



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

Name of designated centre:	Kilbride House
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	08 March 2018
Centre ID:	OSV-0003377
Fieldwork ID:	MON-0021398

About the designated centre

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

Kilbride House aims to deliver 24-hour care to adults who require support with autism, intellectual disability and/or individuals who have acquired brain injury to both male and female residents from 20 years of age onwards. The number of residents to be accommodated within this centre will not exceed six. The centre will look after any specific healthcare needs of residents such as epilepsy, diabetes and asthma. Where the needs of residents can no longer be met within the centre, residents are supported to transition to alternative services.

Kilbride House is a two-storey house on a spacious site offering each resident their own generously sized bedroom with significant space for their personal belongings and private living needs, consistent with that found in a regular family home environment. In addition to residents' bedrooms the house has a kitchen, lounge, sitting room, relaxation room, bathrooms and staff rooms. There is a self contained apartment located on the ground floor which also contains its own kitchen and lounge. Adjacent to the side of the house there is a standalone unit containing a bedroom, bathroom, kitchen/living area and sitting room.

The person in charge is responsible for the management and operations of the centre, and to ensure that residents received the highest quality of care and support. The person in charge is supported by two deputy team leaders, social care workers and assistant social care workers. The deputy team leaders will take over the management of the centre when the person in charge is absent. Staff will facilitate and support all medical appointments, community based activities and any social event identified by residents.

The following information outlines some additional data on this centre.

Current registration end date:	27/05/2021
Number of residents on the date of inspection:	6

How we inspect

To prepare for this inspection the inspector or 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
08 March 2018	09:00hrs to 17:00hrs	Conor Dennehy	Lead
08 March 2018	09:00hrs to 17:00hrs	Raymond Lynch	Support

Views of people who use the service

Inspectors met with all six residents living in the centre on the day of inspection. As part of the inspection, some of the residents' daily routines were also observed by inspectors.

The residents who chose to speak to inspectors spoke positively of the lives they experienced in the centre and expressed overall satisfaction with their living arrangements. Residents reported that they enjoyed regular social outings such as weekly dancing sessions, going to concerts and weekends away with the support of staff.

During the course of the inspection, inspectors met with family members of one resident who were visiting the centre. These family members spoke positively of the service provided in the centre, the quality of supports which their relative received and the support provided by staff. They informed the inspectors that management and staff of the centre were approachable and that they could speak with them at any time about any issue they may have.

Family members said that the care their relative received was excellent. Residents were also observed to be comfortable and relaxed in their home and appeared at ease in the presence of staff members. Throughout the inspection staff members were seen to offer residents support in a professional and dignified manner.

Residents also informed the inspectors that they could raise a complaint or a concern at any time in the centre and were also supported to engage in advocacy activities. One resident had been recently supported to consult with an independent advocate and they reported that they were very happy with the service provided.

Inspectors saw evidence that residents were supported to engage in meaningful activities of their choice each day. Residents and family members informed the inspectors that residents had a range of activities to participate to include work experience and training opportunities in their local community of which they very much enjoyed.

Overall, residents and family members spoke very highly of the care provided by the management and staff of the centre.

Capacity and capability

At the time of this inspection, the registered provider and the person in charge had ensured that each resident living in this designated centre received a good quality service. This inspection found evidence, across all regulations reviewed, of a service that supported and promoted the health, personal and social needs of residents.

The centre was well led with an accountable management structure in place. The provider had recently appointed a new person in charge for the centre. The person in charge was an experienced regional manager who had previously served as person in charge for other designated centres. They served as person in charge for this centre only but their remit as a regional manager covered multiple designated centres across a geographical area. No evidence was found that this arrangement was impacting negatively on the quality of service provided to residents. The previous inspection of this centre in June 2017 found high levels of compliance with the regulations and standards with similar levels of compliance again found during this inspection.

The person in charge worked full time and since their appointment they have been based in this designated centre for two and half days per week. The person in charge was supported by two deputy team leaders and maintained regular contact with them at times when not in the centre. During the inspection inspectors engaged closely with one of the deputy team leaders who demonstrated that they were actively involved in the operational management of the centre.

The provider was carrying out spot checks as a way of assuring themselves that residents continuously received a quality service. The provider had arrangements in place to carry out unannounced visits to the centre to review the quality and safety of care provided to residents. Such visits were carried out by members of the provider's quality assurance team and one had most recently been carried out in October 2017. This found a good level of compliance within the centre, as was found during this inspection.

The most recent annual review of the centre had been carried out in May 2017 and inspectors saw evidence that an accessible version of this had been made available to residents. Ongoing operational audits were also carried out on a quarterly basis by the provider's quality assurance team and inspectors saw evidence that any issues which were found during such audits were addressed. A system was also in place for the weekly trending and review of any incidents which took place in the centre which were also reviewed by the provider's quality assurance team.

Residents were encouraged to raise complaints if they chose to do so and arrangements were in place for any complaints to be resolved locally where possible. The complaints procedure was displayed in a prominent position in the designated centre and a complaints log was maintained outlining the nature of any complaints made, any action taken and whether residents were satisfied with the outcome.

The registered provider had ensured there were sufficient numbers of staff with the appropriate skill mix to meet the assessed needs of residents. A consistency of staff was also found to be in place at the time of this inspection. Each staff member was

assigned roles and responsibilities to ensure that the needs of residents living in the centre were met on an ongoing basis.

Residents were observed engaging positively with staff members present throughout the inspection. Staff members spoken with showed a good understanding of the residents they supported. Training records reviewed indicated that staff had also completed required training in safeguarding, fire safety and de-escalation and intervention. Additional training was also provided for staff in areas such as manual handling, first aid, intimate care and infection control.

Arrangements were in place for staff members to receive supervision and a sample of supervision records were reviewed by inspectors. These indicated that staff members were given an opportunity to raise any concerns they had regarding the quality and safety of care provided to residents. Staff members spoken to stressed to inspectors the open culture that existed within the centre to raise any concerns if required.

Inspectors reviewed the statement of purpose during this inspection. The findings of this inspection indicated the service provided within this designated centre was as stated in the statement of purpose. However, some review was required to ensure that the specific care needs the centre intended to meet were clearly stated and to ensure that all staff working in the centre were included in the centre's total staff complement.

Regulation 15: Staffing

Appropriate numbers of staff with the required skill mix were in place to meet the needs of residents. Input from nursing staff was available if required.

Rosters reviewed indicated that a continuity of staff was provided for at the time of this inspection. This was confirmed by residents and staff members spoken to during the course of this inspection.

However while rosters were maintained in the centre, it was observed that planned and actual rosters worked were not maintained for some months during 2017. For example for August and September 2017, inspectors were only provided with one roster and it was unclear if this was the planned or actual roster.

Staff files were held centrally by the provider. A sample of such files relating to staff working in this centre were reviewed previously during another inspection. All of the required documentation including evidence of Garda vetting and two written references were found to be in place.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training records reviewed indicated that staff had received up to date training in a number of areas of including fire safety, first aid, safeguarding, de-escalation and intervention, infection control, hand hygiene and manual handling.

The registered provider's policy relating to staff supervision had been reviewed since the previous inspection. Arrangements were in place for staff to receive supervision. This confirmed by speaking to staff members present and from reviewing a sample of supervision records available in the centre.

Judgment: Compliant

Regulation 21: Records

All records requested by inspectors were maintained in the centre and made available for review during the course of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were appropriate governance arrangements in place to ensure that residents received a safe and quality service.

Arrangements were in place for the annual review of the quality and safety of care to be carried out. An unannounced visit by a representative of the provider had been carried out in October 2017. A written report of this visit was maintained with an action plan in place to address any issues raised. Inspectors saw evidence that any issues arising from this unannounced visit were addressed by the provider. Quarterly audits were also carried out within the centre.

Staff members spoken with indicated that there existed an open culture for raising any concerns relating to the quality and safety of care provided.

Judgment: Compliant

Regulation 31: Notification of incidents

Inspectors reviewed a record of accidents and incidents which had taken place in the centre since the previous inspection. It was found that all incidents which were required to be submitted to HIOA within three working days had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was in place, a process was in place for complaints to be resolved locally at the first instance and the complaints procedure was on display in the designated centre.

A clear complaints log was maintained in the designated centre. This log outlined the nature of the complaint made, any action taken following a complaint, the outcome of the complaint and whether the residents were satisfied with the outcome.

Residents spoken to were aware of the complaints procedure in place.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Inspectors reviewed a sample of the contracts for the provision of services and found that they accurately described the services to be provided for. However, some review was required to ensure that the contracts explicitly stated the services that residents were to pay for.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place which had been reviewed in January 2018 to take account of the appointment of a new person in charge. It was found the statement of purpose accurately described the service provided and contained most of the information as required by the regulations.

However, some review was required to ensure that the specific care needs that the centre intended to meet were clearly stated and to ensure that all staff working in the centre were included in the centre's total staff complement.

Judgment: Substantially compliant

Quality and safety

Overall the inspectors were satisfied that there were systems in place to ensure each resident was provided with a safe service and quality based service. Systems were in place to promote residents' welfare.

Residents' health care needs were being comprehensively provided for, and each resident had timely access to a range of allied health care professionals such as GP services, dieticians, dentists and chiropody. It was also observed that meals were wholesome and nutritious. Some residents were seen to prepare and cook their own meals.

Residents were also supported to experience the best possible mental health and where required, had regular access to a range of allied health care professionals such as behavioural support specialists, physiologists, psychiatry, and psychotherapy services. It was also observed that where required, residents had positive behavioural support plans in place, which were reviewed and updated as and when required.

It was observed that the interventions outlined in the positive behavioural support plans were conducive in promoting a better quality of life and safe service for the residents.

There were policies and procedures in place to ensure the service could respond to risk adequately and the inspectors observed that there was a range of fire fighting equipment placed throughout the centre, which had been recently serviced by an external consultancy company. The centre also conducted regular fire drills as required, and each resident had a personal emergency evacuation plan in place. This in turn meant, that the centre was adequately prepared at all times to respond to an unforeseen emergency.

There was an up-to-date risk matrix and risk register in place and the inspectors found that generally, the centre had systems in place to manage risk adequately. This system kept residents safe in their home and community as once a risk was identified, staff were able to put interventions in place to manage it.

It was observed that some of the measures in place to mitigate some elements of risk were not on record in the centre. However, staff were able to verbalise how to manage these risks and inspectors were assured that this was more a documentation issue. When the inspectors brought this to the deputy team leader's attention, he set about addressing the issue as a priority.

Where required, residents had safeguarding plans in place which were reviewed and updated on a regular basis. It was also observed that a number of restrictive

practices were in place in the centre however, they were only in use to promote the safety of each resident. They were also under regular review and were observed to be the least restrictive option. For example, some residents required a lot of support and supervision with sharp instruments such as cutlery kept in the kitchen. Rather than lock the kitchen off and prohibit movement, staff kept these utensils in a safe place. This meant that the residents had free access to their kitchen and all other rooms in the house.

The systems in place to ensure safe medication management practices were found to be adequate and all staff that administered medication had been trained to do so. It was observed however, that some of the protocols in place for the administration of some medications required review as they did not provide adequate detail to guide staff in the administration of same. That said, it was observed that there had been no recent drug errors on file in the centre. Again, when this issue was discussed with one of deputy team leaders, they assured the inspectors that all medication protocols would be updated and reviewed accordingly where and when required.

Each resident had an individual personal plan in place. From a sample viewed, the inspectors observed that residents were being supported to use their community and liked to frequent nearby hotels, restaurants, football pitches, shops and go for walks. Residents were also being supported to achieve social goals such as go on holidays abroad, learn new skills such as cookery and baking and participate in work experience initiatives with the support of staff.

It was observed however, that there were three assessment of needs in place for each resident across a number of files held in the centre. This systems of recording personal information required review as some of the information in some of these files required updating. The provider informed the inspectors that this system was to be reviewed across the entirety of the service.

The privacy and dignity of each resident was promoted and protected in the centre and each resident had an intimate care plan in place which was securely stored in the centre. Residents had their own bedrooms (some en-suite), managed their own laundry (with support if required), their personal information was stored securely in the centre and it was observed that staff would knock on bedroom doors and ask the residents' permission to enter their rooms.

Access to independent advocacy services was also provided for and it was observed that an independent advocate had visited the centre in November 2017. Residents were also supported to engage in various advocacy activities. Thus, the inspectors were assured that where required, residents had access to an external advocate and agency so as to ensure that their voice was being heard in the centre and their rights were being provided for and promoted.

Overall, the inspectors were satisfied that the health and safety of residents, staff and visitors was being promoted and protected in the centre. It was also found that the deputy team leader, person in charge, staff team and provider were responsive to the inspection process and had set about addressing some of the minor issues

identified prior to the end of the inspection process.

Regulation 12: Personal possessions

The inspectors saw evidence that residents' personal belongings to include their finances were protected and kept safe in the centre.

From a small sample of files viewed, inspectors saw that a personal inventory of residents' personal belongings was kept on their individual files and where required , residents were supported to manage and keep their finances safe.

Receipts were kept on file for all purchases made by residents and on viewing a sample of files the inspectors were assured that residents' finances and personal items could be accounted for at all times.

Judgment: Compliant

Regulation 18: Food and nutrition

A sample of menus viewed by the inspectors found that meals were varied and nutritious. Ample snacks were also available to residents throughout the day and where or if required, residents had access to a dietician. Some residents were observed preparing and cooking their own meals.

Judgment: Compliant

Regulation 27: Protection against infection

The Inspectors were assured that there were adequate systems in place for infection control. The centre was clean on the day of inspection and there was adequate warm water, towels and hand sanitising gels available. Training records reviewed indicated that staff had received training in hand hygiene and infection control.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety management systems were found to be adequate with equipment including a fire alarm/panel, fire extinguishers and emergency lighting installed and serviced on a quarterly and annual basis as required.

Staff did daily checks on all fire fighting equipment and escape routes however, the recording system in place to capture this information required review. The deputy team leader had addressed this issue prior to the end of the inspection.

Fire drills were carried out as required and each resident had an up-to-date personal emergency evacuation plan in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was a policy on the management of medication available in the centre and this was in line with legislation and national guidelines.

The systems in place for the receipt of, administration and storage of drugs were found to be satisfactory. There were also appropriate documented procedures in place for the handling, disposal of and return of all medications.

Medications were routinely audited in the centre and it was found that they could be accurately accounted for at all times.

There were systems in place to manage a drug error should one occur however, it was observed that there had been no recent drug errors in the centre.

The inspectors observed that some protocols for the administration of some medications required review, as they were not adequately prescriptive to safely guide practice.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspectors were satisfied that the centre was suitable to meet the assessed needs of the residents and personal plans were being reviewed as required with input from residents, multi-disciplinary support and family representatives.

However, it was also observed that there were three separate assessments of needs in place for each resident. This systems of recording personal information required review as some of the information in some of these files required updating

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors were satisfied that the health care needs of the residents were being comprehensively provided for and residents had regular access to GP services and a range of allied health care professionals as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to provide residents with positive behavioural support and where required, residents had access to psychiatry, psychology, psychotherapy and behaviour specialist support.

Where required, residents also had a positive behavioural support plan in place which were reviewed on a regular basis.

Of the staff spoken with as part of this inspection, they were able to verbalise how best to support residents with behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

The inspectors were assured that there were systems in place to promote and protect the residents from all forms of abuse in the centre.

Any incidents and/or allegations were being adequately investigated and where required, there were safeguarding plans in place to promote the safety of the residents.

On viewing a sample of records, it was observed that staff had received training in safeguarding of vulnerable adults

Judgment: Compliant

Regulation 9: Residents' rights

There were systems in place to ensure the residents' rights were protected and promoted in the service and it was observed that residents were consulted with about the running of the centre.

One resident spoken with informed the inspectors they were chairman of the Service User Committee and this was a platform for the residents to have their voice heard as part of a Service User Forum.

Residents chose their daily routines and it was observed that their religious beliefs were respected and supported.

Access to advocacy services formed part of the service and it was observed that residents (and family members) could chat freely with the deputy team leader and staff team about any issue they may have.

Care plans were found to be informative of how best to support each resident with personal care, whilst at the same time promoting their dignity, privacy, respect and autonomy.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk management policy in place had been updated since the previous inspection. The systems in place for identifying and responding to risk were found to be proportionate and responsive. However, some improvements were required as the centre were not documenting some of the mitigating factors in managing some elements risk.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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
Regulation 26: Risk management procedures	Substantially compliant

Compliance Plan for Kilbride House OSV-0003377

Inspection ID: MON-0021398

Date of inspection: 08/03/2018

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 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.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Person In Charge will ensure The Contract for the Provision of Services is reviewed in line with regulations	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of Purpose to be reviewed in line with Schedule 1.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The Person In Charge has reviewed all Medication Protocols to ensure guidance is clear.	
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: A full review of the personal plan and associated documents is currently been undertaken.	

Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person In Charge has reviewed all Individual Risk Management Plans	

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	01.05.2018
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	01.06.2018
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	01.05.2018

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	01.05.2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	01.06.2018
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	Substantially Compliant	Yellow	01.08.2018

	take into account changes in circumstances and new developments.			
--	--	--	--	--