

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

Issued by the Chief Inspector

Name of designated centre:	White Lodge Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	31 January 2023
Centre ID:	OSV-0005591
Fieldwork ID:	MON-0029862

About the designated centre

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

White Lodge Accommodation Service is a detached bungalow located on a main road within a short driving distance to a nearby town. It provides a full-time residential service for up to four male residents, between the ages of 22 and 68 with intellectual disabilities, autism and mental health needs. Each resident in the centre has their own bedroom and other rooms provided include a sitting room, a kitchen and bathrooms. Residents are supported by the person in charge, a team leader and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 31 January 2023	09:30hrs to 16:15hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents in this centre enjoyed a good quality of life and were well cared for in this centre. Residents were seen to be offered a person centred service, tailored to their individual needs and preferences. There were management systems in place that ensured a safe and effective service was provided. Overall, the inspector found that there was good compliance evident with the regulations in this centre.

On arrival to the designated centre the inspector met the person in charge. During the course of the inspection they also met with the team leader. On the day of the inspection there were four residents living in the centre. The inspector had the opportunity to meet all four of the residents before leaving the centre for planned activities throughout the day. Shortly after arriving the inspector met one resident in the kitchen who was being supported by a staff member to get ready for the day ahead.

The inspector met two other residents in the sitting room, they were enjoying watching some morning television. Staff told the inspector that they enjoyed the morning television programme that was playing and the residents smiled and told the inspector they loved it. The inspector spoke to residents about their day, what they liked to do and if they were happy in the designated centre. The residents expressed verbally and through expressions that they were happy in their home. They told the inspector what activities they had done at the weekend and the plans for the day ahead. Later in the morning the inspector met another resident who was ready to leave the designated centre to attend their day service. The resident introduced themselves to the inspector, told the inspector they were very happy in their home and had a busy day ahead. The residents appeared content in the presence of the staff members and were able to communicate their needs to them. Interactions between the staff members and the residents were noted to be very respectful in nature.

The centre comprised a standalone bungalow house and an attached annex apartment. The main house could accommodate three residents and the apartment was home to one resident. This annex was attached to the main house via a corridor, which had a door that could be closed from the main bungalow. On the day of the inspection this remained opened, the resident accessed the main house and it was observed all the residents were happy and comfortable with this. This annex also had a separate entrance. This apartment was decorated in line with the preferences and needs of the resident living there.

Overall, the inspector saw that the centre was well maintained and appropriate to the needs of the residents living there. Some minor issues relating to the premises were identified such as paintwork and the provider had a plan in place for these works to be completed. The inspector saw that the centre was homely and decorated in line with residents' preferences. Residents' bedrooms were

personalised and there were areas where residents could relax and meet with visitors in private. Residents had access to cooking and laundry facilities.

The designated centre had a spacious front garden with space for parking. The garden at the front was seen to be well maintained with garden furniture available for residents to use if they wished. The rear of the designated centre had a small enclosed garden space. This area required some additional works to make the embankment in this area secure and safe for residents to access. This had been identified in the previous inspection in September 2021. As part of the compliance plan following this inspection the provider ensured these works would be completed by December 2021. The inspector was informed that further works were still required to secure the adjacent embankment and these would be completed in the coming months as the tender had been secured to complete. The provider has temporary fencing in place to secure the area. The provider had also identified this as an ongoing action in maintenance documentation and the six-monthly audits.

The residents were supported by staff to complete the HIQA pre-inspection questionnaires, three residents choose to complete and these were viewed by the inspector. Such questionnaires covered topics like residents' bedrooms, food, visitors, rights, activities, staff and complaints. In these, activities which were listed as being undertaken by residents included bowling, going to local restaurants, cinema, going to the pub and watching programmes of interest. The inspector observed these activities displayed in picture format on individualised activity schedules for each resident. The residents' questionnaires contained positive responses for all topics.

Overall, this inspection found that there was evidence of good compliance with the regulations and that this meant that residents would be afforded safe services that met 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 place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the governance and management arrangements within the centre were ensuring a safe and good quality service was delivered to residents. The centre was managed by a suitably qualified, skilled person with accountability and responsibility for the provision of services. The person in charge was seen to maintain good oversight of the centre and it was clear that they maintained positive collaborative relationships with residents. The person in charge was supported in their role by a team leader, who maintained day-to-day oversight of the centre. The person in charge had systems in place to monitor the quality and safety of the service delivered to residents, such as infection control audits, medication management audits and weekly/monthly oversight audits which measured

performance in key areas and ensured relevant issues were escalated appropriately. At the time of the inspection the person in charge remit was over two designated centres. The person in charge told the inspector about the management systems they had in place to ensure that they were able to maintain full oversight of both centres.

The inspector reviewed the staffing arrangements and found that they ensured residents were supported by staff with the appropriate skills and experience. The staff complement was consistent with the staff numbers outlined in the registered providers' statement of purpose. There was a regular and familiar staff team in place that ensured the continuity of care for the residents. Staff numbers allocated allowed for individual and personalised supports and care. There was a planned and actual roster maintained that accurately reflected staffing arrangements in the centre. Staff spoken with had an excellent knowledge of the care and support for the residents and were very person centred in their approach.

The inspector reviewed the staff training matrix and saw that all staff mandatory training was up-to-date. Staff were in receipt of regular supervision to support them to carry out their duties and roles. The frequency of this supervision was in line with the provider's policy. Regular staff meetings were held and recorded. The meeting records reflected attendance by staff allocated to the designated centre. The registered provider had undertaken six monthly un-announced visits and audits of the designated centre. An annual review of the quality and safety of the service provided had also been undertaken. Residents and their representatives had been consulted in relation to the annual review and information had been sought through the use of surveys.

The inspector found that the provider had systems in place for a complaints process. An easy-to-read complaints procedure was available for residents and a flow chart was on display for residents. Residents had access if needed to an appeals process. Following a review of the complaints log there was evidence of staff supporting residents to make a complaint regarding issues affecting them. The inspector spoke to a resident who had recently made a complaint the night before the inspection to a staff member about the blind in their bedroom. The person in charge had an action in place on the day of the inspection to have the complaint resolved within a timely manner, and the resident appeared happy with this. Residents were aware of their right to make a complaint. All other complaints reviewed were closed with a satisfactory outcome for the complainant noted.

The registered provider had a current certificate of registration on display in the designated centres hallway. A statement of purpose had been prepared and this document provided all the information set out in schedule 1. The provider had carried out an annual review of the quality and the safety of the centre. This addressed the performance of the service against the relevant National Standards and informed identified actions to effect positive change and updates in the centre. The review also incorporated residents' views and consultation with family and staff, which were used to inform the centre planning. The provider had carried out two unannounced six monthly inspections in the previous 12 months. The annual review and the six monthly audits were found to be comprehensive in nature. The

registered provider also had a directory of residents that was properly maintained with all required information. All mandatory required notifications had been submitted to the Health Information and Quality Authority (HIQA). Each resident had a current contract of support/services and a tenancy agreement in place.

The provider had ensured records of the information and documents in relation to staff specified in schedule 2 were available for the inspector to review. All necessary information for staff was on file including references, Garda vetting, photo identification, and curriculum vitae. The registered provider had policies and procedures referred to in Schedule 5 in place, these are required to be reviewed and updated at intervals not exceeding three years. Inspector reviewed all schedule 5 policies in the designated centre. It was seen that three of these policies were overdue for review, including, medication management, provision of personal intimate care and monitoring and documentation of nutritional intake.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

As required by the regulations the provider had submitted an appropriate application to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The person in charge ensured there was effective governance and operational management in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned roster in place and this was maintained by the person in charge. From a review of the rosters, inspector saw that these were an accurate reflection of the staffing arrangements in place for the centre.

Inspector observed that there were adequate staffing levels in place in order to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training when required. A schedule of training for 2023 was also in place. Arrangements were in place for staff to take part in formal supervision.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. This document included details set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 were in place and available for the inspector to review.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of good oversight and systems were in place to ensure a safe, consistent and person centred service was provided. There were arrangements in place to monitor the quality of care and support in the centre. The person in charge and the team leader carried out various audits in the centre on key areas relating to the quality and safety of the care provided to residents. The provider had ensured the unannounced visits to the centre were completed as required by the regulations. Where areas for improvement were identified within these audits, plans were put in place to address these. Additionally, the provider had ensured that the annual review had been completed for the previous year.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in the designated centre at the time of the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The person in charge had ensured residents were provided with accessible information regarding the complaints procedure which included an appeals process.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required under Schedule 5 were in place. Three of these policies had exceeded the three year review period by the provider. These included medication management, provision of personal intimate care and monitoring and documentation of nutritional intake.

Judgment: Substantially compliant

Quality and safety

The governance and management arrangements ensured that a safe and quality service was delivered to residents. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person-centred. Some issues were identified in relation to premises.

There was evidence of good infection prevention and control (IPC) measures within the designated centre, which included colour coded cleaning equipment, staff knowledge, and regular audits. The person in charge had completed audits along with regular reviews of the Health Information and Quality Authority (HIQA) self-assessment. There was evidence that actions from these were completed. All staff had completed training on hand hygiene, IPC, food hygiene and the use of personal protective equipment. The inspector reviewed a sample of cleaning schedules in place for the designated centre. These identified all areas of the household to be cleaned on a daily weekly and monthly bases and were well maintained.

The inspector viewed a number of documents throughout the day of the inspection, including a sample of residents' personal plans, health care support plans and positive behaviour support guidelines. The documentation viewed was seen to be well maintained, and information about residents was up-to-date and person-focused. There was clear evidence that residents were actively consulted with about the plans in place to support them and involved in decisions about their lives. A safeguarding plan had been developed and implemented for one resident, and actions required were seen to be in place on the day of the inspection. Each resident had an intimate care plan which was reviewed on a regular basis.

Individualised plans were in place that contained detailed information to guide staff and ensure consistency of support for residents. These plans were subject to regular review and included meaningful goals. For example, a resident in the centre had plans to travel abroad with a family member and were being supported by staff to plan this holiday. Residents had access to opportunities and facilities while in the centre. They attended day services if desired in line with their wishes and interests. They also had opportunities to participate in a variety of activities in the local community based on their interests, preferences and personal goals. Inspectors observed on the day of inspection the individual day programmes each resident

accessed in line with their wishes. Residents were supported to maintain contact with friends and family representatives.

There was evidence that residents had good access to health care supports and access to allied health professionals as required. Records viewed showed that residents were supported to make and attend medical appointments as required and residents' health care needs were reviewed at least annually. Safe and suitable practices were in place for the ordering, prescribing, administration and disposal of medicines in the centre. Inspectors reviewed a sample of the contents within the medicine store in the centre. Medicines were stored securely in a locked cabinet in a staff office/sleepover room. Stock records were maintained of all medicines received into the centre. A medication fridge was in place for medicines that needed to be refrigerated and a temperature record was also maintained.

Satisfactory arrangements were in place for the management of risks. Each resident had individual risks identified and a risk register was in place for the centre. These were regularly reviewed by the person in charge and discussed at team meetings. The person in charge had identified the outstanding works needed in the rear garden of the premises in the risk register of the designated centre. The inspector reviewed the restrictions in place in the designated centre. Some restrictions present in this centre, such as medicines prescribed to support residents daily. A Voluntary restriction is in place where one resident has asked staff to store some personal items in a locked press. The resident is supported to access these items when they wish with support from staff with minimal delay. Each resident had access to a behavioural therapist, and a behaviour support plan. These were reviewed by the inspector and seen to be reviewed regularly with input from the person in charge and team leader. Staff were aware of resident's behaviour support plans in place.

The centre was equipped with fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire doors. Fire safety systems were being serviced at regular intervals by an external contractor to ensure they were in proper working order. Fire drills were being carried out regularly, including to reflect times when staffing levels would be at their lowest. The fire evacuation procedures were on display in the centre and records indicated that staff had undergone relevant fire safety training. Each resident had a personal emergency evacuation plan (PEEP) in place which identified a personal evacuation plan for day and night, and there was an overall centre evacuation plan in place also to guide staff.

The inspector reviewed the management of residents' finances in this centre and looked at a sample of the documentation in place around this. Residents had their own bank accounts and were supported to manage their money by staff and management of the centre. Financial assessments were in place for residents. There were clear systems in place to support residents to access their monies as desired and there were robust monitoring arrangements in place to safeguard residents' monies. Social stories were in place to provide information to residents each month on bills that they pay, for example, residents had a social story for each month on the cost of their pharmacy bill. From meeting with the residents and viewing some bedrooms in the centre, there was evidence that residents were supported to have control over their personal possessions, and had adequate space to store their

personal belongings. Residents' rooms were decorated in line with their personal preferences. Each resident had an inventory list of all their personal possessions which was reviewed on an annual basis.

Regulation 12: Personal possessions

The person in charge had ensured that each resident had access to and retained control over their personal property and possessions and where necessary, were provided with support to manage their financial affairs.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had been supported and encouraged to avail of social, recreational and education opportunities in accordance with their assessed needs and wishes. On the day of the inspection the inspector observed staff supporting residents to go out for lunch in a nearby town, while another resident was supported to attend a day service on a part time basis as per their own wishes.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was seen to be homely and well maintained. Additional works were still outstanding relating to the rear garden.

Judgment: Substantially compliant

Regulation 20: Information for residents

The person in charge ensured all residents had access to information in written and verbal formats. Residents also had access to a copy of a resident's guide which contained the required information.

Judgment: Compliant

Regulation 26: Risk management procedures
The provider had ensured that systems were in place in the designated centre for the assessment, management and ongoing review of risk.
Judgment: Compliant
Regulation 27: Protection against infection
Appropriate infection prevention and control practices were being followed. For example, staff were seen to carry out cleaning within the centre and relevant guidance was also available.
Judgment: Compliant
Regulation 28: Fire precautions
There were fire safety management systems in place in the centre. There were suitable fire containment measures in place. Fire drills were completed regularly. Each resident had a personal emergency evacuation plan in place which clearly identified the needs of the residents to evacuate.
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 ordering, receipt, prescribing and administration of medicines.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
A sample of residents' personal plans were viewed. Documentation in place showed

that residents were involved in annual person centred planning meetings and that efforts were made to include family members and people important to the residents in this process. Appropriate goals were clearly identified in these plans and there was clear evidence of progression, completion and ongoing review of goals. Goals in place were meaningful and in line with residents' expressed wishes. For example, one resident is being supported to plan a holiday abroad with a family member and staff have put in place actions to support the resident to achieve this goal.

Judgment: Compliant

Regulation 6: Health care

Overall, residents in this centre were offered good health care supports. Health care records viewed showed that residents had access to a general practitioner on a regular basis and as required. Residents had access to various allied health professionals. Residents were supported to make and attend health care appointments. The person in charge had ensured each resident had a health care support plan which identified actions and progress in relation to the residents medical needs. Social stories were in place to provide information to residents about their health care supports in place, for example, residents had a social story for each month on the pharmacy they access and cost of their pharmacy bill.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each resident had a behavioural support plan in place which was reviewed regularly. The staff members had received training on how to support the residents with behaviours that challenge. The registered provider ensured that all restrictive practices were applied in the least restrictive manner.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents and that systems were in place to protect residents from all forms of abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for White Lodge Accommodation Service OSV-0005591

Inspection ID: MON-0029862

Date of inspection: 31/01/2023

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: <ul style="list-style-type: none"> • Policies identified in this report will be reviewed and circulated to services by 31/03/2023. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Planning permission to be submitted to Kerry County Council for construction of retaining wall to rear of property by week ending 4/3/23. Estimated time for planning to be approved is, 30/5/23 • Tender to be issued and returned – 1 month (timed so that tender returns coincide with planning permission decision), 30/6/23 • Review of tenders and award – 1 month, 30/7/23 • Construction including mobilisation – 4 months, 30/11/23 • Project Completion date –01/12/23 	

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 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	01/12/2023
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 event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/03/2023