



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

## Issued by the Chief Inspector

Name of designated centre:	Camellia Services
Name of provider:	Corlann
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	14 January 2026
Centre ID:	OSV-0009028
Fieldwork ID:	MON-0047677

## About the designated centre

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

Camellia Services can provide a full time residential service for up to two people over the age of 18. The house is intended to provide service for people with severe level of intellectual disability and those with autism spectrum disorders. This designated centre can only accommodate individuals with no mobility impairments due to the layout of the building. Specific support needs which can be catered for include communication, bowel management, mental health and behaviour support needs. The centre is located close to a rural town. The house is accessible internally and externally and residents have open access to a garden area. Residents in the centre are supported by a staff team which includes the person in charge, social care workers and support workers. Staff are present in the centre to support residents both during the day and at night .

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

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 14 January 2026	10:00hrs to 15:45hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. This was the first inspection of the service since it opened in August 2025. As part of this inspection, the inspector met with residents who lived in the centre and observed how they lived. The inspector also met with the person in charge, two staff on duty, and viewed a range of documentation and processes.

Residents who lived in this centre had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to residents. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way.

Although residents were out and about at various times during the day, the inspector had the opportunity to meet both residents during the course of the inspection. On the inspector's arrival at the centre, it was found that residents started the day in line with their own preferences. One resident liked to have to have a light snack, then a short walk in the morning and returned for a cooked breakfast, while the other resident returned to the centre a little later after an overnight home visit. The person in charge confirmed that residents had been consulted about the inspection and that they were happy for the inspector to see their rooms later in the day. These residents did not have the verbal capacity to speak with the inspector, but they communicated in their own way. For example, one resident had no objection to the inspector being present, while the other resident indicated that they did not want the inspector in their company and this was respected. Throughout the inspection, residents appeared relaxed and comfortable in the centre and in the company of staff and each other.

Staff who spoke with the inspector were very knowledgeable of each resident's care and support needs and discussed residents' preferences and interests, and how their specific support needs were being met. Throughout the inspection, the inspector could see that residents' wishes were respected and that individualised care was being provided to each resident. For example, while both residents went out together for a drive and for lunch, one resident later indicated that they would like to go out again alone with staff and this happened promptly.

Residents' weekly routines included supermarket shopping for the household groceries, and going to the local pub for a drink and music session. Other activities that residents enjoyed and took part in, included going out for something to eat, swimming, walks, discos, day trips and drives, special olympics training, and spending time with family either in the centre or at the family home.

It was clear, from a walk around the centre, that safe and comfortable accommodation was provided, which suited the needs of residents. The centre consisted of one house which was situated close in a rural town. The house was spacious, well-equipped, and comfortably furnished and decorated with photographs and art work displayed. Each resident had their own bedroom and these rooms were personalised and decorated in line with each resident's interests and wishes. The inspector saw that the style of decor in each bedroom was very different, as one resident preferred to be surrounded by personal items and photographs, which the other resident preferred a minimal style of décor. Both bedrooms reflected the individuality of the resident. There was adequate storage for residents' clothing and belongings in each bedroom.

In summary, based on what the inspector read, observed and discussed, this service was person-centered, with staff ensuring that the individuality and rights of the residents were respected and promoted. The provider ensured that it had the necessary arrangements in place to ensure that the service was planned, delivered, managed and overseen to ensure a good quality service was provided.

The next two sections of this report will discuss the governance and management arrangements of the designated centre and how these ensured and assured the quality and safety of the service provided for the resident.

## Capacity and capability

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.

The provider had developed a clear organisational structure to manage the centre and this was set out in the statement of purpose. There was a suitably qualified and experienced person in charge to manage the centre. They were very familiar with residents, were focused on ensuring that these residents would receive high quality care and ensured that their human rights were being supported. There were arrangements in place to enable staff to access management support when the person in charge was not on duty, which ensured that governance and support was accessible at all times.

The provider had ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided to residents. Auditing and review systems included unannounced audits of the service on behalf of the provider and ongoing audits and checks carried out by the person in charge and staff. These audits showed that high levels of compliance had been achieved and that any areas for improvement had been identified. An annual review of the quality and safety of care and support of residents had not yet

been carried out as the centre was not a year in operation, however, the person in charge was aware of this requirement.

The provider had taken appropriate action to address a previously identified fire safety risk. During a site visit to the centre prior to its registration, it was found that some improvement work was required to ensure that suitable fire safety measures were in place. This resulted in an additional restrictive condition on regulation 28 being applied to the registration of the centre. The provider had agreed to carry out this work within a reasonable time frame, and this had been achieved. During this inspection, the inspector observed that this work had been completed and had been confirmed by the provider's qualified expert.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included, for example, suitable, safe and comfortable accommodation and furnishing, transport, Wi-Fi, television, and adequate numbers of suitably trained staff to support residents' preferences and assessed needs.

Overall, records viewed throughout the inspection were clear, well organised, informative and accessible. However, some minor improvement was required to the documentation of fire drills, food provided to residents and some healthcare interventions. A suitable statement of purpose had been developed and the provider maintained a directory with the required information about each resident. The provider had also agreed in writing with each resident, the terms on which that resident would reside in the designated centre.

## Regulation 15: Staffing

The provider had ensured that appropriate staffing levels to support residents' needs and preferences were being maintained in the centre.

The inspector reviewed the staffing roster for the current month and found that number and skill mix of staff was appropriate to the assessed needs of residents. Two staff were allocated to support residents during the daytime and evenings and one staff was allocated during the night. The actual roster, and discussions with staff, confirmed that these levels were being consistently achieved. This ensured that residents could be supported with individualised care or to take part in activities together as they wished. The inspector saw that both of these options had been chosen by residents at various times on the day of inspection. Residents appeared comfortable with staff and staff were very familiar with residents' needs.

Judgment: Compliant

## Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received appropriate training to equip them to provide suitable care to residents.

The inspector viewed staff training records which showed that staff had received mandatory training in fire safety, behaviour support, and safeguarding. Staff had also attended other training relevant to their roles, such as medication management, children first, hand hygiene, personal outcomes, and feeding, eating, drinking and swallowing. Copies of the Health Act, regulations, standards and guidance documents were available in the centre to inform and guide staff. The availability of training opportunities and guidance information ensured that that staff had the skills and knowledge to support residents' needs and ensure their safety.

Judgment: Compliant

### Regulation 19: Directory of residents

There was a directory of residents that included the required information relating to the resident who lived in the centre.

The inspector read the directory of residents and found that it included the required information relating to both residents who lived in the centre. For example, the age, gender, and marital status of each resident was recorded. Details of residents' nexts of kin, and general practitioners was also documented as required.

Judgment: Compliant

### Regulation 21: Records

The provider had ensured that the required records were maintained in the centre and that records were clear, accessible and up to date. However, while records were generally maintained to a high standard, a small portion of records required improvement.

The inspector viewed a range of records and documentation. These included records relating to fire safety, personal planning, healthcare, and individualised risks. Documents such as service agreements, the directory of residents and auditing systems were also viewed. All requested documentation was made available promptly. Overall, records and documents viewed were maintained in a clear and orderly fashion and were kept up to date. However, some improvement was required to the following records to ensure that they were sufficient to guide practice:

- some plans of care required more detail to explain required interventions

- some fire drill records were comprehensive and sufficiently detailed, while some required clearer records of actual circumstances of the drill, such as where residents were located when the drill or simulation took place.
- records of meals provided to residents were not being fully recorded in line with schedule 4 (5) of the regulations.

Judgment: Substantially 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.

The centre was suitably resourced to support residents' needs. During the inspection, the inspector observed that these resources included the provision of comfortable accommodation and furnishing, transport vehicles, Wi-Fi, television, and adequate levels of suitably trained staff to support residents' preferences and assessed needs. The provider had systems in place for the ongoing auditing of the service to ensure that a safe and suitable service was being provided and maintained. The person in charge was carrying out quarterly audits of the service and staff carried out ongoing safety checks. The inspector viewed these audits, and found that they were thorough and that any actions identified through the auditing processes had been addressed. As this was a new centre, to date one unannounced visit on behalf of the provider had been carried out since the centre opened. The person in charge was aware of the requirement to carry out an annual review of the quality and safety of the service, but as the centre had only been operating for five months this had not yet been required.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for the provision of service to residents.

The inspector read a resident's service agreement, and found that it included the required information about the service to be provided and the fee to be charged, and it had been signed by the resident. Service agreements had been developed in both regular and easy to read versions. This ensured that clear information about the service was available to inform both residents and their representatives.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents. The statement of purpose was being reviewed annually and was up to date.

The provider had developed a statement of purpose for the service. The inspector read the statement of purpose and found that it described the service to be provided to residents, included the information required by the regulations and was available to view in the centre. The person in charge was aware of the requirement to review the statement of purpose annually, or as required. This ensured that residents and their representatives could access clear information about the purpose and function of the service.

Judgment: Compliant

### Quality and safety

Based on the findings of this inspection, there was a high level of compliance with regulations relating to the quality and safety of care delivered to residents who lived in the centre. The person in charge and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents. The inspector found that residents were supported to enjoy activities and lifestyles of their choice and, that their rights and autonomy were being supported.

The centre comprised one house, located close to a busy rural town. This accommodation suited the needs of residents, and was clean, comfortable and well maintained. The house was spacious and residents had their own bedrooms which were furnished and personalised to their liking. The house had a well equipped kitchen and dining area where residents could have their meals, and could become involved in food preparation if they liked to. Laundry facilities were available in the centre for residents' use if they wished. There was a garden where residents could spend time outdoors. Residents could use the centre's transport to access their preferred activities.

As this was a home-based service, residents could take part in their preferred activities in their home, and in the community. Individualised staff support was provided for each resident which ensured that they could achieve these in accordance with their individual choices and interests, as well as their assessed needs. During the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Residents were involved in a range of

activities such as shopping, day trips, taking exercise, meeting with family and friends and going out for meals.

Residents' human rights were being well supported by staff and by the provider's systems. Information was supplied to residents through ongoing interaction with staff and the person in charge, and through suitable communication systems. Residents' financial independence was also being supported and encouraged and residents had access to a complaints process and advocacy service.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. The personal planning process included assessment of residents' communication needs and the required supports had been identified. Care was being delivered in line with the personal planning process. The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. All residents had access to a general practitioner and to the provider's multidisciplinary team, which included access to an advanced nurse practitioner, psychiatry and psychology services.

The inspector observed that staff supported residents to do things that they enjoyed both in the centre, and in the community. Residents were involved in a range of activities such as swimming, developing independent living skills, visiting and socialising with family and friends and entertainment events.

There were several systems in place to ensure that residents were protected from harm and risk in the centre, including risks associated with fire. These included risk identification and management, development of individualised risk profiles and personal emergency evacuation plans for each person, availability of missing person profiles and intimate care plans, and maintenance of a safe environment. Behaviour support plans with specialist involvement had been developed as required. Individualised risk assessment had been completed for each resident and specific control measures had been identified. Fire safety measures included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, and participation of staff and residents in fire evacuation drills, all of which had taken place in a timely manner.

There was a good level of compliance with regulations relating to the quality and safety of resident care.

## Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

As both residents who lived in this centre did not communicate verbally, the person in charge and staff were very focused on ensuring that they communicated appropriately with residents. Throughout the inspection, the inspector saw staff

communicating with residents in line with their capacity using speech, cues, pictorial aids and verbal prompts. The inspector read the communication records and found that there was clear and up-to-date information available to guide staff. The communication plan provided a range of information to guide staff, such as, information about the resident's likes, dislikes and preferences, use language and cues, and clearly explained use of pictorial schedule and activity boards. Easy read versions of relevant documents had been prepared for residents. There was an up-to-date communication policy to guide staff.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre comprised one spacious house in a residential area close to a busy rural town, and was warm, clean and comfortable.

During a walk around the centre, the inspector saw that the house was laid out to ensure that each resident had adequate communal and private space as required. Each resident had their own bedroom and these were very nicely decorated and personalised in line with each resident's preferences. All parts of the house were well maintained, clean and comfortably decorated. Adequate bathroom facilities were provided and these were readily-cleanable and hygienic. The centre had a well equipped kitchen and there were laundry facilities in the utility room which were readily accessible to residents. The centre was also equipped with Wi-Fi and televisions for residents' use and entertainment. There was an enclosed garden to the rear of the centre.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. Resident chose their own food. Suitable foods were provided to cater for residents' preferences and assessed needs.

The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. The inspector saw that there was a selection of fresh food stocked in the kitchen. The inspector also saw how choice was being offered to residents. Residents could choose their meals from a wide choice of coloured pictures of meals. Main meals were freshly prepared in the centre, but residents also had the option of eating out if they wished. On the day of inspection they chose to have their lunch out during a visit to a neighbouring town. Both residents were involved in food shopping. Staff explained that grocery shopping was carried out

twice each week, and that one resident accompanied staff to shop on each of these occasions. Meals were prepared and served in line with each resident's preferences and assessed needs and staff who spoke with the inspector were knowledgeable of these requirements.

Judgment: Compliant

### Regulation 28: Fire precautions

Overall, the provider had ensured that effective measures were in place to protect residents and staff from the risk of fire.

The inspector reviewed records of fire drills, personal evacuation plans and staff training and fire safety checks in the centre. Training records viewed by the inspector confirmed that all staff had attended up-to-date fire safety training. Fire evacuation drills involving residents and staff were being carried out frequently and evacuations were being achieved in a timely manner. However some improvement to documentation of fire drills was required and this is further discussed under Regulation 21. There were arrangements in place for servicing and checking fire safety equipment and fixtures both by external contractors and by staff. The weekly checks carried out by staff were up to date, and indicated high compliance levels. There were fire doors with automatic closing devices throughout the house to reduce the spread of smoke and fire. Additional work had been required to ensure that the fire proofing of an internal ceiling was suitable. This work had been completed, and the person in charge showed the inspector a report confirming this.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There was a suitable personal planning process to ensure that residents' needs were being identified and met.

Personal plans had been developed for all residents and were based on each resident's assessed needs. The inspector viewed the personal planning process for one resident and saw that assessments of the resident's health, personal and social care needs had been completed. Support plans were in place for matters identified by the assessments such as any support needed for personal care, communication and behaviour support. It was the provider's process to hold annual personal planning meetings, which included the resident and or their representatives, staff, and multidisciplinary supports. Residents' personal goals were agreed at these meetings. As this was a new service, residents' goals had been carried over from their previous residential placements. These goals were very focussed on their move

and settling in to a new home and at this stage had now been achieved. Planning meetings for the coming year were due to take place in the coming weeks, and the person in charge discussed some of the meaningful goals that were being explored for residents in preparation for the planning meetings.

Judgment: Compliant

## Regulation 6: Health care

Appropriate healthcare was provided for residents, and residents were supported to lead healthy lifestyles.

Residents in this service had a good level of general health. The inspector viewed the healthcare plans for a resident and found that their healthcare needs had been identified and that they had good access to a range of healthcare services. The person in charge confirmed that all residents had access to general practitioners in the local community and records of appointments with general practitioners, healthcare professionals and medical consultants were being retained. Residents in this service were not currently eligible to attend national health screening programmes. Plans of care had been developed to manage any identified healthcare needs. Staff were also supporting and monitoring various aspects of health to ensure that residents remained healthy. For example, residents' weights were being monitored, and residents are taking part in healthy exercise activities such as swimming, walking and bowling.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There were suitable measures in place for the support and management of behaviour that challenges.

The inspector saw that there were procedures to support residents to manage behaviours of concern, which enabled them to live their lives as safely and comfortably as possible. The inspector viewed the support plan that had been developed for a resident who required support to manage their behaviours. This plan was clear, up to date and had been developed with multidisciplinary involvement. There was evidence that this plan was effective as behaviours of concern had decreased to a negligible level. The centre was adequately staffed to ensure that each resident had access to individualised support at all times. Staff who spoke with the inspector were very clear about the behavior management strategies that were in place to support each resident.

Judgment: Compliant

## Regulation 9: Residents' rights

There were systems in place to support residents' human rights. The provider had ensured that residents' human rights were supported and that residents had freedom to exercise choice and control in their daily lives.

Throughout the inspection, the inspector saw that each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do. Staffing levels in the centre and availability of transport ensured that this could be achieved in line with each resident's preferences.

The inspector observed that staff had established and recorded residents' likes, dislikes and preferences, based on information supplied from residents' families and their previous residential services, assessments, observation, and knowledge of each individual.

Residents had comfortable accommodation. Each had their own bedroom and there was ample communal space, which ensured that residents could enjoy privacy or time alone as they wished. Residents were also being supported to keep in contact with family and friends and to access the local community.

Residents had access to an advocacy processes, although both residents had declined to get involved in a local advocacy group. It was clear during the inspection that residents' rights to choose were being taken into consideration and were being supported. Since admission to the centre, the person in charge and staff had supported residents with financial management and banking, and were exploring residents' interest in having passports.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Camellia Services OSV-0009028

Inspection ID: MON-0047677

Date of inspection: 14/01/2026

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records:  All records have now been reviewed in line with regulation21(1)(c). This includes a full review of fire drills, nutritional logs and support plans. Record keeping to be discussed as part of Staff Support Team Meetings.	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	06/03/2026