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:	Suaimhneas Respite
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	05 May 2026
Centre ID:	OSV-0005760
Fieldwork ID:	MON-0050231

About the designated centre

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

Suaimhneas Respite is a respite designated centre operated by Sunbeam House Services CLG. This respite service can provide supports for up to four residents, at any one time, over the age of 18 years with a primary diagnosis of intellectual disability that require low to medium support needs. Support provided varies depending on the residents' needs and requirements. The designated centre is located within a short walking distance of a large town in North Wicklow. The centre is managed by a person in charge who has a remit for two designated centres. They are supported in their role by a deputy manager. The person in charge reports to a senior manager. The staff complement includes social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 5 May 2026	09:40hrs to 14:45hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. The inspector used observations, conversations with residents and staff and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

Overall, the inspector found that the centre was operating at a good level of compliance. Residents told the inspector that they felt safe and could exercise their rights in the centre. The inspector observed a relaxed atmosphere, and it was clear that residents were receiving good-quality care and support to ensure that they had a good experience and enjoyed being in the centre. However, some improvements were required in relation to staff training, maintenance of the premises, and the arrangements for assessing residents' needs.

The centre provided a residential respite service to approximately 40 service users referred to as residents. A maximum of four residents could be accommodated at any one time; however, sometimes the number of residents in the centre could be less than four depending on their individual needs. Respite stays were planned four to six weeks in advance, and residents usually stayed for one to three nights at a time. Longer stays of up to one week may be facilitated on request. As the centre only provided short respite stays, residents' representatives primarily managed their healthcare needs.

The inspector found that the centre was being operated in line with its statement of purpose. For example, it only accommodated residents with a primary diagnosis of a mild to moderate intellectual disability with low to medium support needs (the centre did not accommodate residents with mobility needs such as wheelchair dependency, or residents whose behaviour support needs would pose a significant risk of harm to themselves or others).

The inspector met three residents during the inspection. They spoke together with the inspector before they went out with staff for lunch and to a petting farm. They said that they loved the centre and were happy staying there together. They said that they liked the location and the nearby amenities like restaurants. They told the inspector that they liked to meet their friends, go to the pub, play football, bowling and basketball, stream entertainment, bake and cook during their respite stays.

They liked the premises, and said that they could choose which room they slept in. They said that the centre was comfortable, and that the facilities, including the kitchen, were all working. They liked the food, and said that they could choose what they ate and prepare meals and snacks as they wished. They also told the inspector that they could choose what time they went to bed at and overall how they spent

their time in the centre. They also managed their own money and had their own phones, which they used as they wished.

The residents said that they knew and liked all the staff and the person in charge, and that they were nice. They felt safe and listened to in the centre, and had no complaints. They had participated in fire drills, and knew to evacuate the centre if the alarm sounded.

The inspector also spoke with the person in charge and deputy manager about a range of matters, including the residents' individual personalities and needs, the arrangements to safeguard residents, how residents could make decisions about their time in the centre, and the governance and management systems in place. They were found to be well informed on these matters, which will be discussed further in the next sections of the report. They also said that the centre endeavoured to provide a holiday-like break for residents where they enjoyed themselves and could choose how they spent their time there.

The centre comprised two premises that were part of a larger building complex which also contained a day service. It was located within walking distance to a large town with many amenities and services. There was also a vehicle available in the centre during the evenings and at weekends for residents to access the wider community and beyond.

The inspector carried out a walk-around of the centre with the person in charge. The first premises was not used by residents; it comprised a staff office, a bathroom, and a small kitchenette.

The second premises contained resident bedrooms, a staff office, a medication store room, a utility room, a shower room, a bathroom, and an open plan living area with a kitchen and dining space. The premises was clean, bright, and comfortable. The communal spaces were decorated with nice photos of residents. Notice-boards displayed information for residents on making complaints, infection prevention and control matters, and human rights. In the main living area, there were board games and art supplies for residents to use, and a large television with applications for streaming entertainment. A new kitchen had been installed since the last inspection, and it was well equipped. The inspector also observed that the bedrooms provided sufficient space and storage for residents' belongings, and were fitted with smart televisions.

Some maintenance was required to parts of the premises, such as to damaged flooring and skirting boards in the main living area. The person in charge had reported these issues to the provider.

The inspector also observed good fire safety systems such as fire-fighting and detection equipment. The premises and fire safety are discussed further in the quality and safety section of the report.

The next two sections of this report present the inspection findings in relation to the 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 good management systems in place to ensure that the service provided to residents in the centre was safe, consistent, and appropriate to their needs. The provider had ensured that the centre was well resourced, for example, staffing arrangements were appropriate to residents' needs and the objectives of the service. There were also arrangements in place to ensure that the admission criteria, as set out in the statement of purpose was adhered to. This was contributing to providing a well-run service that was compliant with most of the regulations inspected.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and they were supported in the management of the centre by a deputy manager. The local management team also had responsibility for another designated centre providing respite services. The person in charge reported to an operations manager, and there were systems in place for them to communicate.

The provider and person in charge had implemented management systems to ensure that the centre was safe and effectively monitored. Annual reviews and unannounced visit reports, and a suite of audits had been carried out, which identified to drive quality improvement.

The staff skill-mix and complement was appropriate to the number and assessed needs of residents. There were some vacancies, however they were well-managed to minimise any adverse impact on residents. Staff had completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. However, some staff required communication training and refresher training in safeguarding residents from abuse.

There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings. Staff could also contact an on-call service if outside of normal working hours.

Additionally, team meetings provided a forum for staff to raise any concerns regarding residents' care and support in the centre. The inspector reviewed the March and April 2026 team meeting minutes. They noted discussions on residents' updates, health and safety matters, the premises, incidents, audit findings, and staffing.

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix, comprising the person in charge, a deputy manager, social care workers and healthcare assistants, was appropriate to the number and assessed needs of the residents receiving respite in the centre.

There were two whole-time equivalents vacancies, which the provider was recruiting to fill. However, the vacancies were well-managed to reduce any potential adverse impact on residents. The person in charge endeavoured to use regular relief and agency staff who residents were familiar with, and there was an induction folder for agency and relief staff to read with key information, such as how to access policies and procedures, and report concerns. The person in charge told the inspector that residents had not been affected by the use of relief and agency staff; for example, there had been no increase in incidents or impact on residents' opportunities for activities. Residents spoken with told the inspector that they knew all the staff and that they were nice.

The inspector viewed a sample of the March, April and May planned and actual staff rotas, and found that they clearly showed the names of staff working in the centre during the day and night including agency staff.

Staff Schedule 2 files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The inspector reviewed the training log with the person in charge and deputy manager.

The log showed that staff had completed training included administration of medication, behaviour support, supporting residents with modified diets, infection prevention and control (IPC), assisted decision-making, first aid, autism, food hygiene, and fire safety. However, two staff were due refresher training in safeguarding, and two had not completed communication training. These deficits posed a risk to the quality and safety of service provided to residents in the centre.

The person in charge provided informal support and formal supervision to staff working in the centre. The inspector reviewed three staff supervision records, and found that they had received formal supervision in line with the provider's policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The inspector found that it was adequately resourced to ensure the delivery of effective care and support, for example, there was a vehicle for residents to access community services, and staffing arrangements were sufficient to meet residents' needs.

There was a clearly defined management structure with associated lines of authority and responsibilities. The person in charge had responsibility for another centre and was supported in their role by a deputy manager. The local management team demonstrated a very good understanding of the residents' needs and of the service to be provided in the centre. The person in charge reported to an operations manager, and there were arrangements for them to communicate and escalate information, such as scheduled governance meetings.

The provider and management team carried out a suite of audits, including unannounced visit reports and annual reviews (which had consulted with residents), and audits on health and safety, and medication management. The audits identified actions for quality improvement which were monitored to ensure progression.

There were effective arrangements for staff to raise concerns. In addition to the support and supervision arrangements provided by the local management team, staff could also contact an emergency on-call service for support.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of person-centred care and support in the centre. Residents spoken with told the inspector that they felt safe and enjoyed staying in centre. The inspector also read recent written compliments from residents that praised the staff and the service provided in the centre. However, some improvements were required in relation to the maintenance of the premises and the arrangements for assessing residents' needs.

Assessments of residents' care needs had been carried out which informed the development of personal plans. The local management team told the inspector that there were some ongoing challenges in maintaining the residents' files due to the

large number of residents using the centre. They also said that not all of the templates used were fully fit for purpose, and had they raised these concerns with the provider.

The inspector reviewed three residents' files and found that they contained information for staff to support residents in line with their needs, interests and personal preferences. However, there were some discrepancies in the assessments that required attention.

Residents were provided with ample opportunities in the centre to participate in different activities of their choice. Residents enjoyed various in-house and community-based activities, such as dining out, shopping, walks, arts and crafts, and attending social clubs.

Respite allocation was based on residents' compatibility, individual needs, interests, and preferences. For example, some residents were friends with similar interests so were offered respite stays together. Appropriate resident compatibility was important in effectively managing any known risks for residents' safety. Overall, the inspector found that there were effective safeguarding arrangements, including a written policy to outline the arrangements, and systems for reporting any safeguarding concerns.

The premises were part of a large building complex that also also contained a day service. The main premises contained individual bedrooms, bathrooms, staff rooms, and an open plan kitchen and living area. The premises were bright, homely and generally observed to be clean. However, some maintenance was required, such as repair to damaged flooring.

The kitchen was well equipped, and there was a good variety of food and drinks for residents to choose from. Some residents required modified diets, and support plans were available for staff to refer to. Residents spoken with told the inspector that they liked the food and could choose their meals.

There were effective fire safety precautions. Staff completed regular checks on the fire safety equipment, and there were arrangements for the servicing of the equipment. Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire, and the effectiveness of the plans was tested as part of fire drills carried out in the centre.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in their own individual means. The residents in the centre on the day of the inspection primarily communicated verbally. The inspector observed that they were listened to and understood by staff when they conversed. Information on how residents' communicated was reflected in their care plans for staff to refer to.

The provider had ensured that residents could access different media forms in the centre, including televisions and the Internet. Residents could also use their phones and smart devices to keep in contact with their family and friends.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured that residents had access to facilities for recreation, and opportunities to participate in activities in accordance with their interests, needs, and wishes when they stayed in the centre. The centre was very close to local amenities and services for residents to use, and there was also a vehicle available for residents to access the wider community.

Some residents were very active, while others preferred a slower pace and to relax in the centre; their individual choices were respected. Resident spoken with told the inspector that they chose how they spent their time in the centre. They enjoyed different in-house and community-based activities, such as using smart devices, dining out, bowling, baking, playing sports, meeting friends, attending social clubs, and going on day trips.

The inspector also reviewed the residents' daily notes from their most recent stays in the centre. The notes recorded activities, such as going out for dinner and lunch, and to pubs, parks and coffee shops, meeting friends, walks, watching television, using smart devices, shopping, and preparing snacks.

Judgment: Compliant

Regulation 17: Premises

The centre comprised two separate premises that were part of a larger building complex containing a day service. The first premises was not used by residents; it comprised a staff office with sleep over facilities, a bathroom, and a small kitchenette. The second premises contained resident bedrooms, a staff office, a medication store room, a utility room, a shower room, a bathroom, and an open plan living area with kitchen and dining space. The main premises was clean, bright, comfortable, and met the needs and number of the current residents using the centre.

The communal spaces were homely and decorated with nice photos of residents. The bedrooms provided sufficient space and storage. In the living area, there were board games and art supplies for residents to use, and the television had applications for streaming movies. The kitchen was well-equipped and the

appliances appeared to be in good working order. Residents spoken with told the inspector that they liked the premises, and that the bedrooms were comfortable.

However, some upkeep was required to premises:

- there was dark mildew on the ceiling in one bathroom
- the flooring and skirting boards were damaged in the main living area, which impacted on how effectively the area could be cleaned.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to be involved in the purchase, preparation and cooking of their meals as they wished.

The inspector observed that the kitchen was well equipped with cooking appliances and equipment. There was also a wide selection and variety of food and drinks for residents to choose from. Residents chose their meals on a daily basis during their stays. Residents spoken with told the inspector that they liked the food in the centre and often had their favourite meals. Some residents liked to prepare their own snacks and bake. Residents also enjoyed eating out and having takeaways.

Some residents required modified diets. Associated care plans had been prepared by the provider's speech and language therapy service to guide staff in preparing residents' meals. Staff had also received training in supporting residents with modified diets to guide their practices.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. The guide was written in an easy-to-read format. It contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents involvement in the running of the centre. The deputy manager made a minor revision to the guide during the inspection to ensure that all of the information was accurate and sufficiently detailed.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems in the centre.

There was fire detection and fighting equipment, such as alarms, fire extinguishers and blankets, and emergency lights in the centre. The equipment was regularly serviced, and staff also completed daily and weekly fire safety checks. The fire panel was addressable and located in the hallway of the main premises.

There were fire doors throughout the premises. The inspector released a sample of the doors, including bedroom doors, and observed that they fully closed. The exit doors had easy-to-open devices to aid a prompt evacuation.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own individual evacuation plan which outlined the supports they may require in evacuating. The inspector viewed three of the individual plans, and found that they were up to date. Residents spoken with told the inspector that they knew to evacuate the centre if the alarm sounded.

Fire drills were carried out to test the effectiveness of the evacuation plans. A night-scenario drill with the maximum number of residents and minimum staff levels was overdue, and the person in charge scheduled it for the night of the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' care needs were assessed which informed the development of personal plans.

The inspector viewed a sample of three residents' health and personal care plans including intimate care, medication, communication, eating and drinking, finances, and safety plans; and found that they were up to date and readily available for staff to refer to. There was also information on residents' likes and dislikes, preferences, and interests to support staff in providing an enjoyable experience for residents in the centre.

However, the inspector found some of the assessments contained information that was not relevant to residents' respite stays. The documents had been completed by residents' day service staff and referenced risks and behaviours of concern that the management team told the inspector were not observed in the centre. This posed a risk of causing confusion on the care and support to be provided to residents in the centre.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The provider had prepared a written safeguarding policy, which underpinned the systems and outlined the associated arrangements.

Residents spoken with told the inspector that they felt safe in the centre. Staff were required to complete safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance in the centre for them to refer to. However, at noted and actioned under Regulation 16: Training and staff development, two staff were overdue refresher training since March and April 2026.

The inspector found that safeguarding incidents in the centre had been appropriately reported, responded to, investigated, and managed. For example, the inspector reviewed two safeguarding incidents from 2025 and 2026, and found that they had been reported in line with the provider's policy, and actions to safeguard residents had been implemented, such as ensuring that allocations for respite considered residents' compatibility and risks to each other.

Information on residents' personal and intimate care needs was noted in their care plans for staff to follow to help ensure that they supported residents in a manner that respected their privacy and dignity.

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	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Suaimhneas Respite OSV-0005760

Inspection ID: MON-0050231

Date of inspection: 05/05/2026

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 PIC has ensured that the outstanding training required by staff has been completed in full and updated on the relevant audits. This was last reviewed 02nd of June 2026.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Bathroom ceiling (mildew): • The affected area will be treated with appropriate anti-mould cleaning agents and repainted using mould-resistant paint. • Ventilation in the bathroom will be reviewed to prevent recurrence. Works will be completed by 31st of July 2026 Flooring and skirting boards (main living area): • Damaged flooring and skirting boards will be repaired or replaced to ensure surfaces are fully sealed, smooth, and suitable for effective cleaning and infection prevention and control. All works will be completed by 31st December 2026 Monitoring and Oversight: The Person in Charge will maintain oversight of all works to ensure completion within agreed timelines. These areas will be included in ongoing environmental audits to ensure standards are maintained.	

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:

Actions to Achieve Compliance:
• The provider will review all current needs assessments to ensure that information relevant to the resident's respite stay is included in documentation used within the centre.
• Relevant information will be discussed at monthly staff meetings. Moving forward all Support Need Assessments will have additional respite relevant information added to the assessments.
• The provider will meet with the system developer to enhance the current needs assessment template by:
1. Adding a specific question to identify supports required during respite stays, and
2. Introducing a drop-down selection linked to this question to ensure that only relevant, centre-specific support needs are recorded.
• This system enhancement will support staff to input appropriate and consistent information and reduce the risk of irrelevant or misleading content being included in assessments.
Timeframes:
• Review and update of existing assessments will be completed by 31st of August 2026

Monitoring and Oversight:
• Ongoing audits will be incorporated into the centre's governance systems to ensure sustained compliance.
• Staff will be guided and supported to use the updated assessment tool appropriately to be completed by 7th September 2026.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	02/06/2026
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	31/12/2026
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	Substantially Compliant	Yellow	31/08/2026

	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.			