



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Ballincurrig Care Centre
Name of provider:	Ballincurrig Care Centre Limited
Address of centre:	Ballincurrig, Leamlara, Cork
Type of inspection:	Unannounced
Date of inspection:	13 November 2025
Centre ID:	OSV-0000197
Fieldwork ID:	MON-0048447

About the designated centre

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

Ballincurrig Care Centre is a part of the Silver Stream Healthcare Group and the registered provider is Ballincurrig Care Centre Limited. The centre is located in the rural setting of Ballincurrig, a short distance from the town of Midleton, Co. Cork. It is registered to accommodate a maximum of 57 residents. It is a single storey building and bedroom accommodation comprises 43 single bedrooms and seven twin bedrooms, all with en-suite facilities of shower, toilet and hand-wash basin. Additional bath and toilet facilities are available throughout the centre. Communal areas comprise the main day room, the quiet conservatory, sitting room by main reception, the family palliative care room, a games activities room, tranquillity therapy room, hairdressers, smoking room, and large dining room. Residents have free access to the main enclosed large courtyard as well as the well-maintained gardens with walkways around the house. Ballincurrig Care Centre provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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
Thursday 13 November 2025	09:20hrs to 18:00hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

Overall, the inspector found, that residents living in Ballincurrig Care Centre, were supported to have a good quality of life by kind and caring staff. The centre was well-run and residents' rights were actively promoted by staff and management. The inspector met with most of the residents living in the centre and spoke with eight residents in more detail during the day. The inspector also met with five visitors during the inspection. Feedback from residents and visitors was very positive about the care they received and the kindness of staff. A resident told the inspector that the staff caring for them "couldn't be any better" and another resident told the inspector that the "staff are a great help to me."

The inspector arrived unannounced to the centre and having followed the signing in procedures, went around the centre to meet with residents, observe the environment and meet with staff. Many of the residents were being assisted with their personal care by staff or enjoying their breakfast. Staff were observed knocking on residents' bedroom doors before entering and greeting residents in a friendly fashion. The atmosphere in the centre was calm and welcoming.

Ballincurrig Care Centre is a single storey building, located in the rural setting of Ballincurrig in East Cork. The centre is registered for 57 residents and has 43 single rooms and seven twin rooms all with en-suite shower, toilet and hand-wash basin facilities. The inspector saw that residents could freely access the internal courtyard gardens in the centre and where the exit door and any internal doors had key pad locks, the code were displayed on these doors, so that residents without a cognitive impairment could access them easily.

Residents bedrooms were generally seen to be well maintained and residents confirmed that they were cleaned daily. All bedrooms carpets had been removed and replaced with new easy clean flooring. Many residents' bedrooms were personalised with residents' family pictures and items of importance to the resident. In two twin rooms, the inspector noted that sections of the privacy curtains were not on the curtain rails. This was brought to the attention of the person in charge, who ensured these were replaced immediately with clean curtains, as they had been removed for cleaning. The inspector saw that some of the furniture such as wardrobes, lockers and chairs had been replaced since the previous inspection, while there was some wear and tear on some bed-lockers and bed ends in some of the bedrooms.

The centre had a dining room, a day room, a lounge, an activities room and a tranquillity room, as communal rooms, that residents could use. There was also a visitor's room and a small oratory that was used, when mass was celebrated in the centre. During the day, the inspector saw that many of these spaces were in use by residents and their visitors and were decorated in a warm and homely style. The carpets and flooring in the activity room and one of the lounges was stained and worn and required repair or replacement. The inspector saw that the flooring was

scheduled for replacement in the coming months. The inspector saw that clinical hand wash sinks had been installed along the corridors, within easy walking distance of residents' bedrooms and in a number of the ancillary rooms. The paintwork in the corridors of the centre required attention as they were marked and some areas had worn patches painted white in preparation for repainting which took from the homely feel of the centre. Surfaces in the clinical room and flooring and surfaces in the sluice rooms required repair and this is outlined further in the report.

The majority of residents who spoke with the inspector gave very positive feedback regarding the choice and quality of meals and snacks available in the centre. The inspector saw that residents could choose to eat in their bedrooms or in the dining room for their lunch time and evening meal. Menus were displayed on each table in the dining room and on a board on the corridor so that residents were aware of the choices available. Tables in the dining room were decorated with table cloths and condiments. During the lunchtime and evening meal, the inspector saw that many of the residents were chatting together during the meal and it was a sociable dining experience. Staff provided assistance to residents who required it, in a respectful and unhurried manner. There was adequate numbers of staff available to assist residents with their meals. The inspector saw that there were snack rounds with soup, yogurt and fruit during the mid-morning and another snack round in the afternoon.

Residents told the inspector that were happy with staff attending to them and the length of time it took to have their call bells answered. The inspector saw that staff were knowledgeable regarding residents' likes and preferences. Residents appeared to be dressed according to their preferences and own style. Residents told the inspector they could choose what time they would like to get up in the mornings and staff always respected their choice and preferences. Some residents were seen to be walking around the centre independently and were appropriately directed by staff in a kind and respectful manner. Residents who couldn't communicate with the inspector appeared comfortable and content in the company of staff.

Visitors who spoke with the inspector confirmed that their visits were unrestricted and they were welcomed in the centre. They gave positive feedback to the inspector regarding the care and attention their relative received.

There was a schedule of activities available in the centre, facilitated by two activity staff. On the day of inspection, many of the residents attended the main day room, where they participated in saying the rosary together, reading newspapers and games and exercises. In the evening a singer-musician attended the centre, after the evening meal, whereby many of the residents welcomed him and joined in the session.

A small number of residents preferred the quieter space of the activities room during the day where they could listen to music, while another resident told the inspector they enjoyed knitting there in the quieter space. A resident who enjoyed reading told the inspector that the mobile library was a great asset to the centre as the most recently published books could be brought in to them. Other activities in the centre included baking, zumba, knitting and crochet, visits from the pet therapy dog once a

month and live music. Mass was celebrated in the centre the first Thursday of every month. Residents' rights were well respected. Residents were actively involved in the organisation of the centre and their feedback was reported back through a residents' survey and resident meetings, which were held every two months.

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

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Information reviewed on inspection was also used to inform decision making regarding the renewal of the centre's registration. Many of the findings of the previous inspection with regard to infection prevention and control had been actioned by the registered provider. The inspector found that overall, the centre was well-managed, whereby residents were supported and facilitated to have a good quality of life. Some action was required to come into compliance with the regulations as detailed further in this report, under the relevant regulations.

Ballincurrig Care Centre is a designated centre for older persons, operated by Ballincurrig Care Centre Limited, who is the registered provider. The registered provider company has three directors, one of whom represents the registered provider company. The company directors are involved in the operation of eleven other designated centres nationally. There was a clearly defined management structure in place. There was a person participating in the management of the centre, who provided support to the person in charge and staff working in the centre. The office of the Chief Inspector had been appropriately notified of the recent change of personnel working in this role. The person in charge was full time in position in the centre and was supported by a full time clinical nurse manager, who was supernumerary to the nursing roster. The centre also had the support of a facilities manager, a training and compliance manager, finance department and a human resource department from the across wider group's resources.

From a review of rosters and from speaking with staff and residents, the number and skill mix of staff was appropriate to meet the assessed needs of the 54 residents living in the centre.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up-to-date. There was a high level of staff attendance at training in areas such as fire safety, manual handling,

safeguarding vulnerable adults, management of responsive behaviour, and infection prevention and control.

The provider ensured that there were management systems in place to oversee the quality and safety of care provided to residents. There was a schedule of audits in place that included, monitoring of residents' care plans, infection prevention and control, medication management, residents' dining experience and falls management. Actions plans were developed and actioned with regard to audit findings where required. The person in charge carried out regular walk-arounds of the centre to monitor aspects of care delivery, medication management, and the environment and to seek residents' views on their experience of living in the centre. From a review of records of these walk-arounds, it was evident that any poor findings were actioned immediately by the person in charge.

The person in charge also monitored key clinical risks to residents such as falls, weight loss, pressure ulcers and any incidents of responsive behaviour. Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. A monthly report was prepared by the person in charge and escalated to the provider that included reporting on incidents such as falls, complaints management, audit findings, training compliance and staff supervision and communication. This ensured the provider had oversight of the quality and safety of care provided to residents.

The provider ensured that there were effective communication systems in place with staff and management through handover, staff meetings and management meetings. The facilities manager for the group met with the person in charge on a regular basis to develop an action plan with regard to addressing premises issues in the centre. There were group wide meetings held with the directors of nursing from across the centres in the group to share any learning. The person in charge and the clinical nurse manager also held a weekly clinical review meeting whereby incidents, residents with weight loss, residents requiring multidisciplinary input and findings from audits were discussed and actioned. From a review of minutes of these meetings, it was evident that the clinical nurse manager had commenced conducting spot checks of the centre at night time to supervise night staff practices.

Notifications were recorded electronically in the centre and from a review of these records, it was evident that incidents were notified in line with the Regulation 31; Notification of incidents.

The complaints procedure was displayed in the centre and residents who spoke with inspectors were aware how to make a complaint.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider applied for renewal of registration of the centre in a timely manner. Prescribed documentation was submitted and fees were paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the necessary qualifications and management experience to meet the requirements of the regulation. It was evident to the inspector that they were knowledgeable regarding their roles and responsibilities and residents' assessed needs.

Judgment: Compliant

Regulation 15: Staffing

It was evident to the inspector that the number and skill mix of staff was appropriate having regard for the layout of the centre and the assessed needs of the 54 residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was good oversight of the uptake of mandatory training by the person in charge. From a review of the training matrix and from speaking with staff, it was evident that staff were supported to attend both in-person and online training appropriate to their role. There was good supervision of staff by the person in charge and the clinical nurse manager.

Judgment: Compliant

Regulation 22: Insurance

A current insurance certificate was in place and included insurance against other risks, including loss or damage to a resident's property.

Judgment: Compliant

Regulation 23: Governance and management

The provider ensured there was adequate staffing resources in place to provide safe and effective care to the current residents.

There was a clearly defined governance structure in place and management and staff were aware of their roles and responsibilities.

The provider ensured that there were effective management systems in place to ensure the service provided was safe, appropriate and consistently monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose met the requirements of Schedule 1 of the regulations and was updated each year as required.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of legislation in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre. Residents who spoke with the inspector were aware how to make a complaint. The inspector reviewed a sample of complaints and found that the outcome was recorded and whether the complainant was satisfied with the outcome.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents living in Ballincurrig Care Centre were supported and encouraged to have a good quality of life, where their choices were respected. Residents' health and social care needs were being met through good access to health care services and the opportunity to engage in social activities. Some action was required with regard to premises and care planning which is detailed under the relevant regulations.

Residents had access to a range of health and social care services, such as a general practitioner, physiotherapy, community palliative care, speech and language therapists and dietitians. From a review of a sample of records, it was evident that residents who required review by a health and social care professional was referred and reviewed as required. Each resident had a care plan that was developed using validated assessment tools, to assess risks to residents such as malnutrition, skin integrity and falls risks. Care plans were noted to be updated every four months as required in the regulation. In general from a review of a sample of care plans it was evident that nursing staff were striving to improve the standard of care planning for residents and many of the holistic care plans reviewed were person centred and detailed. However, some care plans were not consistently updated when a resident's condition changed; for example, when a resident returned from hospital as outlined under Regulation 5; Individual assessment and care plan.

There was adequate resources available to ensure residents' bedrooms were cleaned every day and deep cleaned regularly. The care team ensured there was close monitoring of residents with any respiratory symptoms and an outbreak contingency plan was in place. It was evident that where residents were known to have been colonised with MDROs, this was reflected in their care plans.

There were ongoing renovations to the centre and the inspector saw that all the carpets in residents' bedrooms had now been replaced. However, flooring and renovations in a number of the ancillary rooms required action and carpets in some of the communal rooms required attention. Paintwork in the corridors was marked and scuffed and required work. These and other findings are outlined under Regulation 17; Premises.

Safeguarding training was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident.

The inspector observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was evidence of alternatives to the use of bedrails in place.

Residents had access to a varied social programme and many residents gave positive feedback to the inspector regarding the activities available to them. Residents were provided with access to local and national newspapers, telephone and Internet services. It was evident that residents' rights were protected and promoted in the centre and individuals' choices and preferences were seen to be respected. Residents were encouraged to maintain their links with the community and go out with family. Outings from the centre were also facilitated such as days to the local amenities during the summer months.

Regulation 11: Visits

Visitors and residents confirmed with the inspector that there was no restrictions on visiting and they were satisfied with the arrangements in place. Residents could meet with their visitors in the visiting room or in their bedrooms and in the communal areas in the centre.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance, and review to be fully compliant with Schedule 6 requirements, for example:

- Paintwork in some residents bedrooms and corridors was marked and scuffed.
- Carpets in the activities room and the lounge were worn and stained.
- The surfaces and finishes in some of the ancillary room were worn and did not support effective cleaning.
- A number of shower drains were stained and appeared unclean.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

From a review of residents' records, it was evident that relevant information was provided to the receiving hospital, when a resident was temporarily absent from a designated centre. The person in charge ensured that all relevant information was obtained from the discharging hospital as required in the regulation.

Judgment: Compliant

Regulation 27: Infection control

The inspector found good improvements with regard to infection control management in the centre since the previous inspection.

The person in charge and one of the clinical nurse managers had completed link nurse training in infection control and ensured there was good oversight of standard and transmission based precautions in the centre.

There was close monitoring of residents with MDROs to ensure staff were aware of their care needs.

The inspector saw that outbreak reports were completed following any outbreak in the centre to ensure any learning could be identified and shared following same. Findings with regard to ancillary facilities will be outlined under Regulation 17; premises.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of five care plans and found mixed findings with regard to care planning documentation with some care plans being very person centred and detailed, while others required improvement as evidenced by the following;

Two care plans were not consistently updated when a resident's condition changed; such as following assessment and treatment in hospital, this is required to ensure staff have up-to-date information to direct care.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that residents' overall health care needs were met and that they had access to appropriate medical, nursing and allied health care services. There was evidence of regular medical reviews in residents' files.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence of alternatives, such as crash mats and low beds in use in the centre to reduce the number of restraints such as bedrails in the centre. Staff who spoke with the inspector were knowledgeable with regard to the care needs of residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 8: Protection

The inspector found that staff working in the centre, were knowledgeable regarding safeguarding vulnerable persons and had received suitable training in this regard. Any allegations or incidents of abuse were notified and investigated as required by the person in charge. Residents who spoke with inspectors reported that they felt safe living in the centre. The provider was a pension agent for one resident living in the centre and there was evidence that there was robust management of residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre. There was evidence of consultation with residents through two monthly residents meetings and surveys. Residents who spoke with the inspector confirmed that their choices were respected. Residents spoke very positively regarding the variety and availability of activities available in the centre. Residents who required advocacy services were referred to them when needed.

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: 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 22: Insurance	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 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballincurrig Care Centre OSV-0000197

Inspection ID: MON-0048447

Date of inspection: 13/11/2025

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A programme of works will commence to address all areas requiring maintenance, including repainting of marked surfaces, repair of damaged areas, and cleaning/replacement of carpets to ensure the environment remains safe and well-maintained. Painting works have now commenced and will continue until all affected areas are complete with completion expected on or before 31st March 2026. • Worn surfaces and finishes in ancillary rooms will be repaired or replaced to ensure they are durable, intact, and able to support effective cleaning. Flooring replacement works in affected areas will be completed by 31st March 2026. • All shower drains will be deep cleaned and descaled, and they will be incorporated into the regular cleaning audit checklist. The maintenance operative will continue to monitor these areas for any structural or drainage issues that may require further attention. These works have since commenced and will be completed by 30th January with a planned process then to follow to ensure they are kept clean and descaled as required. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>To ensure compliance the Registered Provider and PIC will have the following implemented and actioned:</p> <ul style="list-style-type: none"> • PIC will audit all residents who returned from hospital within the last 30 days to ensure that all relevant assessments and care plans have been updated. 	

- PIC and CNM will continue to remind all nursing staff, during handovers and daily communication huddles, that any change in a resident's condition requires an immediate review and update of the relevant care plans.
- PIC has met individually with each nurse to discuss the findings, reinforce expectations regarding documentation, and ensure consistent and accurate updating of care plans.
- Monthly audits of assessments and care plans are completed, and where gaps or inconsistencies are identified, action plans are developed and discussed with the nursing team to ensure learning and continuous improvement.

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(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	22/12/2025