



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

## Issued by the Chief Inspector

Name of designated centre:	Oran Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	14 January 2025
Centre ID:	OSV-0005023
Fieldwork ID:	MON-0037290

## About the designated centre

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

Oran Services provides a residential service to male and female adults over the age of 18. Residents of this service have a moderate to severe learning disability. Some residents may also use services offered by the mental health team and behavioural support specialists. The centre was located in a residential neighbourhood of a city where public transport links such as trains, taxis and buses were available. The centre also provides transport for residents to access their local community. Each resident has their own bedroom and an appropriate number of shared bathrooms are available for residents to use. Appropriate cooking and kitchen facilities are available and reception rooms are warm and comfortably furnished. A social care model is offered to residents in this centre and a combination of registered nurses and healthcare assistants make up the staff team. Some residents attend day services and some residents are offered an integrated model of care where both day and residential supports were provided in the designated centre. One staff member supports residents during night-time hours and three staff members support residents during the day.

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

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 14 January 2025	09:30hrs to 15:30hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

This was an announced inspection, carried out following receipt of an application to the Chief Inspector of Social Services to renew registration of the centre and, to monitor compliance with the regulations. Oran services currently includes one house which can accommodate up to four residents. A recent application to renew registration of this centre includes increasing the number of residents to be accommodated to seven by including a second house which is currently registered as a separate designated centre (Kilcarn services). Both houses were visited as part of this inspection. However, the main focus of this inspection took place in the house currently registered as Oran Services.

The inspection was facilitated by the team leader and person in charge. The inspector also met with staff who worked in the centre and with the area manager who attended the feedback meeting at the end of the inspection. On the day of inspection, there were four residents being accommodated in Oran services, the inspector met with all four residents. Due to the communication needs of these residents, they were unable to tell the inspector their views about the care and support they received; however, they appeared content and happy as they went about their daily routines in the centre. The inspector observed how they communicated effectively with staff who clearly understood and correctly interpreted their gestures and cues. One completed questionnaire about what it is like to live in the centre which had been completed by a service users family member prior to the inspection was also reviewed.

The local management team outlined that residents' health was generally stable, but some had high support needs, requiring support with all activities of daily living. Residents required supports with mental health issues, mobility, communication, eating, drinking and swallowing difficulties and in managing specific health care conditions. One resident normally attended day services during the weekdays but had remained at home on the day of inspection as they were recovering from a recent infection. Three residents were provided with an integrated individualised day service from the house.

Staffing arrangements in place had improved following the previous inspection and vacant posts had been filled. There were now three staff on duty during the day and evening time. Staff spoken with confirmed that this arrangement was working well, staff were available to support the individual needs of residents and support residents attend a range of activities and outings that they enjoyed. Residents regularly enjoyed going swimming, going to the jacuzzi, going to the gym, music therapy, going for walks, having coffee out and going to the beautician. Some residents enjoyed short holiday breaks and hotel stays, boat trips, as well as a variety of day trips. Some residents had attended the All Ireland Camogie final in Croke Park, the ploughing championships and Christmas light shows. Some residents enjoyed more sensory activities, such as reflexology, massage and foot spa's. Staff spoken with advised that residents also liked to spend time relaxing at

home, watching television, listening to music, completing baking and arts and craft activities. Residents independence was promoted and some residents liked to help out with household chores, including laundry, setting the table for meals and tidying up after meals. Staff were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents. Throughout the day, residents were observed enjoying the interaction and company of staff. On the morning of inspection, one resident went out for a walk and a coffee, another enjoyed interacting and dancing to music with staff while others were assisted with personal care. Later in the morning, three residents went for a spin in the bus and one resident went to their scheduled swimming session. Another resident who was recovering from a recent illness enjoyed spending time relaxing on a large bean bag in the sitting room. Staff were observed to be attentive to this resident as well as offering them a variety of drinks and snacks throughout the day.

All residents returned and were supported to have their dinner in the centre. Staff outlined how residents were involved and had choice in selecting their preferred food and meal options. There were colourful pictorial menu options and food choices available so that residents could easily see and select their preferred options. Residents were supported to eat out or get takeaways at weekends. Some residents required modified diets and staff had completed training on feeding, eating, drinking and swallowing guidelines. Staff spoken with were knowledgeable regarding residents' nutritional needs and dietary requirements including the recommendations of the dietitian and speech and language therapist (SALT). The inspector noted that the main meal was freshly prepared and cooked, appeared wholesome, nutritious and appetising.

Oran services consists of a single-storey house, which was found to be warm and comfortable, visibly clean, suitably furnished and decorated in a homely manner. The house was spacious and bright with a good variety of communal spaces available for residents use. Improvements including refurbishment and some internal changes had been carried out to parts of the premises such as the provision of a new office, utility room and laundry. A new kitchen had been provided in the location of the old utility room so as to provide separate facilities for one resident. Bathrooms and shower rooms had also been refurbished and upgraded. Residents were accommodated in single bedrooms which were spacious, comfortably decorated and suitably furnished. All bedrooms had televisions, adequate storage for personal belongings and were personalised with items of significance to each resident. Residents had easy access to garden areas at the rear of the property. The local management team outlined plans in place for further improvements including the repainting of some internal rooms, skirting boards, door jambs and radiator covers as well as external maintenance to the garden, cutting of tress and cleaning of gutters which were scheduled to take place.

Residents' rights were promoted and a range of easy-to-read documents and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information such as the complaints process, the human right charter, staffing information, menu options and daily activities schedules were made available to residents in picture format. Staff had established residents' preferences through the personal planning process, weekly house meetings, and

ongoing communication with residents and their representatives.

From conversations with staff, observations made by the inspector, a review of a completed questionnaire, photographs and information reviewed during the inspection, it appeared that residents had good quality lives in accordance with their capacities, and were regularly involved in activities that they enjoyed in the community and also in the centre.

Overall, there was good compliance with the regulations reviewed on inspection, however, some improvements were required to records that were required to be maintained in relation to staff training.

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

This announced inspection was carried out as part of ongoing regulatory monitoring of the centre, and to inform a decision following the provider's application to renew the registration of the centre.

There was a clear organisational structure in place to manage the service. The person in charge worked full-time and was responsible for two designated centres as well as having other managerial responsibilities in the organisation. The person in charge was supported in their role by a team leader, staff team and area manager. There were on-call management arrangements in place for out-of-hours.

The management team had organised systems and processes in place to ensure that they had oversight arrangements to monitor the quality and safety of care received by residents. The findings from this inspection indicated good compliance with the regulations reviewed and there was evidence of good practice in many areas. However, some improvements were required to records that were required to be maintained in relation to staff training. This centre had a good history of compliance with the regulations. Improvements required in relation to issues raised at the previous inspection had been addressed.

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents, statement of purpose and the size of the designated centre. The inspector noted that there were adequate staff on duty to support the residents on the day of inspection. The staffing rosters reviewed for 12 January 2025 to 25 January 2025 indicated that a team of consistent staff was in place. The roster clearly set out the staff on duty, their roles as well as the staff

member in charge of each shift.

Improvements were required to ensure that records required in relation to staff training records were available and up-to-date. While the local management team advised that ongoing training was provided to all staff, staff training records available in the centre were not up-to-date.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly unannounced provider-led audits and an annual review. The annual review for 2023 had included consultation with residents and their families which indicated positive feedback. Planned improvements outlined had been addressed and had included the refurbishments to the premises.

The local management team and staff had audit systems in place to regularly review areas such as health and safety, infection prevention and control and medication management. The audit systems also included a quarterly review of incidents and accidents, medication errors and complaints. The inspector reviewed a sample of completed audits. The results of audits indicated good compliance and were discussed with staff at regular scheduled team meetings to ensure learning and improvement to practice.

#### Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

#### Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was also responsible for one other designated centre as well as having other managerial responsibilities in the organisation. The person in charge was suitably qualified and experienced for the role. They were in daily contact with staff and had a weekly presence in the centre.

Judgment: Compliant

#### Regulation 15: Staffing



The registered provider had ensured that the staff complement and skill-mix was appropriate to the number and assessed needs of the residents in the centre. The staffing levels at the time of inspection met the support needs of residents. There were normally three staff on duty throughout the day and evening and one staff member on duty at night time. There was a housekeeping staff member employed two days a week.

The person in charge maintained a planned and actual staff rota. The inspector viewed the rosters for 12 January 2025 to 25 January 2025. The roster was well maintained, clearly set out the staff on duty, their roles, hours worked as well as the staff member in charge of each shift.

Judgment: Compliant

### Regulation 16: Training and staff development

The local management team advised that staff had access to appropriate training including refresher training. However, as discussed under the capacity and capability section of this report, up-to-date staff training records were not available in the centre as required and therefore the inspector could not be assured that all staff had completed mandatory training. This action is included under Regulation 21: Records.

Judgment: Compliant

### Regulation 21: Records

The provider had not ensured that all records of the information and documentation in relation to staff was maintained and available for inspection. For example, up-to-date staff training records were not available for all staff.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who availed of the service in this centre. There was a clearly defined management structure in place as well as an on-call management rota for out of hours and at weekends. The provider continued to monitor and review the quality and safety of care in the centre and action plans as a result of these reviews had been addressed or were in the process of being

addressed.

There was evidence of ongoing consultation with residents and their representatives. 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.

The compliance plan submitted following the previous inspection had been addressed and there was good compliance with the regulations reviewed on this inspection.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose submitted with the recent application to renew registration of the centre. The statement of purpose required some minor updates in order to fully comply with Schedule 1 of the regulations. An updated statement of purpose was submitted following the inspection.

Judgment: Compliant

### Quality and safety

The provider had measures in place to ensure that the well-being of residents was promoted. Residents were observed to be comfortable in their environment and with staff supporting them. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis and the staff team promoted and supported residents to exercise their rights and achieve their personal and individual goals.

Staff spoken with were familiar with, and knowledgeable regarding residents' up to date healthcare and support needs. Residents had access to general practitioners (GPs), out of hours GP service, to nursing supports and a range of allied health services. 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. A range of individual risk assessments had been recently updated. Support plans were in place for all identified issues including specific health-care needs. Support plans were found to be comprehensive, informative, person centered and had been recently reviewed. Residents who required supports with communication had comprehensive plans in place which were tailored to their individual communication needs.

Personal plans had been developed in consultation with residents, family members and staff. Planning meetings took place annually, at which residents' personal goals and support needs for the coming year were discussed and there were regular reviews of progress throughout the year. This documentation was found to clearly identify meaningful goals for residents, with a clear plan of action to support these residents to achieve their goals. The inspector noted that goals set out for 2024 had generally been achieved. The local management team advised that planning meetings for the coming year were due to take place.

The house was designed and well equipped with aids and appliances to support and meet the assessed needs of the residents living there. It was comfortable, visibly clean, spacious, furnished and decorated in a homely style. The provider had continued to invest in the building with recent renovations and refurbishments to bathrooms, utility and laundry room, office and the provision of separate living facilities for one resident completed.

The provider 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 as well as the results of audits were discussed with staff at team meetings. The management and staff team continued to regularly review all restrictive practices in use and a further reduction in some restrictive practices had taken place. Regular fire drills continued to take place the records of which indicated that residents could be evacuated safely in a timely manner in the event of fire.

## Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. As residents did not communicate verbally, the staff were focused on ensuring that they communicated appropriately with residents. Throughout the inspection, the inspector observed staff communicating with residents in line with their capacity using gestures, cues and verbal prompts. Advice and guidance had been sought from a national deaf/blind organisation regarding an appropriate communication strategy using objects of reference for a resident.

Judgment: Compliant

## 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. There was adequate space available for residents to meet with visitors in private if they

wished. Residents regularly visited family members at home.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual interests, as well as their assessed needs. The centre was located close to a range of amenities and facilities in the local area and nearby city. The centre also had its own dedicated vehicle, which could be used for residents' outings or activities. From conversations with staff as well as information and photographs reviewed during the inspection, it was evident that residents lived meaningful lives and spent time going places and attending events that they enjoyed.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual needs. The house was found to well maintained, visibly clean, furnished and decorated in a homely style. There was a variety of shared communal living spaces available and an adequate number of toilets and shower facilities. Residents had access to secure mature garden areas. There was a plan in place to complete further improvements including the repainting of some internal rooms, skirting boards, door jambs and radiator covers as well as to external maintenance of the garden, cutting of tress and cleaning of gutters.

The house was well-equipped with aids and appliances to support and meet the assessed needs of residents. Specialised equipment including beds, hoists, specialised wheelchairs and showering equipment were provided. Service records reviewed showed that there was a service contract in place, and all equipment was being regularly serviced.

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. All residents had a recently updated personal emergency evacuation plan in place. Fire drill records reviewed by the inspector indicated that all residents could be evacuated safely in the event of fire. There were regular reviews of incidents, medication management, restrictive practices as well as infection prevention and control. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections. There was evidence of good practice in relation to infection prevention and control. Issues identified at the previous inspection had been addressed. There was a colour-coded cleaning system and a documented cleaning programme being implemented at the centre. A dedicated house keeping staff member had been recruited and worked two days a week. A new well equipped utility and laundry room had been provided. Suitable facilities were provided for the storage of cleaning equipment. The building, environment and equipment were found to be visibly clean and well maintained. Recent refurbishments to bathroom and shower rooms had further enhanced infection prevention and control in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

There were fire safety management systems in place. Weekly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety induction training. Regular fire drills of both day and night-time scenarios were taking place involving all staff and residents. Fire drill records reviewed by the inspector indicated that residents could be evacuated safely in a timely manner.

Judgment: 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 by the inspector were found to be individualised, clear and informative. Staff spoken with were familiar with were knowledgeable regarding the assessed needs of residents. The inspector reviewed a sample of two residents files. There was a comprehensive assessment of need completed, individual risk assessments, as well as, care and support plans in place for all identified issues including specific health care needs. There was evidence that risk assessments and support plans were regularly reviewed. Personal goals were clearly set out for residents including evidence of review meetings and progress updates.

Judgment: 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), medical consultants and health and social care professionals. A review of two residents' files indicated that residents had been reviewed regularly by the GP, psychologist, behaviour therapist, speech and language therapist, dietician and chiropodist. Records also showed that guidance from health care professionals was available to inform and guide staff in the designated centre. Residents were also supported to avail of vaccine programmes.

Each resident had an up-to-date hospital and communication 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

Residents that required support with behaviours were being responded to appropriately, had access to specialists in behaviour management and written plans were in place. Residents had timely access to supports from the behaviour support therapist and psychologist. All staff had received training in order to support residents manage their behaviour. The local management team advised that residents were content living in the centre. They advised that the recent reconfiguration of the layout to include a separate living area for one resident had resulted in a positive outcome for this resident who was now more content and was enjoying having their own space.

Judgment: Compliant

### Regulation 8: Protection

The person in charge advised that there were no safeguarding concerns at the time of inspection. Up-to-date staff training records were not available for all staff, therefore, the inspector was not assured that all staff had completed safeguarding training. This action has been included under Regulation 21:Records.

Judgment: Compliant

### Regulation 9: Residents' rights

The local management team and staff were committed to promoting the rights of residents. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. The human rights charter was displayed and residents rights were regularly discussed at both resident and team meetings. Residents had access to televisions, the Internet and information in a suitable accessible format. Restrictive practices in use were reviewed regularly by the organisations human rights committee. Residents were supported to visit and attend their preferred religious places of interest. Residents continued to be supported to partake in activities that they enjoyed in the centre and in the local community.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Oran Services OSV-0005023

Inspection ID: MON-0037290

Date of inspection: 14/01/2025

## 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:**

<b>Regulation Heading</b>	<b>Judgment</b>
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: At the time of the inspection, the Provider was transitioning the storage of individual staff training records from a paper-based format to a digital format. This task was completed on 31st January 2025. Individual staff training records are now fully accessible by the Person in Charge of the Oran Services, as required.	

**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)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/01/2025