

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

Issued by the Chief Inspector

Name of designated centre:	Darby's View
Name of provider:	Embrace Community Services Ltd
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	29 October 2025
Centre ID:	OSV-0009003
Fieldwork ID:	MON-0047046

About the designated centre

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

Darby's View provides a residential service for male and female adults over the age of 18 years with intellectual disabilities, physical disabilities, autistic spectrum disorder and/ or acquired brain injuries. Residents may also have mental health difficulties and behaviours of concern. There are five individual bedrooms in the house, two which have an en-suite shower facilities. There is a separate wheelchair-accessible bathroom/wetroom and a separate WC. Darby's View is also equipped with a large domestic kitchen/dining room and two sitting rooms. There are also laundry facilities available on site for residents use. The residents in Darby's View are supported on a 24hr basis by a team of social care and direct support workers. During night hours, there are waking night staff on duty in the house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Wednesday 29 October 2025	10:20hrs to 16:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was the first inspection following the registration of this designated centre in May 2025. The inspection was announced at short notice and carried out to assess the provider's compliance with the regulations. Darby's View is a residential service which can accommodate up to five adults. The inspection was facilitated by the person in charge and the assistant director of operations. The inspector also met with three other staff members. At the time of inspection, there were two residents living in the centre. The inspector met with both residents who were provided with a wrap around day programme from the house. One resident had moved into the centre in May 2025 and another had moved in during July 2025. Residents and staff spoken with confirmed that both had settled in well and were enjoying living in their new home. The findings from this inspection indicated that the centre was being well managed and there was generally good compliance with the regulations reviewed on this inspection.

Darby's view is a single storey dwelling house located in a rural area but close to a number of towns and village. The house is spacious, bright and furnished to a high standard. Accommodation includes five bedrooms, two of which have en suite shower facilities, a separate fully assisted shower room, two sitting rooms, a kitchen and dining room. There is also a an office and laundry room provided. Bedrooms have adequate personal storage space and decorated in line with individual residents preferences. Residents have access to the garden areas which has been landscaped with a variety of plants and shrubs, lawn areas and suitable outdoor garden furniture provided. There is a trampoline and basket ball hoop provided for residents who enjoy spending time outside. The house is well maintained and visibly clean throughout. The local management team had identified that remedial works were required to the steps leading to the rear garden area and advised that these works were due to take place in the coming week.

Staff advised that residents were generally in good physical health and required supports with their mental health, communication, personal care, managing behaviour and in fulfilling their social care needs. Staffing arrangements were in place to support residents in line with their assessed support needs. There were normally three staff on duty during the day and evening with two staff members on site at night-time. The staff members spoken with were familiar with the individual support needs, likes, dislikes and interests of residents.

On the morning of inspection, one resident had already left the centre to go for a drive and walk. Staff spoken with advised that this resident enjoyed the outdoors and going for walks in the local forests and parks. The inspector met with the resident on their return to the centre. They were unable to tell the inspector their views of the service but appeared in good form, content and comfortable in the company of staff. The resident was observed to be familiar with and comfortable in their surroundings and were observed to move freely from the sitting room to their bedroom and garden as they wished. The resident had restricted access to the

kitchen due to identified risks. Staff prepared meals in the main kitchen which were served to the resident in his preferred living space. This living space was provided with a sofa, dining table and chairs, a small refrigerator and microwave oven. The refrigerator contained a variety of snacks and drinks which the resident could choose throughout the day in between main meals. There were plans in place to provide a separate suite within the house for this resident in order to better meet their needs. The provider had recently submitted an application to vary the conditions of registration in order to progress these proposed changes to the internal layout of the centre. After lunch the resident was observed watching their preferred film on the television and later spending quiet time in their bedroom. Staff spoken with advised that the resident enjoyed spending time completing jigsaws and puzzles as well as, watching videos in their bedroom. They advised how they continued to trial a range of community and recreational opportunities to enhance the residents quality of life.

The inspector met and spoke with the other resident during the late morning. They told the inspector how they had settled in well and liked living in the centre. They spoke of how they enjoyed getting up later in the morning and going about their own routines at their own pace. They advised that they were going to Dublin later in the day to attend a medical appointment and planned to visit and spend time with family members after their appointment. They mentioned how they enjoyed partaking in a range of activities in the local area including visiting the barber on a weekly basis for a hot towel shave, and visiting the local pub to have a pint and watch soccer matches there. They also said that they enjoyed spending time in the house, relaxing, watching 'soaps' and sporting matches on the television in their bedroom. They had plans in place to visit the local shops to buy Halloween decorations the day following the inspection. They spoke about family members and how they enjoyed visiting them in their homes as well as receiving regular weekly visits from them in the centre. They showed the inspector their own set of keys and explained how they liked to lock their bedroom when they were out and how they could gain access to the kitchen whenever they wished.

Staff advised how they continued to trial a range of community and recreational opportunities to enhance the residents quality of life. Current activities being trialled for one of the residents included swimming. However, improvements were required to personal planning documentation as the documentation reviewed did not fully evidence these efforts or provide regular progress updates.

In summary, the inspector observed that residents were treated with dignity and respect by staff. Staff strived to ensure that the support provided was person-centred in nature and that they prioritised the well-being, autonomy and quality of life of residents. Staff continued to ensure that residents' preferences were met through daily consultation, weekly house meetings, the personal planning process and regular key working sessions. From conversations with staff and residents, observations made while in the centre, and information reviewed during the inspection, it was evident that residents had choices in their lives and that their individual rights and independence was promoted.

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 young persons lives.

Capacity and capability

There was a clearly defined management structure in place and the findings from this inspection indicated that the centre was generally being well managed. The local management team were committed to promoting the best interests of residents and complying with the requirements of the regulations. Some improvements were required to staff rosters and to personal planning documentation. Improvements required as identified by the provider including the repair works to the rear garden steps and the completion of a night-time scenario fire drill needed to be progressed.

The provider had appointed a full-time person in charge, who was also responsible for one other designated centre in the organisation. The person in charge had a regular presence in the centre. The person in charge was supported in their role by two team leaders, the staff team and assistant director of operations. There were on-call management arrangements in place for out of hours and at weekends.

The provider had ensured that the staff numbers and skill-mix were in line with the assessed needs of residents and statement of purpose. The inspector noted that there were adequate staff on duty to support residents on the day of inspection. The staffing rosters reviewed for October 2025 indicated that a team of consistent staff was in place. Some improvements were required to the roster to ensure that the hours worked by 'sleep over' staff were clearly set out.

Staff training records reviewed indicated that all staff had completed mandatory training. Additional training had also been provided to staff to support them in their roles and meet the specific support needs of some residents.

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. As this was a new service which had opened in May 2025, these reviews had not yet taken place.

The person in charge and assistant director of operations had systems in place to regularly review and oversee areas such as staff training, health and safety, fire safety, infection prevention and control, medication management, restrictive practices, care planning documentation, incidents and maintenance issues. The results of recent audits reviewed generally indicated satisfactory compliance. Regular local management and staff team meetings were taking place at which the results of audits and actions required were discussed. The provider had also appointed a community nurse to support staff , provide training, oversee medication management and provide medial oversight of residents.

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 a regular presence in the centre and the hours worked were clearly set out in the staff rota.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that there were adequate staff to meet the needs residents living in the centre. However, further clarity was required to the roster to ensure that the hours worked by 'sleepover' staff were clear and recorded. The staffing skill-mix was appropriate to meet the needs of residents. Nursing staff were also available to support staff and oversee the medical needs of residents. Rosters reviewed for the month of October 2025 indicated a consistent staff team.

Judgment: Substantially 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, safeguarding and Children First. Additional training was provided to staff in various aspects of infection prevention and control, safe administration of medications, first aid, food hygiene, respiratory hygiene, dysphagia, mental health, assisted decision making and a human rights based approach to care. There were systems in place to oversee training and to ensure all staff were provided with refresher training as required.

Judgment: Compliant

Regulation 23: Governance and management

The findings from this inspection indicated that the centre was being generally 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. There was evidence that issues identified from recent reviews had either been addressed or scheduled to be completed.

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 plans in place to reconfigure the internal layout of the centre in order to better meet the needs of a resident who preferred their own space. The provider also had scheduled works to be carried out to the external wooden steps in the rear garden area to ensure that residents could safely access this area. Some improvements were required to personal planning documentation to ensure that specific individualised goals were clearly set out and to ensure that progress updates in relation to those goals were updated and recorded.

The inspector reviewed the files of two residents and noted that comprehensive assessments of the residents health, personal and social care needs had been completed. Support plans were in place for all identified issues including intimate care and specific health-care needs. Support plans were found to be comprehensive, informative, person centered and had been recently reviewed. Residents had access to general practitioners (GPs), out of hours GP service and a range of allied health services.

Improvements were required to personal planning and associated documentation. The inspector noted that long term goals set out were not clear, specific, individualised or measurable. Monthly short term goals were also set out however, the documentation reviewed did not always reflect the actions taken to support residents progress those goals.

The centre was found to be comfortable, visibly clean, furnished and decorated in a homely style. The provider had plans in place to redesign the layout to meet the needs of a current resident, to enhance their independence and quality of life. The building was accessible with suitable ramps and handrails provided at the front and rear doors. Residents could easily access the garden areas, however, the provider needed to progress works to ensure the safety of external steps leading to the upper garden level at the rear of the property. One of the residents in particular enjoyed spending time outside. While there was a trampoline and basket ball hoop provided, the inspector encouraged the management team to explore options for additional outdoor recreational equipment and facilities to further support the

residents needs and interests.

The local management team 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 reviewed and discussed with staff at regular scheduled meetings. The management and staff team continued to review restrictive practices in use, to ensure that measures required for one resident did not unnecessarily impact on the rights or daily routine of the other resident. Both residents had been involved in completing fire drills and records reviewed indicated that there had been no issues in evacuating the building in a timely manner. However, a fire drill of a night-time scenario had not yet taken place to provide assurances that residents could be evacuated safely at night time. The local management team advised that a night-time fire drill was scheduled to take place during November 2025.

The management team had taken measures to safeguard residents from abuse. All staff had received specific training in the protection of vulnerable people. There were comprehensive and detailed personal and intimate care plans to guide staff. Safeguarding and the right to feel safe were regularly discussed with residents at their weekly house meeting. The contact details of the designated officer and the adult protection policy were clearly displayed in an easy read format.

Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their families. There were no restrictions on visiting the centre. There was adequate space available to meet with visitors in private if they wished. Some residents received regular visits from family members in the centre. Residents also visited their family members in their homes.

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 towns and surrounding areas. The centre had its own dedicated vehicle, which could be used for residents' outings or activities. From conversations with residents and staff, it was evident that residents spent time going places that they enjoyed in line with their interests and capacities. As this was a relatively new service which had opened in recent months staff advised that they continued to trial a range of community and recreational opportunities to enhance

the residents quality of life. Residents also liked spending time outdoors in the garden, relaxing in the house, watching television, playing with puzzles and board games.
Judgment: Compliant
Regulation 17: Premises
The design and layout of the centre was suitable for its stated purpose. The provider had plans in place to reconfigure the internal layout of the centre in order to better meet the needs of a resident who preferred their own space. The house was found to well maintained, visibly clean, furnished and decorated in a homely style in line with residents preference's. There were systems in place for ongoing maintenance of the building. The provider need to progress identified works to be carried out to the external wooden steps in the rear garden area to ensure that residents could safely access this area.
Judgment: Substantially compliant
Regulation 27: Protection against infection
The provider had systems in place to control the spread of infection in the centre. There were appropriate colour coded cleaning systems in place. There were adequate supplies of cleaning equipment which were found to be suitably stored. All parts of the centre were found to be visibly clean. There were arrangements in place for the laundering of residents clothing. Staff outlined how they used the external door to access the laundry room to prevent soiled laundry traversing the kitchen area which they had identified as an infection prevention and control risk. Staff had completed training on various aspects of infection, prevention and control . There were systems in place for the regular review and oversight of infection, prevention and control.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had fire safety management systems in place, however, a fire drill of a night-time scenario had yet to take place to provide assurances that residents could be evacuated safely at night time. Daily fire safety checks were taking 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 including on-site training. Regular fire drills were taking place involving all staff and residents. 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 during day-time hours. The local management team team advised that a night-time fire drill was scheduled to take place during November 2025.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed were found to be individualised, clear and informative. There was evidence that support care plans were regularly reviewed and updated as required.

Improvements were required to personal planning and associated documentation. The inspector noted that long term goals set out were not clear, specific, individualised or measurable. Monthly short term goals were also set out however, the documentation reviewed did not always reflect the actions taken to support residents progress those goals.

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), consultants and health and social care professionals. A review of residents' files indicated that residents had been reviewed by the GP, psychiatrist, occupational therapist, dietitian, speech and language therapist and behaviour support therapist. One resident was waiting on a review by the physiotherapist. Residents were also been supported to avail of vaccination 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 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Those who required support had access to behaviour support and behaviour guidelines were in place. Staff spoken with were knowledgeable and familiar with identified triggers and supportive strategies. The staff team outlined how some restrictive practices were in use in response to some behaviours and associated risks. There were clear rationales outlined and written protocols in place for the use of restrictive practices. All restrictions were regularly reviewed. The provider had plans to further reduce restrictive practices in use once the reconfiguration of the building to provide a separate suite for one resident was complete.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents accommodated were protected from abuse. All staff had completed training in relation to safeguarding and Children First. The local team advised that there were no active safeguarding concerns in the centre at the time of inspection. Safeguarding and associated topics were regularly discussed with residents at weekly house meetings.

Judgment: Compliant

Regulation 9: Residents' rights

The local management and staff teams were committed to promoting the rights of residents. All staff had completed training on promoting human rights in health and social care. There was evidence of ongoing consultation with residents with regards to choices in their daily lives and it was evident that residents choose how they spent their days. The residents had access to information in a suitable accessible format, as well as access to the Internet and televisions. Topics including rights, how to make a complaint, fire safety, impact of restrictive practices, community access and weekly activity plans, weekly menus, and house improvement ideas were discussed at weekly residents meetings.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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 Darby's View OSV-0009003

Inspection ID: MON-0047046

Date of inspection: 29/10/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC will ensure that a planned and actual staff rota is maintained, clearly showing all staff on duty during the day, waking-night, and sleeping-night shifts. The rota will be kept accurate and up to date at all times, and a clear key system will be in place to identify each type of shift.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: We confirm that the designated centre is maintained in a good state of repair both internally and externally, in line with regulatory requirements. The wooden steps previously identified have been removed, and as a result, the associated risk of trips, slips, or falls has been eliminated.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider has completed a nighttime fire drill in the designated centre.	
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: All residents' individual support plans will be reviewed, and SMART goals will be developed to reflect their current needs and aspirations. Documentation relating to the	

implementation of these goals will be strengthened to provide clear evidence of progress and outcomes. The provider will also deliver additional training to staff on goal setting and person-centred planning to ensure high-quality, consistent practice.

We will ensure that a personal plan is prepared for each resident within 28 days of admission to the designated centre. This plan will fully reflect the resident's assessed needs and will be developed in accordance with the required assessment process.

We will ensure that each resident's personal plan is reviewed annually, or sooner if there is any change in their needs or circumstances. These reviews will fully consider any relevant changes or new developments to ensure the plan remains accurate, up to date, and responsive to the resident's needs.

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	26/11/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	26/11/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	26/11/2025

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 resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/11/2025
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	30/11/2025
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	30/11/2025