



**Health  
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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:	Colman Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	13 October 2025
Centre ID:	OSV-0008475
Fieldwork ID:	MON-0040095

## About the designated centre

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

Colman Services consists of Riverview (Apartments 1, 2 & 3), Apartment 1 & 2 are adjoining with a sleepover facility in between both apartments for staff, and Riverview Apartment 3 is a separate dwelling alongside Apartment 1 & 2. Colman Services also consists of Tarmon House, a single story dwelling close to a large town. The service provides residential supports to 9 adults from 18 years to end of life. The individuals are of mixed gender and have a mild/ moderate to severe intellectual disabilities and / or Autism. The service recognizes the unique needs and interests of each individual and seeks to support him/her to meet their full potential and to pursue their dreams and wishes. Supports are provided to individuals with complex needs, communication, physical, medical, mental health, sensory and mobility. The staff team comprises of care staff, social care staff, a team leader and person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	8
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## 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 13 October 2025	09:10hrs to 17:00hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

This was an announced inspection, carried out to monitor compliance with the regulations. The inspection was facilitated by the person in charge and team leaders. During the course of the day, the inspector met with all eight residents. Two residents were unable to tell the inspector their views on the service but appeared happy and content in their environment and in the company of staff. Six residents who spoke with the inspector outlined what it was like to live in the centre. All residents spoken with told the inspector that they were happy with their living arrangements, loved their accommodation and got on well with one another. They were complimentary of the local management team and of staff supporting them. The inspector also reviewed eight completed questionnaires which had been completed by residents in advance of the inspection which also indicated positive feedback on the service provided.

Colman services consists of three apartments and one single storey detached bungalow. The three apartments are single storey and located adjacent to one another in a residential area on the outskirts of a rural town. Two of the apartments are for single occupancy and one apartment is shared by two residents. There was also a sleep over bedroom and office provided for staff. The apartments are designed and laid out to meet the needs of the individual residents including those who use wheelchairs. Each apartment has a kitchen, dining and sitting area. Each resident has their own bedroom and some have en suite shower facilities. The apartments are spacious, bright and comfortably furnished. Apartments are equipped with specialised equipment including overhead ceiling hoists, specialised beds and showering equipment in order to meet the needs of residents with mobility issues. Apartments had also been designed to promote residents independence including wheelchair accessible kitchens and appliances, remote control window blinds and remote controlled wardrobe covers. Some bedrooms have been designed to facilitate bed evacuation in the event of fire or other emergency. Each apartment has been individualised in line with residents choice and preferences. Residents spoken with confirmed that they had been involved in choosing their preferred paint colours and furnishings. The detached bungalow was located on the opposite side of the same town. The bungalow accommodated four residents in separate bedrooms, with a shared shower room and separate toilet. Communal spaces including a kitchen, dining room, sitting room and visitors room were also shared by residents. Residents had access to a large garden area to the rear of the house. The house was found to be well-maintained and furnished in a homely manner. Residents spoken with told the inspector how they liked living in the house, got on well with one another and had chosen their preferred colour schemes.

On the morning of the inspection, the inspector met with the four residents who lived in the apartments. They were welcoming and offered to show the inspector around their homes and discuss life in the centre. Residents told the inspector how they loved their apartments and were very happy living in the centre. They advised how they liked to be as independent as possible but could get support from staff

when required. A resident who had moved into the centre in the past year told the inspector how they had settled in very well and loved living there. Residents outlined how they could choose and decide on how they spent their days and on what activities they wished to partake in. They advised how they were active members of the community and outlined some of the activities that they participated in. Two of the residents told the inspector how they were going on holidays for four nights to a hotel later that day. They had arranged the holiday break so that specialist repair works could be carried out in their apartments while they were away. They advised that they were looking forward to the break and also planned to attend an advocacy conference during the stay away. The inspector noted that the specialist repair team arrived to carry out the works later in the day. The works involved the provision of specialised cladding to the door frames, skirting boards and walls of two apartments in order to repair and protect them from further damage from wheelchair use. Both residents had been involved in selecting the colour of the cladding and had spoken with the repair team regarding their preferences in advance. Residents stated that they continued to enjoy a range of activities and outings. Some attended day programmes on their chosen days and some attended outings with the Irish Wheelchair Association on a weekly basis. Some residents enjoyed weekly swimming and rebound therapy sessions, playing Botcha, attending creative writing workshops, personal shopping trips, grocery shopping and eating out. Residents also explained that they liked to spend time at home, relaxing, watching television, completing laundry, helping out with food preparation and other household chores. Some spent time completing exercise programmes on their motomed machines. One resident explained how they enjoyed art and had recently held an art exhibition in a local café and held a part-time job as an communication and research assistant assessor with the HSE (Health services Executive). Some residents spoke about their involvement in the providers advocacy council, how they attended meetings, and could raise issues to advocate on behalf of themselves and their peers.

All residents spoke about how they enjoyed their independence, could choose how they wished to spend their days, had their own keys, could spend time on their own in the apartments, looked after their own finances and some managed their own medications. Some residents were supported to leave the house at their own discretion while having regard to letting staff know of their plans. It was evident that residents were knowledgeable regarding their rights and the topic was regularly discussed at weekly house meetings. Residents confirmed that they were registered to vote and could choose to vote if they wished. They also mentioned how they could attend religious services of their choice and some advised that they attended when they wished.

Residents were supported to maintain contact with their friends and families which was important to them. Residents spoke about their families and how they kept in regular contact. All residents had their own mobile telephone which they used to keep in contact with staff, friends and family. One resident spoke of enjoying a trip to her home place to visit the family grave and meet with a relative over the weekend. Others mentioned how they stayed in regular telephone contact with family members and how they received regular visits from family members in their

apartments. One resident had recently hosted a tea party in their apartment and had invited friends over.

During the afternoon the inspector visited the other house and met with all four residents who lived there. Some residents in this house attended day programmes during the day, one resident had a part-time job in a local cafe and another resident who was semi-retired preferred to attend day programmes one day a week. They also attended a local retirement group another day during the week. They were provided with an individualised programme on some days and enjoyed bowling, visiting garden centres, eating out, going for walks, and attending local events. Residents also enjoyed a variety of activities in the evenings and at weekends, including swimming, jiving, visiting the hairdresser and having their nails done, attending music shows and concerts, as well as going on holidays. Residents had enjoyed a two night holiday break to a hotel in Killarney during the summer as a group. Residents enjoyed relaxing at home, watching television, art work and helping out with household tasks. During the evening of inspection, residents were observed to be relaxed and comfortable going about their own routines, some relaxing in the sitting room, some playing on their hand held computer tablet and some helping out in the kitchen emptying the dishwasher.

From conversations with staff and residents, observations made while in the centre, and information reviewed during the inspection, it was evident that residents lived active and meaningful lives, had choices in their lives and that their individual rights and independence was very much promoted. There was generally good compliance with the regulations reviewed on this inspection, however, improvements were required to some documentation reviewed including fire drill and personal planning records.

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**

There was a clearly defined management structure in place. The findings from this inspection indicated that the centre was being well managed and the centre had a good history of compliance. The local management team were committed to promoting the best interests of residents and complying with the requirements of the regulations. There was evidence of good practice in many areas.

The person in charge worked full-time and was also responsible for one other designated centre. The person in charge demonstrated clear knowledge of the service and knew the residents well. They were supported in their role by two team leaders in the centre, the staff team and regional manager. There were on-call management arrangements in place for out-of-hours.

There were consistent and stable staffing arrangements in place with many staff members having worked in the centre over a sustained time period. There were no staff vacancies at the time of inspection. The rosters reviewed showed a regular staff pattern and was reflective of staff on duty. The rosters clearly identified the staff member in charge of each shift.

The inspector reviewed the staff training records which showed that all staff members had completed mandatory training. Additional training had been provided to staff to support them in meeting the specific needs of some residents. The person in charge had systems in place to ensure that staff training was regularly reviewed and discussed with staff.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly provider led audits and an annual review. The annual review for 2024 was completed and had included consultation with residents. Improvements identified to the premises and transport as a result of the review had been addressed. The provider continued to complete six-monthly reviews of the service. The most recent review was completed in May 2025. Actions identified as a result of the review including the repair and upgrading of walls, skirting and door frames was in progress at the time of inspection. Other actions in relation to medicines management had also been discussed with staff and actions had been put in place to address medicines errors.

The local management team continued to regularly review areas such as incidents, fire safety, risk management, infection prevention and control, medication management, staff training, restrictive practices, residents records and complaints. The results of recent audits reviewed indicated satisfactory compliance. Regular team meetings were taking place at which the results of audits and actions required were discussed.

#### Regulation 14: Persons in charge

The post of the person in charge was full-time. The person in charge had the necessary experience and qualifications to carry out the role. They had a regular presence in the centre and were well known to residents. They were knowledgeable regarding their statutory responsibilities and the support needs of residents. They showed a willingness to ensuring on-going compliance with the regulations.

Judgment: Compliant

#### Regulation 15: Staffing



The staffing levels at the time of inspection met the support needs of residents. There were normally two staff on duty during the day and evening-time in the apartments with an additional staff member allocated on some evenings to support residents with planned activities and outings. There was normally one staff member on duty during the morning, and two staff during the evening-time in the house. There was one staff member on sleepover duty at night-time in both the apartments and house. The rosters reviewed for the 5 to 18 October 2025 were reflective of staff on duty.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding.

Additional training in various aspects of infection prevention and control, medicines management, feeding, eating and drinking guidelines, first aid, personal outcomes, open disclosure and rebound therapy had been completed by staff. The person in charge had systems in place to oversee staff training and further refresher training was scheduled as required. A review of the minutes of team meetings showed that training requirements were regularly discussed with staff.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was generally good compliance with the regulations reviewed on this inspection. 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. Issues identified as a result of audits were discussed with staff to ensure learning and improvement to the service. There was evidence of regular and ongoing consultation with residents. The provider had ensured that the designated centre was resourced in terms of staffing and other resources in line with the assessed needs of the residents.

Judgment: 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 residents had opportunity and engaged in activities that they enjoyed on a regular basis. Improvements required to some aspects of infection, prevention and control identified by the last inspection had been addressed.

The inspector reviewed several sections from the files of five residents which were maintained on a computerised documentation system. Some inconsistencies were noted in that a comprehensive assessment of needs had been completed for a resident who had recently moved in to live in the centre, however, this had not been completed for other residents. A range of individual risk assessments and care and support plans were in place for all residents. Support plans were in place for all identified issues including specific health-care needs. Support plans were generally found to be comprehensive, informative, person centered and had been recently reviewed. However, some plans required updating to reflect the most recent recommendations of allied health specialists and to reflect progress updates with regard to personal outcome. Residents had access to general practitioners (GPs), out of hours GP service and a range of allied health services.

The apartments and house which comprises the centre were found to be well-maintained, comfortable, visibly clean, spacious, furnished and decorated in a homely style. Residents that required assistive devices and equipment to enhance their mobility and quality of life had been assessed and appropriate equipment had been provided. There were service contracts in place and the inspector noted that all equipment was serviced in line with service schedules.

The person in charge had 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 were regularly discussed with staff at regular scheduled meetings. The management and staff team continued to promote a restraint free environment and there were no restrictive practices in use. Risk assessments had been completed to support some residents spend time alone in the centre and to self administer their own medications. All residents had been involved in completing fire drills and fire drill records reviewed indicated that there had been no issues in evacuating the building in a timely manner. Residents spoken with confirmed that they had been involved in completing fire drills and advised that they were satisfied with the arrangements in place.

## Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. Residents could receive visitors in private in their own apartments. There was a

comfortable space provided for residents to meet with visitors in private for the four residents who shared the house. Residents spoke about their families and how they kept in regular contact. Some mentioned how they stayed in regular telephone contact with family members, some spoke about visits to their family members and others told the inspector how they received regular visits from family members in the centre.

Judgment: Compliant

### Regulation 13: General welfare and development

There were measures in place to ensure that residents' general welfare was supported. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. The centre was close to a range of amenities and facilities in the local area and nearby towns and city. The centre had its own dedicated vehicle, which could be used for residents' outings or activities, some walked to amenities in the local town and others availed of taxi services to go places of their choosing. Residents attended day services on some days during the week, one resident attended a local retirement group one day a week, some residents went on weekly outings with a local wheelchair organisation. Other residents had part-time jobs and some were involved with the providers advocacy council. From conversations with residents and the staff team as well as information reviewed during the inspection, it was evident that residents lived active and meaningful lives and spent time going places of their choice.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met resident's individual needs. The three apartments and individual house were found to well maintained, visibly clean, furnished and decorated in a homely style.

The design of the apartments, house and outdoor spaces promoted accessibility. The apartments had been suitably designed to meet the needs of two residents who were wheelchair users.

Residents that required assistive devices and equipment to enhance their mobility and quality of life had been assessed and appropriate equipment had been provided. There were service contracts in place and equipment including specialised beds and hoists were serviced on a regular basis to ensure they were safe for use.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and was reflective of risk in the centre. The centre had an emergency plan in place and all residents had a recently updated personal emergency evacuation plans in place. There were regular reviews of health and safety, incidents, medication management as well as infection prevention and control. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice. There were no restrictive practices in use at the time of inspection.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire safety management systems in place, however, some improvements were required to fire drill documentation. 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 taken 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. Some improvements were required to fire drill records to ensure that they were informative and accurately reflected the number of staff involved in each drill. All staff and residents had taken part in fire drills. The building was designed to facilitate bed evacuation for those residents who were not mobile.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Further oversight and improvements were required to some aspects of assessment and personal planning documentation. The inspector reviewed several sections from the files of five residents which were maintained on a computerised documentation system. Some inconsistencies were noted in that a comprehensive assessment of needs had been completed for a resident who had recently moved in to live in the centre, however, this had not been completed for other residents as required by the regulations. While support plans in place were generally found to be comprehensive, informative, person centered and had been recently reviewed, some plans required updating to reflect the most recent recommendations of allied health specialists. For

example, a manual handling care plan had not been updated to provide information for staff with regard to the specific requirements for a resident who required the use of a hoist. While detailed personal plans that clearly outlined goals for individual residents were documented, progress reviews and updates were not always reflected in the records reviewed. While staff confirmed that progress with regard to the achievement of these goals had taken place, this was not always reflected in the documentation.

Judgment: Substantially compliant

## Regulation 6: Health care

The local management and staff team 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 reviewed by the GP, physiotherapist, occupational therapist, speech and language therapist, psychologist, chiropodist, optician and dentist. On the day of inspection, one resident told the inspector how they were going to attend their local GP appointment later in the morning and another resident spoke about how they had collected their new glasses from the optician over the weekend.

Residents had also been supported to avail of vaccination and national screening programmes. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of they requiring hospital admission.

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. A photograph and the contact details of the designated safeguarding officer was displayed. There were no safeguarding concerns at the time of inspection. Residents spoken with told the inspector that they felt safe living in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

The local management and staff teams were committed to promoting the rights of residents. There was evidence of ongoing consultation with residents, residents spoken with confirmed that they were consulted with and had choices in their daily lives. The charter of rights was prominently displayed and topics relating to human rights were regularly discussed at weekly house meetings. Residents spoken with were very aware of their rights, some were involved in promoting advocacy and attended advocacy council meetings and conferences.

The residents had access to information in a suitable accessible format, as well as access to the Internet, televisions and newspapers. All residents had their own mobile telephones. Residents advised that they could attend religious services if they wished and some regularly attended local church services. Residents also mentioned that they were registered to vote and could choose to vote in the upcoming presidential election if they wished.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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 Colman Services OSV-0008475

Inspection ID: MON-0040095

Date of inspection: 13/10/2025

## 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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Current fire drill records have been updated to accurately reflect the number of staff involved in each drill and going forward this information will be recorded in all fire drill records.	
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: Going forward a comprehensive assessment of needs will be completed annually for all residents. The recommendations from the allied health specialist with regards to specific requirements for the resident who requires the use of hoist is now included in the residents care plan and going forward these recommendations will be incorporated in residents care plan as required. The personal outcomes documentation with regards to progress reviews has been completed. The Quality Enhancement and Development (QED) training department will deliver refresher personal outcomes training to the staff team on Tuesday 13/01/2026. The training will include identifying goals, documentation, review process and progress reports.	

## 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 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	24/10/2025
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	Substantially Compliant	Yellow	01/03/2026

	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	24/10/2025
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	24/10/2025