arrangements in place with many staff members having worked in the centre over a sustained time period which supported

continuity of care and positive relationships between residents and staff. The staffing rosters reviewed for 17 May to 30 May 2026 was reflective of staff on duty. The roster was clearly maintained and set out the staff on duty including their roles.

Staff training records reviewed showed that staff had completed mandatory training, some staff were due to complete refresher training and this training was scheduled. While staff training records reviewed showed that ongoing training was provided to staff, training records were not always consistently up to date to reflect all completed training.

While the provider had systems in place for reviewing the quality and safety of the service including six-monthly provider led audits and an annual review, some actions identified as a result of these reviews had not been addressed within identified time lines. This indicated poor follow through on quality improvement actions and areas requiring improvement still remained unresolved. This reduces the effectiveness of the centre's governance and quality assurance systems.

The local management team also had systems in place for reviewing areas such as health and safety, restrictive practices, infection prevention and control, medication management and incidents. A review of a sample of recent audits indicated good compliance. The results of audits and actions required were discussed with the staff team to ensure sharing of information, inform learning and improvement to practice. The inspector noted that there was a low level of reported incidents and no complaints had been received in the past year.

Regulation 15: Staffing

The provider had ensured that there were adequate staff to meet the assessed needs of residents living in the centre. There were normally four staff on duty throughout the day and one staff on active duty at night-time. The rosters reviewed for the month of May 2026 showed consistent and stable staffing arrangements and were reflective of staff on duty.

There were additional staff members based on the campus at night to provide additional support as required, or in the event of an emergency.

Judgment: Compliant

Regulation 16: Training and staff development

Improvements were required to training records to ensure that they were maintained up to date and reflected all training completed.

Improvements were also required to ensure that identified training needs were addressed. For example, a provider led audit dated May 2025 had identified that all staff were to complete communication stages training by September 2025. While the team leader advised that they were making arrangements for this bespoke training for staff, to date this training had not been completed.

Judgment: Substantially compliant

Regulation 23: Governance and management

The findings from this inspection indicated that the centre was generally being well managed with a clearly defined management structure supported by on-call arrangements in place. Stable staffing arrangements promoted continuity of care and supported the delivery of a safe and quality service to residents.

However, improvements were required to strengthen managerial oversight in a number of areas. These included timely progression of quality improvement actions, including the accurate maintenance of staff training records and ensuring identified training needs were addressed. Further oversight and improvement was also required to ensuring accuracy and clarity to fire safety instructions, to ensuring effective cleaning of all bathrooms and to carrying out a comprehensive assessment of each residents needs.

Judgment: Substantially compliant

Quality and safety

The residents who used this service continued to enjoy a good social life, the provider had adequate resources in place to ensure that they got out and engaged in activities that they were interested in and the staff team promoted and supported residents to exercise their rights and achieve their personal goals.

Staff spoken with were familiar with, and knowledgeable regarding residents' up to date health-care and support needs. Some residents had complex mental health support needs while others had a range of health care needs. The inspector reviewed a sample of three residents' files which were being maintained on a computerised information system. While there was evidence of individual risk assessments and associated care plans in place for residents, there was no holistic, comprehensive assessment of needs completed. Support plans were found to be comprehensive, informative, person centered and had been recently reviewed.

Residents had timely access to specialist nursing supports, general practitioners (GPs), out of hours GP service and a range of allied health services.

Personal plans had been developed in consultation with residents, their key working staff and family members. Staff had completed training in personal outcomes to ensure each residents personal outcomes included SMART goals. Documentation reviewed showed that residents had goals clearly set out for 2026. There was records of regular progress updates with evidence that goals were being progressed and achieved.

The management team had taken measures to safeguard residents from abuse. All staff had received specific training in the protection of vulnerable people. There were comprehensive and detailed personal and intimate care plans to guide staff. Safeguarding was discussed at all staff meetings. One potential safeguarding incident had been notified to the Chief Inspector during the past year. A full investigation had been completed into the incident, with no grounds for concern noted. This incident was discussed with the local management team who advised that there had been a follow up meeting held with all staff, the designated officer and members of the human resource team which discussed staff practice, staff conduct issues and seriousness of the concern. The person in charge and team leader advised that there were no active safeguarding concerns at the time of inspection.

The provider and person in charge had systems in place for the regular review of risk in the centre including regular reviews of health and safety, and infection, prevention and control. While there was evidence of regular fire safety checks and fire drills taking place, some improvements were required to aspects of fire safety management. This is discussed further under Regulation 28: Fire precautions.

Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was adequate space available for residents to meet with visitors in private if they wished. All residents regularly visited their families at home.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the needs of residents. In response to the behaviour support needs of some residents, significant emphasis was placed on the design and layout of the apartments to ensure that they met resident's individual needs. The four apartments were found to be generally well maintained, furnished

and decorated in a homely style. Each apartment had an adequate number of toilets and suitable shower facilities, kitchen and living spaces. All residents had access to enclosed garden areas. The local management team had identified some required maintenance works which they had logged on the maintenance system including a damaged radiator and replacement of some worn furniture. The person in charge advised a new sofa was ordered for one apartment and that the radiator was due to be replaced the day following the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and was reflective of risk in the centre. The individual personal emergency evacuation plans had been recently updated. There were regular reviews of incidents, medication management, restrictive practices as well as infection prevention and control. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice.

Judgment: Compliant

Regulation 27: Protection against infection

While infection, prevention and control procedures were in place and the premises was generally found to be visibly clean, further attention was required in relation to cleaning standards in bathroom areas. In particular, stains and accumulated grime were noted to floor tiles in shower areas, indicating that enhanced cleaning practices were required to ensure all sanitary areas were maintained to an appropriate standard of cleanliness. A stale unpleasant odour was noted to one bathroom during the inspection. The person in charge arranged for the maintenance department to visit and review the drainage outlets. Appropriate cleaning and remedial measures were recommended to address the issues and prevent recurrence.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While the local management team were knowledgeable regarding fire safety and evacuation procedures, improvements were required to some aspects of fire safety

management. Daily and weekly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. Regular fire drills of both day and night-time scenarios were taking place involving staff and residents. The person in charge and team leader advised that no issues had been identified during the recent fire drills. However, further detail was required to fire drill records in order to provide assurances that all residents could be safely evacuated at night-time. The documented night-time evacuation procedures also required updating to provide clear and accurate guidance for staff. There were also conflicting night-time instructions in the event of fire displayed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Improvements were required to ensure that a comprehensive assessment of need was completed for each resident. While care plans were in place for issues as outlined by staff and staff were observed to have a good knowledge of residents needs, they were not underpinned by a comprehensive assessment of need for each resident. As a result, the inspector could not be assured that that all health, personal and social care needs had been fully identified, assessed and appropriately addressed in the care planning documentation.

Judgment: Substantially compliant

Regulation 6: Health care

The local management and staff team continued to ensure that residents had access to the health care that they needed.

Residents had regular and timely access to general practitioners (GPs), and health and social care professionals. A review of three residents' files indicated that residents had been reviewed by the GP, behaviour support specialist, speech and language therapist, dietitian, dentist, optician and chiropodist.

Each resident had an up-to-date hospital and communication passport which included important and useful information specific to each resident, in the event of they requiring hospital admission.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required support with behaviours were being responded to appropriately, had access to specialists in behaviour management and written behaviour support plans were in place.

All staff had received training in supporting residents manage their behaviour. Staff spoken with reported good supports in place from the behaviour specialist. There was evidence of regular review of positive behaviour support plans in place. Staff spoken with advised that there had been a sustained reduction in behaviour related incidents. The local management team attributed this to the experienced and stable staff team who provided continuity of support and care, the implementation of behaviour support guidance, daily opportunities for residents to access and participate in their preferred activities and the design and layout of the centre which supported a calm environment.

Restrictions in use were being managed in line with national policy, had been risk assessed with a clear rationale outlined for their use. There were some environmental restraints in use in response to the safety and behavioural support needs of some residents and these were subject to regular multi-disciplinary review. There was regular review of all restrictive practices as well as oversight by the provider's rights and restrictive practice committee. There had been a further reduction in the use of some restrictive practices since the last inspection

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted and respected in the centre. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. The residents had access to televisions, the Internet and information in a suitable accessible format. Residents were supported to communicate in accordance with their needs and to avail of advocacy services. Restrictive practices in use were reviewed regularly by the organisation's human rights committee. Residents were supported to visit and attend their preferred religious places of interest, some residents liked to attend Sunday mass in the local church. Residents were supported to remain in contact with their families through the use of telephones, video calls and visits. Residents continued to be supported to partake in activities and tasks that they enjoyed in the centre and in the local community. The provider was actively trying to support residents move to alternative suitable accommodation in the local community.

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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brambley Services OSV-0005011

Inspection ID: MON-0047118

Date of inspection: 19/05/2026

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: The Person in Charge has strengthened the oversight and maintenance of staff training records by creating a new Training Matrix. A system is now in place to follow up on HSELand training certificates to ensure all training completed is reflected on the matrix. All staff who had not completed the identified communication training have now been booked on upcoming courses.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC and team leader will complete robust quarterly auditing which will include review of improvement actions, training needs, fire safety and IPC. Monthlly meetings following these audits will be in place to ensure actions identified are completed in a timely manner. Fire safety instructions have been updated. The Person in Charge and team leader will conduct a review of the assessment and personal planning documentation. Documentation will be updated to provide a comprehensive overview of each Individuals' support needs including health support plans and multi-disciplinary inputs.	

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
An outside contractor has been booked to carry out an industrial deep clean of the bathroom areas and a new schedule of cleaning measures will be in place for when the deep clean has been completed to prevent any further reoccurrence.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire drill records have been updated to include clear detail on fire drill evacuation procedures and to provide the evidence that the residents can be safely evacuated by the staff on duty both day and night. The nighttime evacuation procedure has been updated to give clear and accurate guidance for staff.

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:
The Person in Charge and team leader will conduct a review of the assessment and personal planning documentation. Documentation will be updated to provide a comprehensive overview of each Individuals' support needs including health support plans and multi-disciplinary inputs.

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	31/10/2026
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	31/07/2026
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Substantially Compliant	Yellow	30/06/2026

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	05/06/2026
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/07/2026