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:	Tralee Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	29 June 2026
Centre ID:	OSV-0008648
Fieldwork ID:	MON-0044026

About the designated centre

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

Tralee Accommodation Service is a detached two-storey house located in a housing estate in a town. It provides a full-time residential service for up to four residents of both genders, over the age of 18 with intellectual disabilities, autism, mental health needs and other needs. Each resident in the centre has their own bedroom and other rooms provided include a living room, a kitchen/dining room and a utility room. 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

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 29 June 2026	09:30hrs to 16:25hrs	Kerrie OHalloran	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor the designated centre's level of compliance with the associated standards and regulations, and to inform the upcoming registration renewal decision.

Overall, the findings indicated that the residents were cared for in line with their assessed needs and were encouraged to enjoy activities of their choosing. Independence was also very important for the residents living in this centre and this was supported by the staff team. Good levels of compliance across the regulations reviewed was found on the day of inspection indicating that a good quality service was available to the residents. Some review was required under Regulation 5: Individual assessments and personal plans to ensure aspirations for residents were being clearly documented.

On arrival the inspector was greeted by a resident and the person in charge. The inspector was welcomed to the centre and met some staff who were on duty that morning, along with two residents who were ready for their day. As part of the inspection process the inspector completed a walk around of the premises. The centre was a detached two-story style house. There was an enclosed garden area to the back of the house that residents could enjoy. The centre was presented as clean throughout and well maintained. It was tastefully decorated to ensure it was a homely environment. For example, pictures and soft furnishes were on display in different parts of the home.

Residents each had their own bedroom which had adequate storage space including wardrobes and bedside lockers. There was plenty of communal spaces available, including a kitchen/dining area, a sitting room and a visitors room/conservatory. A resident had also displayed information posters on different topics of interest on the walls in the kitchen and sitting room for others to enjoy. The inspector had the opportunity to speak to this resident during the inspection. They discussed their love for helping others, organising fundraisers, meeting their family and doing art and crafts. They told the inspector they were very happy in their home and had a good life. The resident praised the staff and the support they received when they needed. The resident was later met again in the evening after they had spent some of the day visiting family members who were important to them.

Also, on the morning of the inspection, the inspector met another resident. They were leaving to attend their day service. The resident again praised the service they received and their home. They spoke to the inspector about several training courses they had successfully completed and how they were progressing with their education in the coming months. Again, the inspector had the opportunity to met the resident when they returned to their home later in the afternoon. The resident

discussed their day with the inspector. They appeared to be very happy and content in their home.

During the inspection day the inspector met a third resident who lived in the centre. They were not attending their day service on this day, the management of the centre discussed that they support residents' choice in the centre regarding their activities and day service. The inspector sat and spoke with the resident, they told the inspector that they were happy and all the things they loved about their home and the staff. The resident was overheard during the day having fun and sharing laughter with the staff on duty.

Later in the evening the fourth person living in this centre returned to their home. They had been out during the day since the inspector had arrived. Staff were seen to be able to communicate well with the resident as per their assessed needs and assisted the inspector to greet and communicate with the resident. The resident appeared to be very happy and relaxed, they had fun with another resident who was present and appeared to enjoy having a joke with staff members and residents. There was a welcoming and enjoyable atmosphere amoung the staff team and residents.

The inspector had the opportunity to meet and speak with staff members on duty, one meeting was very brief as two staff members were finished their working hours on the morning of the inspection. The person in charge and team leader were also present and facilitated the inspection day. Staff and management were observed to be kind, person-centered and knowledgeable in their work and in their interactions with the residents. They demonstrated they were aware and knowledgeable of the support requirements for the residents.

The staff team in the centre had completed human rights training. A staff member spoken with explained about how the staff team supports the residents living there and ensuring they have choice over their lives and that their independence is promoted and supported. The staff members highlighted things that are important to each of the residents and how everyone is treated equally and with respect.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre and were presented to the inspector on the day of the inspection. The inspector received four forms. The feedback in general was very positive, and indicated a high level of satisfaction with the service provided in the centre. This included the staff, activities, food and the premises. Residents complimented the staff supporting them, how they loved their home and felt safe living there.

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

The findings from this inspection indicated that there was good compliance with many of the regulations reviewed and evidence of good practice in many areas.

There was a clear organisational structure in place to manage the service. The management arrangements within the centre were in line with the statement of purpose. This had been updated as part of the centres application to renew registration.

The person in charge worked full-time and was responsible for one other designated centre. They were supported in their role for this designated centre by a team leader. There was an out-of-hours on-call management arrangements also in place to support the centre .

Staff training records indicated that all staff had completed mandatory training. Staff were also supported in their role with quarterly supervisions per year. The inspector reviewed the records in place supervisions and these had been completed, along with a schedule in place for the remainder of 2026.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The provider had completed six-monthly unannounced audits and annual reviews. The person in charge had ensured that audits were taking place to support the centre. These audits included health and safety audits and overview audits by the team leader and person in charge on a weekly and monthly basis. The staff team were supported with regular team meetings. This is important to ensure staff can raise concerns, sharing information on the quality of care and support in the service to residents, along with any provider updates.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included. For example, the provider submitted an updated statement of purpose outlining the type of service available to residents in the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services. They were found to be aware of their legal remit with regard to the regulations and were responsive to the inspection process. At the time of the inspection the person in charge had a remit of two designated centres.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the provider had ensured that there were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. There were no staff vacancies on the day of inspection. There was a team leader in place to support the person in charge in their role.

The inspector reviewed rosters from April to July 2026 and found that all rosters were well maintained. Continuity of care was evident with the same names represented on the roster across the relevant period reviewed. There was no use of agency staff.

Judgment: Compliant

Regulation 16: Training and staff development

There was a good level of compliance with mandatory and refresher training in the centre. The inspector reviewed the training records for all staff and saw that all staff were up to date in training in key areas including safeguarding, safe administration of medications and managing behaviour that is challenging.

Additionally, staff were up to date in centre specific trainings. For example, all staff had received training communication, positive behaviour support and self-harm. Staff were in receipt of regular support and supervision through staff meetings and individual staff supervisions which took place four times per year. The inspector reviewed the supervision matrix in place and this indicated supervisions were taking place and were also planned for the rest of 2026.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits had taken place in July 2025 and January 2026. An annual review of the care and support of residents had been prepared in accordance with the regulations. This was a review which examined areas of the operation of the designated centre. Feedback from staff and residents family members had been sought, and this was included in the review, and positive comments were received.

The person in charge had ensured a number of audits were being completed in the designated centre. This included a monthly audit which was completed by the person in charge. The inspector reviewed March to May 2026. Here the person in charge ensured oversight and review of such things as staff training and supervisions. Weekly audits were completed by the team leader which reviewed for example, medication review, residents protocols in place and person-centred planning was taking place.

The annual review, audits and the six-monthly unannounced audit were identifying actions for improvement, and these required actions were for the most part seen to be completed. Actions reviewed by the inspector included a review of a risk assessment which had been completed for a resident, this had been recently reviewed at the time of the inspection.

Regular staff meetings were held, and a record was kept of the discussions which included safeguarding, residents updates, review of incidents that had taken place and staff training. The inspector was assured on reviewing these systems that there was effective monitoring and oversight in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was submitted with the provider's application to renew the registration of the centre and was available and reviewed in the centre. It contained the required information set out in Schedule 1 such as the registration details, support needs in the centre and staffing arrangements. This had been updated in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector under the Regulation was reviewed during the inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact the residents. All notifications had been submitted as required. For example, the provider had notified the Chief Inspector of any allegation, suspected or confirmed abuse to a resident within a three day period.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure which was available in an accessible version, and the residents knew who to approach if they had a complaint. There were no current open complaints in the designated centre. A record log was available to log complaints and any compliments received by the centre. One complaint had been received in 2025 and this was closed. Eight compliments were also recorded for 2025. Two complaints had been received for 2026 and these were closed with the satisfaction of the complainant recorded.

Judgment: Compliant

Quality and safety

The inspector found that the local management team and staff were committed to promoting and ensuring the quality, safety and independence of the residents. The provider had resources in place which ensured residents were supported with their independence. Residents enjoyed listening to music, going on day trips and holidays, shopping in the local community, meeting with friends and family, attending their education and day services.

The inspector reviewed two of the residents' personal plans. These were seen to be kept up to date and had both been recently reviewed. Residents were supported to have annual personal planning meetings which identified goals and aspirations that residents wanted to complete in the coming year. The inspector seen that these goals were taking place or residents were being supported to plan and achieve their goals. However, some review was required to ensure goals were fully documented and reflected if the residents had completed goals or if a resident changed their the

direction of their aspirations that this progress was recorded. This will be discussed under Regulation 5: Individual assessments and personal plans.

The centre was comfortable, warm, visibly clean, furnished and decorated in a homely manner. Residents informed the inspector that they loved their home and they felt safe living there. Staff were in receipt of training in safeguarding to ensure they could support and promote the needs of the residents.

Overall, this inspection found that the centre provided a safe environment for residents where their health and social needs were being supported. Residents rights were being supported through consultation with residents and a staff team which had received training to support the residents with their rights.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate. The inspector had the opportunity to meet with four residents who communicated either communicated verbally or other communication methods such as sign language, gestures, use of mobile phone devise and expressions. The inspector observed staff communicating with the residents in a respectful manner throughout the inspection day.

From the two personal plans the inspector reviewed, the residents had their communications needs and preferences clearly recorded. These were seen to be documented in an individualised and person-centred manner specific to each resident. For example, the plans included information on how residents communicated, along with things residents liked and disliked to talk about.

Television, radio, internet access, technology and pictorial aids were provided for residents in the designated centre. A picture board was in place for residents to know what staff was on duty to support them. Residents had their own mobile phones.

Judgment: Compliant

Regulation 13: General welfare and development

Residents took part in a range of social and educational activities both at the designated centre, at their day service and in the local community. Residents living in this designated centre enjoyed a range of activities, some residents completed these independently and when required suitable support was provided for residents in accordance with their individual choices. Some residents in the centre attended a

day service on a regular basis, while another residents enjoyed dropping in and out of services as they wished.

On the day of the inspection, the inspector observed residents going about their day and enjoying their lifestyles. This included attending day service, relaxing in their home, visiting family, organising their week ahead, organising meals and activities in the evening.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met the residents' needs. The centre was found to be well maintained, visibily clean, furnished and decorated throughout. The provider had ensured to continue to maintain the premises.

Residents had access to laundry facilities and adequate storage facilities were also in place for residents to store their belongings. Each resident had their own bedroom. A number of residents told the inspector they loved their home and bedrooms.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as a summary of services and facilities, arrangements for visitors and how to access inspection reports.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, the provider had good systems in place around the management of risks within the centre. The provider had detailed risk assessments in place which promoted safety of residents and were subject to regular review.

As part of the inspection process the inspector reviewed two residents' individual risk assessments. Risks such as behaviours of concern and medical conditions such as epilepsy were all appropriately assessed with relevant control measures in place.

Residents also had a risk assessment in relation to safeguarding which was seen to be reviewed after incidents in the centre.

The inspector also reviewed the systems in place to manage incident, accident and near misses. When an incident did occur it was reviewed for learning and discussed with the staff team as required at staff team meetings.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company. This had last taken place in May 2026 and October 2025. Staff were completing regular checks of exits, fire doors and fire panel.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances. Each resident had a personal emergency evacuation plan in place. These plans were clear and provided clear information on the supports required by each resident. These plans were also seen to be reviewed on a regular basis. The centre had an identified fire assembly point in place, and an evacuation procedure was also in place. Due to one resident's assessed needs the provider had put in place measure to ensure they were alerted of the fire alarm sounding, this included strobe lighting in their bedroom and a device for under their pillow at night. This would ensure the resident would be alerted when to evacuate. Regular checks were being completed to ensure these were maintained and in working order.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had personal plans in place that outlined their health and social needs. Where required, support plans were in place as per the residents assessed needs.

The inspector reviewed the personal plan of two residents. The residents had completed an annual personal centred planning meetings in March 2026. These meetings gave the opportunity for staff, the resident and family members, if required, to review and plan for the year ahead. Goals and aspirations had been set

for the residents. Residents had goals such as planning a holiday, purchasing new items and trying new activities. However, some review was required to ensure residents' goals that had been clearly recorded for 2025. For example, one resident had a goal of completing an information booklet, it was recorded that the resident had changed their mind on the topic of the booklet and would be completing it on a new subject. However, it was unclear if the resident was supported to do this as the documentation available on the day did not reflect this. The providers documentation clearly identifies if a new outcome or action has been developed and this was not documented. Another goal reviewed for a resident had been set in February 2025 and recorded as completed in September 2026. However, on review of the documentation it was again unclear if the resident was supported to achieve the goal of going on a tandem bicycle as it had not been clearly recorded or updated.

Judgment: Substantially compliant

Regulation 6: Health care

The local management and staff team ensured that residents had access to health care that they needed. Staff supported some residents with their general practitioner (GP) and other medical appointments when required. Other residents living in the centre were supported with their independence and attended their medical appointments independently. Residents could also be supported with out-of-hours GP service if required.

Staff in the centre had identified residents' health care needs and support plans were in place to ensure measures were in place and to support continuity of care. The inspector viewed a range of the plans in place in two of the resident's personal plans. These plans were reviewed regularly by the staff team and developed as required. For example, residents had guidelines and support outlining their mental health needs, nutrition support and ensuring they had regular medical and dental check ups completed as required.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that residents were protected from all forms of abuse. The inspector reviewed documentation relating to a safeguarding incidents that had taken place for three of the residents and at the time of the inspection these safeguarding plans were open.

The person in charge had ensured relevant statutory bodies had been informed following the safeguarding incident that arose in this centre. Documentary evidence was provided of the relevant safeguarding screening which had been conducted which was in keeping with relevant national safeguarding policy. The safeguarding plans had been recently reviewed.

A staff member spoken with during this inspection demonstrated a good awareness of how and who to report safeguarding concerns to. The staff member was aware of the safeguarding incident that had occurred and identified the interim safeguarding plans in place for residents.

Monthly staff meetings were occurring in the designated centre and safeguarding was a running agenda item. The person in charge informed the inspector that safeguarding is discussed at the staff team meetings and updates to the safeguarding plans in place will be highlighted to the staff team during these meetings.

Residents' files contained up-to-date intimate care plans which detailed measures that staff should take to ensure that residents' dignity, privacy and autonomy were upheld when in receipt of personal care.

Judgment: Compliant

Regulation 9: Residents' rights

There were many ways the centre was supporting residents with their rights. Residents were educated about their rights and supported to exercise their rights. Residents' rights were respected. These are some examples the inspector observed and reviewed on this inspection:

• Regular residents' meetings were taking place. Meetings were held to talk about things that were happening in the centre and were keeping residents informed. Items such as safeguarding, meal planning, complaints and upcoming activities were discussed.

• The residents' independence and daily living skills were promoted and encouraged by the staff team in place and when required support was given to the residents. For example, some residents accessed the community independently and could contact staff if they needed a support, such as a drive back to their home. This was observed on the day of the inspection.

• Residents were supported to be involved in activities they enjoyed. Residents were supported with educational and employment opportunities as per their wishes. For example, one resident had completed several training courses and had plans to continue with this in the future. Other residents attended different day services and local services which they enjoyed.

• Staff supported decision making and person-centred care in the designated centre. • Residents informed the inspector they could decide what they wanted to do or what meals they wanted and any changes would be supported and accommodated. Residents spoke to the inspector that they each do their own food shopping weekly. • Residents had a right to privacy in their home. Each resident had their own bedroom with safe storage for their belongings and their personal information held in the centre was kept in a safe place.
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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tralee Accommodation Service OSV-0008648

Inspection ID: MON-0044026

Date of inspection: 29/06/2026

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 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: 1. Action plans for each service user from 2025 to be reviewed by Team Leader and PIC to ensure clear action tracking from the beginning of the goal to the completion of the goal for all action plans by 30th September 2026. 2. Findings from action plans reviews to be shared with all keyworkers by Team Leader and PIC. This will be completed by 30th September 2026 3. 2026 action plans to be reviewed by individual keyworkers to ensure clear and concise action tracking moving forward into 2026-2027. To be completed by 31st December 2026. 4. Action plans to be reviewed by team leader and person in charge on a quarterly basis, the first review will be completed by 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 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/12/2026