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:	Shiven Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	07 July 2025
Centre ID:	OSV-0007803
Fieldwork ID:	MON-0047605

About the designated centre

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

Shiven Services can provide a mix of fulltime residential and respite services to a maximum of seven individuals of mixed gender who are over 18 years of age and have varying levels of intellectual disability. There are four individuals who receive full-time residential and three respite beds in Shiven Services. Shiven services can support individuals with mobility issues who do not require specialised equipment and can support those with medical, mental health and/or sensory needs, those with complex needs and those who may require assistance with communication. The service can support individuals who require different levels of support in areas of everyday living including community activities, housekeeping, shopping, personal care and maintaining family contact. Shiven Services consists of three bungalows. Two bungalows are connected by a glass corridor and accommodates four residents with a full-time residential service. The third bungalow located on the adjacent site provides a respite service for up to three individuals. Each house is spacious with large bedrooms and sitting rooms, kitchen/diners, assisted shower rooms, offices and staff sleepover rooms. Each house has an accessible garden with an outdoor dining space. The centre is located on the edge of a rural town and has good access to a wide range of facilities and amenities. Residents are supported by a staff team of social care workers and care assistants. Staff are based in the centre when residents are present including at night-time.

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 7 July 2025	09:45hrs to 15:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out to monitor compliance with the regulations. The inspection was facilitated by the person in charge and team leader. The inspector also met with one staff member who was on duty. During the day the inspector had the opportunity to meet and speak with one of the residents.

Shiven Services consists of three bungalows which are located adjacent to one another and all were visited as part of this inspection. Two of the bungalows are connected by a glass corridor and accommodate four residents with a full-time residential service. One of the residents had recently transitioned from availing of the respite service to a full-time residential service. Three of the residents attended day programmes during the day-time and one resident was provided with an integrated day programme from the house. The third bungalow located on the adjacent site provided a respite service. Two service users were availing of the service on three nights per week and one weekend per month. Both service users attended day programmes during the day.

All three bungalows are of similar design and layout. Each house has spacious bedrooms, with one bedroom in each house having an en suite shower room. Each house has a separate fully assisted shower room. Bedrooms are decorated in line with residents preferences and personalised with residents own effects including framed photographs, artwork and soft furnishings. The houses were found to be comfortable, suitably furnished, well maintained and visibly clean. The provider had recently completed internal painting works and new dining room furniture had been provided. The works identified to the external areas as requiring improvement at the last inspection had been addressed.

On the morning of inspection, three residents had already left to attend their respective day programmes. One resident was going about their preferred morning routine and there were no service users availing of the respite service. Later in the morning, the resident was supported to go for a walk on the local walking track and assisted with the grocery shopping. The inspector had the opportunity to meet and speak with the resident when they returned to have lunch in the centre. They informed the inspector that they were getting on well, were happy living in the centre and outlined a range of activities and events that they were involved with. They spoke about how they were now playing golf, hockey and soccer and were also enjoying attending weekly line dancing. They mentioned how they were looking forward to getting dressed up and attending the horse races next week. They also told the inspector how they continued to enjoy shopping, eating out and attending the hair dresser. They were also planning a holiday and shopping trip to Kildare village later in the year. They spoke about how they also liked to spend time relaxing in the house and helping out with household tasks such as cleaning and laundry.

The team leader outlined how staff continued to support all residents in keeping

active and partaking in activities that they enjoyed both in the house and out in the community. Residents were involved in making decisions about their preferred daily activities and each resident had their own personalised daily and weekly activity schedule documented in an appropriate format. The centre had a vehicle which could be used by residents to attend outings and activities. Residents continued to enjoy activities such as going for walks, eating out, going shopping, attending music events, partaking in sporting activities, attending the cinema and going on day trips. Some residents had recently enjoyed a two night stay in Westport. Others were looking forward to overnight stays away in Mulranny, Co. Mayo, overnight stays in Dublin and attending the 'Nutcracker' ballet performance. A resident who liked traditional music had recently attended the local Fleadh and enjoyed playing the spoons at a music session. Residents continued to regularly visit the local post office, pharmacy and attend the hairdresser. Residents also enjoyed spending time relaxing in the house, watching television, completing word searches and doing arts and crafts. Residents continued to build on their independent skills and helped out with household tasks such as laundry, cleaning, grocery shopping, preparing and cooking meals.

There was continuity of care from a staff team who knew the residents well. Staff spoken with were very knowledgeable regarding the level of care and support needs of residents including their likes, dislikes and interests. In addition to daily communication in the house, staff met with residents once a week to discuss general issues that arose in the house, to plan menus, to discuss preferred activities and upcoming events and to allow residents to express any concerns they may have. House meetings were also used as an opportunity to discuss topics such as safeguarding and resident's rights. Staff also confirmed that residents could access advocacy services and how one resident regularly attended the providers advocacy forum meetings.

Residents were facilitated to maintain relations with their respective family members and friends. There were no visiting restrictions in place. Each resident could meet with visitors in private if they wished. Staff spoken with confirmed that some residents received visits from family members and friends in the centre and some routinely visited their family members at home. Staff supported a resident to regularly visit their family member who was residing in a local nursing home.

In summary, the inspector observed that residents were treated with dignity and respect by staff. It was clear from observation in the centre, conversations with a resident and staff, as well as, information reviewed during the inspection, that residents lived active and meaningful lives, had choices in their daily lives and that their individual rights and independence was very much promoted.

Overall, there was good compliance with the regulations reviewed on this inspection and issues identified from the previous inspection had been addressed. However, improvements were required to some records required to be kept, to staff rosters and to systems in place for the review and updating of residents personal plans.

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 residents lives.

Capacity and capability

The findings from this inspection indicated that the service was being well managed. There was a clear organisational structure in place to manage the service. The person in charge worked full-time and was supported in their role by a team leader, staff team and sector manager. There were on-call management arrangements in place for out-of-hours. The arrangements were clear and made available to staff who worked in the centre.

The compliance plan submitted following the previous inspection had been addressed, however, improvements and further oversight was required to some records that were required to be kept including staff rosters and daily notes to ensure clarity and accuracy. The systems in place for the review and updating of care and support plans also required review.

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents, statement of purpose and the size of the designated centre. The inspector noted that there were adequate staff on duty to support residents on the day of inspection. The staffing rosters reviewed for 29 June 2025 to 12 July 2025 and 13 July to 26 July indicated that a team of consistent staff was in place. The rosters set out the staff on duty including their roles however, further clarity was required to ensure that staffing arrangements were clear particularly when respite service users were availing of the service. Colour codes were used on rosters but the key to these colour codes was not always included on the rosters.

Staff training records reviewed indicated that all staff had completed mandatory training and further training was scheduled. Additional training had also been provided to staff to support them in their roles.

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 reviews of the service. The last review took place in May 2025. Areas for improvement identified as a result of this review were included in an action plan and had since been addressed. For example, interior painting of two houses and training for staff on developing personal outcomes for residents had been completed. The annual review for 2024 had been completed and included consultation with residents and their families. Four questionnaires had been completed by family members as part of the review, all of which indicated positive feedback on the service. Regular staff meetings continued to take place. Meetings were used as an opportunity to share information, to discuss the outcome of reviews and audits, safeguarding, resident's rights including restrictive practices, health and safety issues, staff training and

progress on residents individual personal goals.

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix was appropriate to the number and assessed needs of residents. The staffing levels at the time of inspection met the support needs of residents. The inspector found that the staffing levels were in line with levels set out in the statement of purpose. There were stable staffing arrangements and a team of consistent staff in place. There were no staff vacancies at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff who worked in the centre had received mandatory training in areas such as fire safety, positive behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them to safely meet the support needs of residents including various aspects of infection prevention and control, safe administration of medications, feeding eating and drinking guidance, diabetes care, personal outcomes, daily living skills and human rights. The person in charge had systems in place to ensure all staff were provided with refresher training as required.

Judgment: Compliant

Regulation 21: Records

Improvements were required to some records required to be kept to ensure clarity, accuracy and to ensure the safety, well-being, and quality of care for residents in the centre.

Both day and residential service staff members used the same computerised documentation system to log and record individual residents daily notes and observations. From a review of records it was not clear if notes recorded on the system referred to time spent by residents at day or in residential services. There were no times recorded and records did not clearly differentiate between each service.

Further clarity was required to staff rosters to ensure that staffing arrangements were clear particularly when respite service users were availing of the service.

Colour codes were used on rosters but the keys to these colour codes were not always included on each roster.

Judgment: Substantially compliant

Regulation 23: Governance and management

The findings from this inspection indicated that the centre was generally being well managed. There was a clear management structure in place as well as an on-call management rota for out of hours and at weekends.The provider had ensured that the designated centre was resourced in terms of staffing and other resources in line with the assessed needs of residents.

The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including annual and six monthly reviews. There was evidence that issues identified from reviews were addressed.

However, records including staff rosters and individual daily notes relating to residents required further oversight, clarity and accuracy to ensure the safety, well-being, and quality of care for residents in the centre.

Further oversight was also required to the systems in place for reviewing and updating of residents personal plans.

Judgment: Substantially compliant

Quality and safety

Residents received a person centred service where their overall well-being and welfare was maintained by a good standard of care and support. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis and the staff team promoted and supported them to exercise their rights and achieve their personal and individual goals. Improvements outlined in the previous compliance plan that were required to outstanding external maintenance issues were addressed.

Staff spoken with were familiar with and knowledgeable regarding residents' up to date healthcare and support needs. Residents had access to general practitioners (GPs), out of hours GP service and a range of allied health services. The inspector reviewed the files of two residents which were being maintained on a computerised documentation system. There was no comprehensive assessment of the each residents health, personal and social care needs available, however, the person in charge advised that the provider was in the process of developing a comprehensive

assessment of need template. While a range of risk assessments had been completed and care and support plans were in place for identified issues, improvements were required to the systems in place for reviewing and updating personal plans. For example, there were no review dates on a number of support plans reviewed including communication passport and intimate care plans.

Personal plans had been developed in consultation with the residents, their representatives and their key workers. Review meetings took place regularly at which the residents' personal goals and support needs for the coming year were discussed and planned. The documentation reviewed was found to clearly identify goals for each resident, with a clear plan of action to support residents to achieve their goals. Each resident had their personal outcomes displayed and framed in picture format in their bedrooms. All staff had recently completed bespoke training on supporting residents to develop personal outcomes. From discussions with staff and resident, a review of documentation and photographs, it was clear that some goals set out for 2025 had already been achieved while others were plans in progress.

All three houses that comprised the centre were comfortable, visibly clean, spacious, furnished and decorated in a homely style. Residents continued to be consulted with regards decorating and furnishings. Residents had been involved in choosing their preferred paint colours and recently choose their preferred new dining chairs.

Safeguarding of residents continued to be promoted through staff training, regular review by management of incidents that occurred, and the development of intimate and personal care plans. Where safeguarding risks had been identified, staff continued to implement the recommendations of the safeguarding plans in place, however, there were no active safeguarding concerns at the time of inspection. All staff had received training in supporting residents manage their behaviour. Residents who required support had access to behaviour specialist and psychology services and had positive behaviour support plans in place.

There were systems in place for the regular review of risk in the centre including regular reviews of health and safety, infection prevention and control and, medication management. Identified risks including falls, choking, behaviours of concern, as well as recent incidents were regularly discussed with staff in order to share learning and improve the quality and safety of the service.

Residents' rights were promoted in the centre. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre.

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met resident's individual needs. All three houses were found to well maintained, visibly

clean, furnished and decorated in a homely style. There was a variety of shared communal living spaces available and an adequate number of toilets and shower facilities. The provider had continued to invest in the premises and recent improvement works included repainting of internal walls and provision of some new furniture.

The design of the houses promoted accessibility with all accommodation for residents provided on the ground floor. All residents had easy access to the external garden areas. One bedroom had been provided with double doors opening directly to the outside. An external ramp had also been provided in order to support the resident independently access the enclosed outdoor areas should they wish.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, emergency plan, infection prevention and control policies, and individual personal emergency evacuation plans for each resident.

There were regular reviews of health and safety, incidents, medication management as well as infection prevention and control. The risk register reviewed was reflective of risk in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had 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. Regular fire drills had continued to take place of both day and night-time scenarios. The records of recent fire drills reviewed indicated that residents could be evacuated safely and in a timely manner in the event of fire or other emergency. All staff and residents had taken part in fire drills. There was always two staff on duty at night-time and a third staff member was rostered at night-time when respite service uses were availing of the service.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Some improvements were required to personal planning documentation. While there was no comprehensive assessment of the each residents health, personal and social care needs available, the person in charge advised that the provider was in the process of developing a comprehensive assessment of need template. A range of risk assessments had been completed and care and support plans were in place for identified issues, however, improvements were required to the systems in place for reviewing and updating personal plans. For example, there were no review dates on a number of support plans reviewed including communication passport and intimate care plans.

Judgment: Substantially compliant

Regulation 6: Health care

Staff continued to ensure that residents had access to the health-care that they needed. Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of residents' files indicated that residents had been regularly reviewed by the speech and language therapist, occupational therapist (OT), physiotherapist, behaviour support specialist, psychologist, psychiatrist, chiropodist, dentist and optician.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to specialists in behaviour management, psychology and had a written positive behaviour support plans in place. All staff had received training in order to support residents manage their behaviour. Staff were supported by on-going multi-disciplinary involvement in the review of residents' behavioural interventions. Staff spoken with had a good understanding of the residents behavioural needs.

The local management team continued to regularly review restrictive practices in use. There were risk assessments, including clear rationale for their use and input from the multidisciplinary team was evident. Restrictions in use had been approved by the organisations human rights committee. The person in charge outlined how new access doors provided directly to an enclosed outdoor space had reduced the need of some restrictive measures on doors for a resident.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to support staff in the identification, response, review and monitoring of any safeguarding concerns. The centre was also supported by a safeguarding designated officer, and all staff had received up-to-date training in safeguarding. There were no active safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with a resident in a caring and respectful manner. The residents had access to televisions, the Internet and information in a suitable accessible format. Restrictive practices in use were reviewed regularly by the organisations human rights committee. Some residents had their own mobile telephones, hand held computer devises and some managed their own finances. Residents were supported to access advocacy services and residents were represented on the providers advocacy forum.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Shiven Services OSV-0007803

Inspection ID: MON-0047605

Date of inspection: 07/07/2025

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 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Going forward, all individual notes will specifiy the relevant service area (e.g., day or residential service). Each entry will include the time of recording and the full name of the staff member completing the note. The Team Leader will review all individual logs and the Person in Charge will oversee the process to ensure that all records are completed accurately. Rosters have been consolidated into one comprehensive document for the entire service, encompassing all three areas. A colour-coding system has been introduced to clearly distinguish each location. This was completed on 08/07/2025	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Rosters have been consolidated into one comprehensive document for the entire service, encompassing all three areas. A colour-coding system has been introduced to clearly distinguish each location. This was completed on 08/07/2025. The Person in Charge has met with members of the Profile Compliance Committee in relation to the requirement for review dates on templates on the online system. The requirements will be reviewed further at the next Profile Compliance Committee meeting. Following this meeting, the committee will carry out a review of all templates to ensure they meet compliance requirements. In the meantime, the Team Leader and Person in Charge will conduct a comprehensive review of all existing documents. They will ensure that each document is reviewed and signed off within the required timeframes. A final report confirming the completion of this review will be completed by 31st August 2025, jointly signed by the Person in Charge and the Team Leader.	

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:

The Person in Charge has met with members of the Profile Compliance Committee in relation to the requirement for review dates on each template on the online system. The requirements will be reviewed further at the next Profile Compliance Committee meeting. Following this meeting, the committee will carry out a review of all templates to ensure they meet compliance requirements. In the meantime, the Team Leader and Person in Charge will conduct a comprehensive review of all existing documents. They will ensure that each document is reviewed and signed off within the required timeframes. A final report confirming the completion of this review will be completed by 31st August 2025, jointly signed by the Person in Charge and the Team Leader.

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 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/08/2025
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 to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2025
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health,	Substantially Compliant	Yellow	31/08/2025

	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.			
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	31/08/2025
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Substantially Compliant	Yellow	31/08/2025