

# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	CareChoice Finglas
Name of provider:	CareChoice Finglas Limited
Address of centre:	Finglas Road, Tolka Valley, Finglas, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	08 May 2025
Centre ID:	OSV-0005307
Fieldwork ID:	MON-0045907

## About the designated centre

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

The designated centre provides long term residential care, transitional/respite care and convalescent care for persons, male and female, aged 18 years or over. The premises can accommodate up to 89 residents in five units located over five floors; Tolka, Rivermount, Farnham, Claremont and Bellevue. There are two passenger lifts between floors. All bedrooms are en-suite with additional assisted shower and bathroom facilities on Rivermount and Claremont units. The majority of bedrooms are single occupancy. At least one twin room is available on each unit except on Bellevue. Each unit has its own lounge and dining area and there are additional quiet seating areas available for residents to meet with their visitors in private. Outside garden space is situated on the ground floor of the premises in a secure garden area to the rear of the building. Outside space is also available in a covered patio area which accommodates the resident smoking area and is accessed from the communal lounge on the ground floor. The centre is located in north Dublin close to local shops and amenities and is served by local transport routes.

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

Number of residents on the date of inspection:	84
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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
Thursday 8 May 2025	08:10hrs to 16:00hrs	Sheila McKevitt	Lead
Thursday 8 May 2025	08:10hrs to 16:00hrs	Sinead Lynch	Support

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by two inspectors. Over the course of the day, the inspectors spoke with many residents and relatives to gain insight into the residents' lived experience in the centre. Most of the residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. However, there was some negative feedback received in relation to the service provided to residents on a short-stay contract. This feedback was in relation to the lack of preparedness of the environment to ensure it met the needs of new admissions. For example, one resident did not have access to a suitable height chair or access to the required members of the multidisciplinary team on admission. This is discussed further under Regulation 5: Assessment and care planning.

The inspectors spent time observing the environment, interactions between residents and staff, and reviewing various documentation. From the observations of inspectors and from speaking with residents, it was evident that residents were supported by a kind and dedicated staff and management team who treated the residents with courtesy, dignity and respect. Residents sat together in the communal rooms chatting, participating in arranged activities. However, it was observed from reviewing the activity schedule that they did not have staff dedicated for the provision of activities and meaningful social engagement rostered for the weekends. The healthcare staff were assigned to carry out social activities with the residents in addition to their care giver role. This is discussed further in the report under Regulation 9: Residents rights.

Residents told the inspectors that they were free to choose whether or not they participated in activities. The inspectors observed that staff supported residents to be actively involved in activities, if they wished. Residents also had access to television, radio and newspapers.

Residents' bedrooms were clean, suitably styled with adequate space to store personal belongings. Residents were encouraged to decorate their bedrooms with personal items of significance, such as photographs and personal items.

Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day. Staff who spoke with the inspectors were knowledgeable about the residents and their needs. While staff were seen to be busy attending to residents throughout the day, the inspectors observed that staff were patient and attentive to their needs. There was a pleasant atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff.

The inspectors chatted with a number of residents about life in the centre, who spoke positively about their experience. Residents commented that they were very

well cared for, comfortable and happy living in the centre. Residents stated that staff always provided them with assistance when it was needed. Residents said that they felt safe, and that they could speak with staff if they had any concerns or worries.

Residents told the inspectors that they saw their general practitioner (GP) when they required and inspectors saw that each resident had a four monthly full GP review completed. Relatives spoken with said that the communication between the nursing staff, the residents and families was good and they were kept informed of updates on their loved one.

The residents had access to adequate quantities of food and drink. Residents were offered a choice of wholesome and nutritious food at each meal, and snacks and refreshments were available throughout the day. Residents were supported during mealtimes, those residents who required help were provided with assistance in a respectful and dignified manner. Residents were complimentary about the food and the selection they were offered.

Relatives said there were no restrictions on visiting. The inspectors observed that there was an open visiting policy in place. There were arrangements for residents to receive visitors in private.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## **Capacity and capability**

Overall, there were governance and management arrangements in place, which ensured residents received a good quality of care and support, however some of the systems for overseeing the provision of service, including the arrangements for the contracts of care required further improvement.

The centre is owned and operated by CareChoice Finglas Limited, who is the registered provider. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge had been recently appointed to the role was supported by the named provider and an assistant director of nursing. Other staff members include clinical nurse managers, nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

There was an annual review of the service completed. Residents participated by completing surveys and questionnaires. This included information on how the centre had operated in relation to quality of service for the prior year. However, there was no quality improvement plan for 2025.

The management team had completed audits in relation to the environment to include premises and infection control, quality of care, falls, care planning and wound care. Notwithstanding the comprehensive action plans that followed, some of these audits did not identify areas that were identified by the inspectors on the day of the inspection as discussed under Regulation 27 and Regulation 5.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and the person in charge had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and the inspectors noted that training was mostly up-to-date. Staff who with inspectors were knowledgeable regarding safeguarding and infection prevention and control procedures.

Written policies and procedures as required under Schedule 5, were available for review and there was a system in place to ensure that policies and procedures were reviewed, updated and understood by staff.

There was a contract of care in place for each resident. For long-term residents living in the centre, these contracts were comprehensive and detailed the required information as per the regulations. Notwithstanding this, those residents who were admitted for short-term care did not have such information included in their contracts. These residents could not identify what services they were to be provided with such as physiotherapy, or the cost incurred by the resident. The provider assured the inspectors that they would act on this immediately.

### Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a registered nurse on duty in the centre at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Staff were appropriately supervised on the day of the inspection. Training records were maintained and updated.

Judgment: Compliant

### Regulation 23: Governance and management

Notwithstanding improvements implemented since the last inspection, further strengthening in relation to the management systems and ensuring that the service is effectively monitored was required. For example:

- Stronger oversight of staff practices in respect of infection control was required to ensure staff had access to appropriate equipment to support evidence-based practice. For example local audits had not identified inappropriate practices in respect of dressings or that needles without safety mechanism had not been discarded despite the introduction of new processes and equipment by the registered provider. This is further detailed under Regulation 27.
- Short-term residents were provided with contracts of care that were not in line with the regulations.
- The referral process to members of the multidisciplinary team required review to ensure any resident that required specialised assessment and treatments were reviewed in a timely manner.

The designated centre did not have sufficient resources to ensure residents' rights were upheld in relation to having access to meaningful engagement and social activities over a seven day period. For example, there were no designated activity staff made available in the centre at the weekend.

The annual review did not identify a quality improvement plan for 2025.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

The registered provider had provided a contract for provision of services to each resident. However, the contracts for residents on short-stay contracts were not specific and did not specify the fee charged.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had an updated statement of purpose in place, that contained the



information required in Schedule 1 of the regulations.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
The registered provider had a contract of insurance against injury to residents.
Judgment: Compliant
<b>Quality and safety</b>
<p>Overall, the inspectors were assured that residents living in this centre enjoyed a good quality of life. Staff were seen to be respectful and courteous towards residents. There were good positive interactions between staff and residents. On this inspection some further improvements were required to come into compliance with Regulation 5: Care planning and assessment, Regulation 6: Healthcare and Regulation 9: Residents rights.</p> <p>The inspectors viewed a sample of residents' documentation and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the provider could meet their needs. However, the assessment did not include considerations of environmental factors, such as access to suitable equipment to meet the residents' needs. Care plans viewed by the inspectors were generally person-centred, routinely reviewed and for the most part updated in line with the regulations. Improvements were required in relation to updating care plans following the GP's review and updated prescribed treatment, this is discussed further under Regulation 5.</p> <p>There were end-of-life care plans in place for some residents. These were found to be resident-specific, detailing who they wished to have involved in their end-of-life care and what religious service, if any, they preferred. Where the resident could partake in this care plan they were involved and, if not, their nominated person was</p>

consulted.

Residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. The centre had access to GPs from local practices and the person in charge confirmed that GPs visited to review residents in the centre. However, improvements were required in relation to ensuring residents were referred for further specialist assessment and treatment when changes in residents' condition were highlighted. This is discussed further under Regulation 6: Healthcare.

Improvements were observed since the last inspection in respect of premises and infection control. However, further actions were required in relation to infection control practices, as some practices had the potential to have a negative impact on the care provided to residents. These practices are outlined under Regulation 27: Infection control.

### Regulation 11: Visits

There was ample space for residents to receive their visitors in private if they wished. Visitors were seen coming and going throughout the day with no restrictions.

Judgment: Compliant

### Regulation 13: End of life

Residents that were approaching end-of-life had a care plan in place which indicated their religious and cultural requests. These were found to be person centred.

Judgment: Compliant

### Regulation 17: Premises

The premises were appropriate to the number and needs of the residents living in the centre and in accordance with the statement of purpose.

Judgment: Compliant

## Regulation 27: Infection control

Notwithstanding the many improvements in relation to infection prevention and control since the last inspection, further improvements were required. For example:

- The provider had implemented the new safety engineered devices in line with best practice guidelines on needles used for giving injections. However, on the day of the inspection there were old needles with no safety devices observed in three treatment rooms, that had not been discarded. Environmental and health & safety audits had not identified that.
- Dressings prescribed for single use only were found open and resealed for later use. This increased the risk of contaminating sterile products and can lead to the spread of infection.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

The person in charge had not arranged for a comprehensive assessment of all needs for residents who intend to be admitted to the designated centre. For example; one resident was admitted to the centre where the environment was not suitable to meet their care needs. This had a negative impact on the resident's recovery and ability to maintain their independence.

Care plans were not always revised following consultation by a member of the multi-disciplinary team. The inspectors found that one resident who was reviewed by their GP did not have the prescribed treatment updated in the their care plan to appropriately inform the provision of care. This may impact the resident receiving the prescribed treatment.

Judgment: Substantially compliant

## Regulation 6: Health care

The person in charge did not consistently ensure that all referrals to the appropriate health care professionals were completed. For example, there was one resident who had developed a pressure ulcer but had not been referred to the appropriate professional for expertise and advice on how to best manage the ulcer to prevent further deterioration.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Residents did not always have the opportunity to participate in activities in accordance with their interests each day. There were activity staff rostered Monday to Friday. However, on a Saturday and Sunday the health care staff were nominated to carry out this role while also completing their caring role. This had a negative impact on residents due to the healthcare staff having to prioritise their workload which resulted in residents' access to social care at weekends being restricted and dependent on the availability of staff.

Judgment: Substantially 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 22: Insurance	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for CareChoice Finglas OSV-0005307

Inspection ID: MON-0045907

Date of inspection: 08/05/2025

## 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>1. Strengthen Oversight of Infection Control Practices</p> <ul style="list-style-type: none"><li>• All needles without safety mechanisms and any opened dressings were promptly removed and safely discarded immediately following the inspection. Completed on 08/05/2025</li><li>• This practice is now incorporated into the local audit to ensure ongoing compliance and monitor the proper disposal of unsafe equipment and materials. Completed on 12/05/2025</li><li>• All staff received immediate re-education on the critical importance of utilising needles with safety mechanisms and the proper use of dressing materials to uphold best practices in infection control. Completed on 27/05/2025</li></ul> <p>2. Align Contracts of Care with Regulations</p> <ul style="list-style-type: none"><li>• The review of short-term contracts has been completed. There are now two distinct contracts: one for private residents and another for short-stay residents admitted under the HSE Funding.</li><li>• Fees and services are clearly specified in line with regulatory requirements. Completed on 05/06/2025</li></ul> <p>3. Review and Enhance Referral Processes</p> <ul style="list-style-type: none"><li>• All residents who require specialised treatments are prioritised in discussions during the multidisciplinary team meetings to assess their needs effectively.</li><li>• Clear guidelines have been established to ensure timely referrals to specialists for residents needing specialised assessments and treatments.</li><li>• Implement ongoing staff education to ensure all team members are familiar with referral processes, guidelines, and the importance of timely interventions for residents. Completed on 13/05/2025</li></ul> <p>4. Enhance Resources for Resident Engagement</p> <ul style="list-style-type: none"><li>• The weekend activities have been reviewed, and an Activity Coordinator is now</li></ul>	

providing engaging activities for the residents during this time.

Completed on 03/06/2025

#### 5. Developing a Quality Improvement Plan for 2025

- The annual report was reviewed, and a quality improvement plan (QIP) for 2025 was created based on the findings from the review. This plan highlights critical areas for enhancement and establishes specific goals aimed at improving overall service delivery.

Completed on 16/05/2025

Regulation 24: Contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

1. The review of short-term contracts has been completed. There are now two distinct contracts: one for private residents and another for short-stay residents admitted under the transitional care funding.

2. Fees and services are clearly specified in line with regulatory requirements.

Completed on 05/06/2025

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- All needles lacking safety mechanisms and any opened dressings were promptly removed and safely discarded immediately following the inspection on 08/05/2025, ensuring a swift response to mitigate any potential risks.

- This practice has now been integrated into the local audit framework to ensure ongoing compliance and to effectively monitor the proper disposal of unsafe equipment and materials, with this step completed on 12/05/2025.

- All staff underwent immediate re-education on the critical importance of utilising needles with safety mechanisms and adhering to best practices for the proper use of dressing materials, reinforcing our commitment to infection control and ensuring a safer environment for both staff and residents. Completed on 27/05/2025



Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>• A comprehensive checklist has been created and is already in place, ensuring that residents admitted to the facility have all necessary accommodations and clinical care measures tailored to their specific needs, particularly for post-operative cases.</li> <li>• This checklist was immediately implemented post-inspection and is currently being utilised daily by staff to verify both environmental suitability and clinical care requirements, including the identification of immediate complications.</li> <li>• Staff have been educated on the checklist's use, and terms of reference have been established, with the process now incorporated into the local audit to ensure ongoing compliance.</li> <li>• The ongoing care plan review process is being reinforced within the existing local audit system, ensuring that regular updates are implemented following consultations to maintain alignment with prescribed treatments and resident needs.</li> </ul> <p>Completed on 09/05/2025</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• All residents requiring specialised treatments are now prioritised in discussions during multidisciplinary team meetings, ensuring effective assessment of their needs and prompt action for timely interventions.</li> <li>• Comprehensive guidelines have been established to mandate timely referrals to specialists for residents needing specialised assessments and treatments, thereby enhancing the quality of care and reducing the risk of complications, such as pressure ulcers. This process is now in place.</li> <li>• Ongoing staff education initiatives are currently being implemented to ensure that all team members are fully knowledgeable about referral processes, guidelines, and the critical importance of timely interventions, fostering a culture of proactive care and accountability.</li> <li>• Regular audits will be incorporated into the local audit process to monitor compliance with referral protocols, ensuring that no resident, including those with specific conditions like pressure ulcers, is overlooked in receiving the necessary expert care and management</li> </ul> <p>Completed on 13/05/2025</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• The weekend activities have been reviewed, Activity Coordinators are now providing engaging activities for the residents all throughout the week.</li> </ul> <p>Completed on 03/06/2025</p>	

## 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 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	27/05/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	13/05/2025
Regulation 23(1)(h)	The registered provider shall ensure that a quality improvement plan is developed and implemented to address issues	Substantially Compliant	Yellow	16/05/2025

	highlighted by the review referred to in subparagraph (e).			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	05/06/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	27/05/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	09/05/2025
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	09/05/2025

	formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	13/05/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	03/06/2025