



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

Issued by the Chief Inspector

Name of designated centre:	Meadowbank Services
Name of provider:	Corlann
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	16 February 2026
Centre ID:	OSV-0004863
Fieldwork ID:	MON-0046312

About the designated centre

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

Meadowbank Services provides residential respite services for up to five adults of mixed gender with varying levels of intellectual and physical disability, but cannot accommodate people with complex physical needs. The centre is a two-storey house with a garden on the outskirts of a rural town. There is one wheelchair accessible bedroom on the ground floor of the centre. Residents at Meadowbank Services are supported by a staff team which includes a social care leader, social care workers and care assistants. Staff are based in the centre when residents are present and a staff member sleeps in the centre at night to support residents. In addition, the provider has arrangements in place to provide management support to staff outside of office hours and at weekends.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 16 February 2026	09:45hrs to 16:45hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection carried out to monitor compliance with the regulations. This centre has had a good history of compliance. The findings from this inspection indicated a well managed service, there was generally good compliance with the regulations reviewed, however, some improvements were required to staff training records, to arrangements in place for the storage of personal items during and between respite stays, to some aspects of care planning documentation and fire safety management.

Meadowbank services provides a respite service for adults and is registered to accommodate up to five service users. Nineteen service users receive respite on a planned and recurrent basis, with each service user having their own bedroom for the duration of their stay. The length of stay varies but is typically for two to four nights per month. There are normally up to four service users accommodated each night. Service users are supported to attend their day services during the day time while availing of respite services. They usually arrive in the centre in the late afternoon and leave again in the morning to attend their respective day service.

The centre is a large two-storey detached, bright dwelling located in a quiet residential area on the outskirts of a large rural town. The house was found to be visibly clean, well maintained, comfortable, suitably furnished and decorated in a homely manner. There were lots of framed photographs of residents enjoying a variety of activities displayed throughout the communal areas of the house. There are five bedrooms available to accommodate service users and one bedroom is used by staff as an office and or bedroom. There are two bedrooms located on the ground floor, one which has en-suite toilet and shower facilities. A separate toilet is also located on the ground floor. There are three bedrooms available to service users located on the first floor and two further bathrooms which are shared. There is a large bright kitchen and a separate dining and living room. A separate utility room is equipped with laundry and cleaning equipment. Residents have access to a large well maintained garden area to the rear of the house. The garden area was provided with a variety of plants and shrubs, walkways, paved areas, colourful wall murals and other artwork. There was an array of colourful potted flowers at the entrance area to the house. The ground floor of the house is accessible with one bedroom suitable for wheelchair users. The local management team spoke of planned improvements including the repair or replacement of the garden shed which was used by service users for artwork projects. They also planned to upgrade and renovate a first floor bathroom to provide a new wet room. The inspector noted that improvements were required to personal storage facilities to ensure that adequate space was provided for each service user and to ensure that personal belongings left between stays were stored appropriately.

Service users required varying supports in line with their assessed needs. The person in charge advised that service users were generally in good health with some

requiring minimum supports. Staff spoken with were very knowledgeable regarding the individual needs, preferences, dislikes and interests of service users. There were stable staffing arrangements in place with the core team of staff having worked in the service over many years and knew the service users and their families well. Staff were observed to interact with service users in a friendly and respectful manner. From observations in the centre, it was clear that that service users and staff had a good rapport.

The inspector met with three service users when they arrived from attending their day programme during the the afternoon. On arrival to the centre, service users appeared to be in great form as they greeted staff in a familiar way. They went about their own routines and putting away their personal belongings in their allocated bedrooms. They were observed to be smiling and excited to be staying for their respite break. Service users spoken with stated that they loved coming to stay, enjoyed partaking in a variety of activities in the evenings and at weekends. They mentioned how they sometimes liked to relax too and watch television or listen to their favourite music. They told the inspector how they had a meeting on the first day of each respite break and could decide and choose what they would like to eat and what activities that they would like to partake in. They advised that they usually go grocery shopping on the first day to buy their preferred chosen foods and treats. They mentioned how they enjoyed the meals cooked by staff but also liked to get take away meals and eat out at times. They advised that they got on well with other service users and how they regularly planned outings as a group. Service users continued to partake in a wide range of activities while availing of the service. Day trips undertaken during the past year included trips to Dublin Zoo, Bunratty Castle, Birr Castle and a heritage park. Some service users had enjoyed overnight stays away. Others enjoyed attending music concerts and discos. Service users enjoyed attending the cinema, some enjoyed having drinks in a local hotel and others enjoyed a game of pool in the pub. One service user enjoyed going to the library and exchanging books while on respite breaks. They spoke about their new minibus which they used to go on outings, day trips and attend activities. Service users also used the local train services to go on shopping trips to Athlone, Tullamore or Galway city. They had used the train to visit the Christmas markets over the Christmas season. Some service users were members of the providers advocacy forum, attended meetings and could raise issues to be forwarded to the local advocacy council and in turn to the national council. Some service users enjoyed partaking in art projects and were currently entering an Easter card competition run by Trinity college, Dublin. Some were also involved in completing an outdoor arts project, which involves designing and creating a large colourful billboard with the theme of 'Kind Words'.

In summary, the inspector observed that service users were treated with dignity and respect by staff. From conversations with staff and service users, observations made while in the centre, as well as information and photographs reviewed during the inspection, it was evident that service users had choices in their lives and that their individual rights and independence was very much promoted while they availed of the respite service.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service users.

Capacity and capability

The findings from this inspection indicated good compliance with many of the regulations reviewed and there was evidence of good practice in many areas. However, some improvements and further oversight was required to staff training records, to personal storage arrangements, to some aspects of the care planning documentation.

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. A new person in charge had been recently appointed. The person in charge worked full-time, they were supported by an experienced team leader and interim area manager. There were on-call management arrangements in place for out-of-hours.

The inspector found that the staffing levels on the day of inspection met the support needs of respite users. The core staff team had worked in the centre over a sustained time period and knew the service users well and had developed good relationships with them and their families. The service was currently operating six nights a week but there were plans in place to open the service on all seven nights from the end of February 2026. The person in charge advised that there was one staff vacancy and that recruitment of staff was currently taking place to fill this and additional posts. The staffing roster reviewed for 8 to 21 February 2026 indicated that a team of consistent staff was in place to ensure continuity of care and support. The staff member in charge of each shift was clearly outlined.

The inspector reviewed the training records and the centres training matrix. The training matrix was not up-to-date and did not accurately reflect the current status of staff training. While a number of staff had completed training, refresher training was still required as some training was out of date. While some refresher training was scheduled, other training was planned and there was no clear time frame in place for completion of same.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The provider had continued to complete six monthly and annual reviews of the service. The annual review for 2025 had been completed and included consultation with families. The general feedback was one of satisfaction with the service, however, they had advised that greater availability and longer respite breaks would be beneficial. Improvements identified as a result of the review included repairs to the garden shed and upgrading and renovation of the bathroom. The latest provider led audit took place in December 2026, some actions outlined in

the audit had been completed including the provision of a new mini bus, the provision of a new garden shed was still work in progress.

The person in charge completed quarterly reviews of areas such as incidents and accidents, restrictive practice, medication errors, fire drills and residents finances. Recent reviews indicated that there was a low level of reported incidents, no restrictive practices in use, no complaints had been received and that fire drills had been completed regularly.

The person in charge outlined how the local team continued to regularly review areas such as incidents, fire safety, risk management, and infection prevention and control. These reviews were taking place on a computerised system (Flex). However, the inspector was unable to review these records on the day of inspection as staff were experiencing difficulties accessing the system.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was suitably qualified and experienced for the role. They had been recently appointed to the role and were still getting to know the service and service users.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels at the time of inspection met the support needs of service users and were in line with that set out in the statement of purpose. The roster reviewed for 8 to 21 February 2026 showed consistent and stable staffing arrangements and were reflective of staff on duty. There were normally two staff on duty during the morning and evening time with one staff member on sleep over duty at night-time. Recruitment was taking place to fill one vacant post and to provide additional staff due to the planned increase of the number of nights available to respite service users.

Judgment: Compliant

Regulation 16: Training and staff development

Improvements were required to strengthen oversight arrangements and ensure that staff training was kept up-to-date. A number of staff had training that was out-of-

date. While some refresher training was scheduled, other training was planned, and there was no clear time frame in place for completion of same.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were appropriate governance and management arrangements in place. There were generally good compliance with the regulations reviewed and service users were in receipt of care and support that met their assessed needs.

The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including an annual review of the service, six monthly unannounced audits, monthly and weekly in house reviews.

However, improvements were required in a number of areas to ensure regulatory compliance. These included strengthening the oversight and maintenance of staff training records, improving aspects of personal planning documentation and fire safety management as well as ensuring adequate arrangements were in place for the storage of personal belongings during and between respite stays.

Judgment: Substantially compliant

Quality and safety

The inspector found that the local management team and staff were committed to promoting the rights and independence of service users and ensured that they received an individualised safe service. The provider had adequate resources in place to ensure that service users had opportunity and engaged in activities that they enjoyed while availing of the respite service. Respite users spoken with indicated that they liked the centre, enjoyed availing of the service and partaking in a range of outings and activities during their stays. As discussed earlier in the report, improvements were required to the arrangements in place for storage of personal belongings during and between respite stays, to some aspects of care planning documentation and fire safety management.

The inspector reviewed the files of three service users which were now maintained on a computerised documentation system. While some information was available in the various sections of the files reviewed, a comprehensive assessment of service users needs had not been completed. As a result, the inspector was not assured that care planning was consistently informed by a full and up-to-date assessment of

need. This is discussed further under Regulation 5: Individual assessment and personal plan.

Service users were supported to identify meaningful goals while availing of the respite service. Service users, their families and staff from the designated centre, were involved in this process. However, there were no progress updates documented in the files reviewed, therefore, it was not clear if service users had been supported to progress or achieve their chosen goals.

Due to the intermittent nature of residents' respite breaks in the centre, their healthcare arrangements were mainly supported by their families. Service users had access to general practitioners (GPs), out of hours GP service and a range of allied health services while availing of the respite service as required.

The centre was spacious, comfortable and visibly clean. The person in charge outlined that improvement works had been identified to the first floor bathroom and that plans were in place to renovate and upgrade it to a wet room. Arrangements in place for the storage of personal belongings during and between respite stays required review. There was inadequate and unsuitable storage space provided in some bedrooms for the storage of personal belongings during respite stays. There were no systems in place to safely store service users belongings between respite stays.

Safeguarding of service users continued to be promoted through staff training, regular review by management of incidents that occurred, and the development of comprehensive intimate and personal care plans. Staff advised that there were no safeguarding concerns at the time of inspection.

There were systems in place for the management and on-going review of risk in the centre. The person in charge and team leader had systems for the regular review of risk including regular reviews of health and safety, infection prevention and control practices. Identified risk, fire drills, infection, prevention and control were regularly discussed with staff at regular scheduled team meetings. All service users and staff had been involved in completing a fire drill. There were no restrictive practices in use at the time of inspection.

Regulation 12: Personal possessions

There was inadequate and unsuitable storage space provided in some bedrooms for the storage of personal belongings during respite stays. For example, there was no wardrobe facilities in one bedroom and the wardrobe space in another bedroom was unavailable. There were no systems in place to safely store service users belongings between respite stays. Personal items including clothing, toiletries, hairbrushes and other items including framed photographs, radio, electric shavers were stored inappropriately and openly between stays in some bedrooms. This had the potential to impact on service users privacy, dignity and autonomy.

Judgment: Not compliant

Regulation 13: General welfare and development

Service users had access to the local community and were also involved in activities that they enjoyed in the centre. The centre was situated on the outskirts of a rural town and close to a range of amenities and facilities in the nearby neighbourhood. Staff were very focused on ensuring that service users were supported to get out and about and partake in activities in the local community. Service users spoken with confirmed that they were consulted with and had choice of partaking in their preferred and chosen activities. All service users were supported to attend their respective day programmes while availing of the respite service. Staff also supported service users to develop their independent living skills, to engage in daily living activities, make choices and participate in household tasks.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the needs of service users. The centre was visibly clean, suitably decorated in a homely style and maintained in a good state of repair.

The local management team spoke of planned improvements including the repair or replacement of the garden shed which was used by service users for artwork projects. They also planned to upgrade and renovate a first first bathroom to provide a wet room.

Judgment: Compliant

Regulation 28: Fire precautions

Some improvements were required to ensure that all staff had up-to-date fire safety training and to ensure that fire drills of a night-time scenario were conducted with the maximum number of four residents. The local management team and staff spoken with were knowledgeable regarding fire safety management systems in place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training, however, training was out of date for three staff and refresher training had not yet been scheduled. Regular fire drills had taken place of both day and night-time scenarios, however,

there had been no recent fire drill carried out of a night-time scenario to provide assurances that four service users could be evacuated safely at night-time.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Some improvements were required to assessment and personal planning documentation. The inspector reviewed the files of three service users which were maintained on a computerised documentation system. While some information was available in the various sections of the files reviewed including 'things you need to know about me', a comprehensive assessment of service users needs had not been completed. As a result, the inspector was not assured that care planning was consistently informed by a full and up-to-date assessment of need. For example, Support plans were not always in place for all identified issues including a specific hearing disorder and a bone condition. While there had been a recent review by the speech and language therapist, there was no support plan to reflect these most recent recommendations.

While service users were supported to identify meaningful goals while availing of the respite service and these were clearly set out for the each year, there were no progress updates documented in the files reviewed, therefore, it was not clear if service users had been supported to progress or achieve their chosen goals.

Judgment: Substantially compliant

Regulation 6: Health care

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

Service users access to healthcare professionals was usually arranged and supported by their families, although support from day service and designated centre staff was available as required. Service users continued to have access to their family general practitioners while availing of the respite service.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. The training record for one member of staff was out of date, however, this training was scheduled for March 2026. There were no safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The local management and staff team were committed to promoting the rights of service users.

The service users had access to information in a suitable accessible format, as well as access to mobile telephones, the Internet and televisions.

Service users were allocated their own bedroom for the duration of their respite stay, however, as discussed under Regulation 12: Personal possessions, improvements were required to ensuring appropriate storage space was provided for all service users.

Staff continued to ensure that service users were informed of, understood and could fully exercise their rights. Rights were regularly discussed with service users and the booklet produced by service users outlining a range of human rights was used to remind and help them to understand their rights.

Service users were supported to avail of advocacy services and some were members of the local advocacy group.

Service users were supported to visit and attend their preferred religious places of interest. Some service users choose to attend mass in the local church, others liked to visit to light candles and others liked to visit family graves. Some also enjoyed day trips to Knock religious shrine. Some service users were registered to vote and staff reported how they had supported them in the past to attend their designated polling stations on election days.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially 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 Meadowbank Services OSV-0004863

Inspection ID: MON-0046312

Date of inspection: 16/02/2026

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>In Accordance with Regulation 16 The Person in Charge developed a new training matrix. The Person in Charge and Team Leader will review the Training Matrix Quarterly to ensure all staff have received all Mandatory Training and Refresher Training as Required</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In Accordance with Regulation 23 The Person in Charge has strengthened the oversight and maintenance of staff training records by creating a new Training Matrix, and has reviewed and updated all aspects of the personal planning documentation to ensure it gives a comprehensive overview of each Individual's Support Needs as well as ensuring all supporting documents such as Health Support Plans and Multidisciplinary Plans are in place.</p> <p>Fire safety was also reviewed- a night time fire drill was completed on the 19/2/26 and the training matrix was updated to reflect the training as well as ensuring adequate arrangements were put in place for the storage of personal belongings during and between respite stays.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p>	

In Accordance with Regulation 12, The Person In Charge ensured a thorough declutter of wardrobes has been conducted with the people in the Respite House and more suitable storage was purchased for People supported wishing to hold personal belongings in the house between respite stays. Additional storage was purchased for the bathrooms in the house also for storage of personal care items. |

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

In line with Regulation 28 The Person in Charge has updated the training matrix to reflect the staff that completed fire training and a night time fire drill was carried out on the with four People Supported on the 19/02/2026. |

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:

In Accordance with Regulation 5 The Person in Charge has reviewed and updated all aspects of the personal planning documentation to ensure it gives as comprehensive overview of each Individual's Support Needs as well as ensuring all supporting documents such as Health Support Plans and Multidisciplinary Plans are in place.

All staff in the Designated Centre are booked on the services Personal Outcomes Training Refresher. The Quality Enhancement Department are planning to carry out key worker training with the staff in the Designated Centre and The Person in Charge and Team Leader are carrying out a review of the current Individual Personal Plans.

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 12(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Not Compliant	Orange	05/03/2026
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	05/03/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate	Substantially Compliant	Yellow	20/03/2026

	to residents' needs, consistent and effectively monitored.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	05/03/2026
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	20/02/2026
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the	Substantially Compliant	Yellow	03/03/2026

	resident's needs, as assessed in accordance with paragraph (1).			
Regulation 05(6)(d)	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 take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	04/04/2026