



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

## Issued by the Chief Inspector

Name of designated centre:	Oakfield Nursing Home
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Ballinakill, Courtown, Gorey, Wexford
Type of inspection:	Unannounced
Date of inspection:	05 February 2026
Centre ID:	OSV-0005701
Fieldwork ID:	MON-0040227

## About the designated centre

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

Oakfield Nursing Home is a three-storey building, purpose built in 2005, with a lower level, ground floor and first floor accessed by lift and stairs. It is located in a rural setting on eight acres of landscaped gardens near Courtown Harbour and Gorey town. Resident accommodation consists of 53 single rooms and 20 twin rooms. All bedrooms contained en-suite bathrooms and there is an assisted bathroom on each of the two floors where residents reside. The centre has a well stocked library. The provider is a limited company called Knockrobin Nursing Home Limited. The centre provides care and support for both female and male adults over the age of 18 years requiring long-term, respite or convalescent care with low, medium, high and maximum dependency levels. The centres stated aim is to meet the needs of residents by providing them with the highest level of person-centred care in an environment that is safe, friendly and homely. Pre-admission assessments are completed to assess a potential resident's needs and whenever possible residents will be involved in the decision to live in the centre. There is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

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

Number of residents on the date of inspection:	79
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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 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 5 February 2026	08:00hrs to 16:00hrs	Mary Veale	Lead
Thursday 5 February 2026	08:00hrs to 16:00hrs	Sinead Corbett	Support

## What residents told us and what inspectors observed

Overall, residents were complimentary about living in the centre and the care they received. Inspectors spoke with thirteen residents about their lived experiences in the centre and the feedback they gave was positive, for example residents said that the staff were 'helpful' and "very nice", and that they felt 'safe' and were happy living in the centre. Some residents who could not verbally communicate their needs appeared comfortable and content. Staff were observed to interact in a kind manner with residents and were attentive to their needs. Inspectors observed that there was a relaxed atmosphere in the centre and residents were going about their day in line with their own preferences, for example, residents chose when they wished to get up, what activities they wanted to participate in, and the food that they ate.

This inspection was a one day unannounced inspection conducted by two inspectors to monitor compliance with the regulations. To gain insight into the residents' experiences in the centre inspectors spoke to residents, visitors, staff and spent time observing the environment and reviewing documentation.

Inspectors arrived to the centre in the morning and conducted a walk around of the premises followed by an introductory meeting with the person in charge and the assistant director of nursing. The centre is a three storey purpose built designated centre located close to the coastal town of Courtown, County Wexford. It is registered to accommodate 93 residents and has a combination of twin and single rooms across five separate units, namely Birch, Maple, Cedar, Oak and Aspen. During the walk around some residents were resting in their bedrooms or having breakfast, while others were relaxing in the communal spaces. The premises appeared comfortable and nicely decorated. There was a choice of communal areas for residents on each floor, for example each floor had a dining room and sitting room. Residents also had access to a sun room, a balcony area and an enclosed garden. Residents could choose to use quieter spaces, such as a library and a prayer room.

Residents expressed satisfaction with the standard and size of their bedrooms and they were personalised with residents' own belongings. All bedrooms had a television, call bell access, adequate space for personal items and lockable storage. Handrails on corridor areas and in bathrooms supported residents to mobilise independently and corridors and rooms were wheelchair accessible. Two passenger lifts accommodated residents to move between floors.

Residents had access to an enclosed garden area from the sitting room on the lower ground floor and a garden from the ground floor. The garden areas were attractive and well maintained with flower beds, seating areas and bird feeders. The centre had a grotto in one of the garden areas off the ground floor which was easily

accessible for residents. Residents could also choose to use the terrace balcony area accessible from the first floor.

The inspectors observed residents interacting with staff, attending activities, and spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had good relationships with staff. Many residents had build up friendships with each other and were observed sitting together and engaging in conversations with each other. There were many occasions throughout the day in which the inspectors observed laughter and banter between staff and residents. The inspectors observed staff treating residents with dignity during interactions through out the day.

Most residents who spoke with inspectors were complimentary of the home cooked food and the dining experience in the centre. The daily menu was displayed in the dining rooms. Residents had a choice of foods for breakfast. Inspectors observed the main lunch time meal on the ground floor. Tables were set with cutlery and condiments. Meals were freshly prepared in the centre's on-site kitchen and served in the dining rooms by the staff. The lunchtime was a relaxed and sociable experience, with soft music playing in the background and the residents engaged in conversation with one another as they had their meal. Residents confirmed they were offered a choice of main meal and dessert. Residents were offered a wide selection of drinks during the meal. The food served appeared nutritious and appetising. Staff were seen to respectfully assist residents that required support, sitting beside them and talking to them during the meal.

The centre provided an in-house laundry service for residents. Each resident had their own labelled box to collect their clothing once laundered. All residents whom the inspectors spoke with were happy with the laundry service and there were no reports of items of clothing missing.

Friends and families were facilitated to visit residents, and inspectors observed many visitors in the centre throughout the day. Visitors who spoke with the inspectors were very happy with the care and support their loved ones received, with one saying that the communication from the staff was very good.

Residents' spoken with said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios, the Internet and televisions. The activities programme was displayed on notice boards on each floor. The inspectors observed residents attending an exercise session in the morning. Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services.

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 was a clearly defined management structure in place with clear lines of authority and accountability and there were good systems in place in relation to governance and management to facilitate the delivery of good quality care to the residents in the centre. Notwithstanding these good systems in place, inspectors found that action was required in the areas of premises and fire safety.

Inspectors followed up on the actions outlined in the centre's compliance plan following the previous inspection in the July 2025. Many actions identified since the previous inspection had been implemented and resulted in improvements in the areas of care planning, premises and infection prevention and control, this is discussed further in the report. The registered provider applied to renew the registration of the centre and the prescribed documentation required to support the application was submitted.

The registered provider for Oakfield Nursing Home is Knockrobin Nursing Home Limited. The company is part of the Curam Care Homes group, which has five centres. The person-in charge of the centre works full-time and reports to the registered provider and is supported by the director of care & quality standards and the director of risk & compliance. In the centre, the person-in charge is supported by a team consisting of an assistant director of nursing, clinical nurse manager, senior staff nurses, nurses, care assistants, activity staff, maintenance staff, catering staff, housekeeping and administration staff.

Staffing levels and the skill mix in the centre were adequate to meet the needs of the residents and were aligned with the centre's statement of purpose. Residents were seen to receive support in a timely manner, for example at meal times. Staff had access to a wide range of mandatory training and there was good compliance with maintaining up to date training, for example in areas such as safeguarding and dementia care. Staff that spoke with inspectors were knowledgeable regarding fire safety, infection control and safeguarding. Inspectors were informed that there was a plan to provide additional training to all nurses and healthcare assistants in complex behaviour management and de-escalation techniques in the coming months.

The centre was adequately resourced to meet the needs of the residents. There was a robust schedule of audits on the quality of care delivered in the centre, for example in the areas of falls, complaints and environmental hygiene. The results were used to implement quality improvement plans to improve outcomes for residents. The inspectors viewed records of governance meetings and staff meetings which had taken place since the previous inspection. These meetings provided a structure to drive quality improvement as evidenced in the meeting records which showed that actions required from audits were discussed. Regular management

meeting and staff meeting agenda items included key performance indicators (KPIs), training, fire safety, care planning, and residents' feedback.

There was a comprehensive annual review of the quality and safety of care delivered to residents completed for 2024 with an associated quality improvement plan for 2025. The annual review of the quality and safety of care to residents in 2025 was under review.

Incidents were notified to the Office of the Chief Inspector of Social Services according to Schedule 4 of the regulations and within the required time frames. Incidents were recorded and reviewed to ensure that learning was identified and used to drive quality improvement to improve the safety of the residents.

#### Registration Regulation 4: Application for registration or renewal of registration

All documents requested for the renewal of registration were submitted in a timely manner. These were under review at the time of inspection.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of the inspection, there were sufficient staff, with an appropriate skill mix to meet the individual and collective needs of the residents in the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to a suite of mandatory training in the centre. Records confirmed that staff completed training in fire safety, safeguarding, dementia care and infection prevention and control. Staff were appropriately supervised and supported by nurse management.

Judgment: Compliant

#### Regulation 22: Insurance

The registered provider had a current insurance policy in place against injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems gathered data to monitor the quality of care delivered in the centre, for example regular auditing identified areas requiring improvement and management took a proactive approach to drive quality improvement. While there was a range of management systems in place, some gaps were identified.

- Inspectors found that the oversight systems in place were not sufficiently robust to identify and address issues relating to fire precautions and premises. These gaps are discussed further under Regulation 28: Fire precautions and Regulation 17: Premises.

Judgment: Substantially compliant

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

A review of a sample of residents' contracts confirmed that residents had in place a signed contract of care which outlined the terms of their occupancy, including the bedroom provided, the services, fees and arrangements for the payment or refund of monies.

Judgment: Compliant

### Regulation 30: Volunteers

The roles and responsibilities of volunteers was set out in writing. Volunteers had up to date Garda (police) Vetting and were supervised appropriately in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents as set out in paragraphs 7(1)(a) to (i) of Schedule 4 were notified to the Office of the Chief Inspector within the required timeline of two working days. Quarterly notifications were submitted to the Office of the Chief Inspector to notify of incidents as set out in paragraphs 7(2)(a) to (e) of Schedule 4.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that residents received a good standard of care in the centre and residents were positive in their feedback about their care. Staff were knowledgeable about the needs of the residents and were seen to deliver care while engaging with residents in a respectful manner.

Inspectors reviewed a sample of care plans and there was an improvement in care planning noted since the previous inspection, in that care plans were seen to be person-centred. It was clearly documented that residents were involved in reviewing their care plans. Validated assessment tools were used to assess risks such as falls, pressure ulcers, and malnutrition and care plans were developed accordingly. Care plans were developed within 48 hours of the resident's admission to the centre and were updated at a minimum of every four months.

The registered provider had good systems in place to protect residents from abuse and residents told inspectors that they felt safe in the centre. All staff had completed safeguarding training and staff that spoke with inspectors were knowledgeable of their role in protecting residents from abuse and in reporting concerns. On the day of inspection An Garda Síochána (police) vetting had been completed for all staff. A review of records and discussion with the person in charge showed that safeguarding incidents and allegations had been investigated according to the provider's own policy. The registered provider acted as a pension agent for a small number of residents and had a policy in place. Records reviewed found these pensions were paid into a separate account to ensure residents' finances were safeguarded. The provider issued quarterly statements regarding balances within the resident's pension agent account. The provider held small quantities of monies in safe keeping for a resident. The provider had a transparent system in place where all lodgements and withdrawals of residents' personal monies were signed by two staff. The provider also audited the balances on a regular basis. Signage was displayed to highlight the presence of closed circuit television (CCTV) on the corridors.

In general the premises appeared well maintained, comfortable and bright with adequate communal spaces. Bedrooms had adequate storage for residents' belongings and for residents in twin bedrooms, curtains afforded them privacy. The premises were suitable for the needs of the residents, for example handrails supported residents to mobilise. While improvements have been made such as

replacement of flooring, there were some premises issues that required review. This is discussed further under Regulation 17: Premises.

Residents' nutritional needs were met in the centre and residents had access to water and other drinks throughout the day. Mealtimes appeared relaxed and enjoyable. Food appeared nutritious and appetising and modified diets were presented well. Residents were complimentary about the food and said that they had a choice. In addition, inspectors were told by staff that residents' requests for food off the menu was accommodated.

The centre appeared clean and household staff were seen cleaning the centre. All bedrooms and communal spaces were cleaned daily and a plan was in place to ensure all bedrooms were deep cleaned each month and in the event of an outbreak. Sluice rooms appeared clean and had clinical handwash sinks and clinical waste bins. Signage was displayed in sluice rooms to remind staff not to decant the contents of urinals or bedpans into toilets before transporting them into bedpan washers and staff that spoke with inspectors confirmed that they adhere to the correct procedure. The laundry had a clear system to segregate clean and unclean laundry. Touch free hand gel dispensers were placed at many locations on the corridors of each unit and in each bedroom close to the point of care. A designated Infection Prevention Control (IPC) link nurse had been identified in the centre to provide specialist expertise. Compliance reports had been completed following outbreaks of influenza and Covid-19 at the centre since the previous inspection. These were discussed at senior management level, and actions arising following the review were identified. Surveillance of multi-drug resistant organism (MDRO) colonisation was recorded each week. All staff had completed infection prevention and control training.

Fire extinguishers and fire alarm call points were located throughout the centre. Fire procedures and evacuation maps were displayed in several locations outlining instructions when a fire occurred in the centre and fire evacuation routes. Emergency exit lighting was in place throughout the centre. Inspectors were told that the fire warden had recently visited the centre to provide training to staff. Staff told inspectors that they had practiced fire drills, including with ski-sheets. Records in the fire register show that a fire evacuation drill was conducted the week before the inspection and included ten staff with one resident observing, three of the staff were listed as night staff. The evaluation of the evacuation drill was positive. Checks of fire exits, fire doors, fire extinguishers and emergency lighting system were recorded. The L1 fire alarm system was serviced quarterly in 2025 and the next service was due on 10/02/2026. A system was in place to service the kitchen fire suppression system and to clean the kitchen extract system every six months and these were up to date. Personal Emergency Evacuation Plans (PEEPs) were available for residents and they recorded resident's mobility and cognitive status, along with the level of assistance the resident required to evacuate the premises. A sample of PEEPs were seen by inspectors and all were last reviewed within the previous three months. Notwithstanding this good practice, some areas of improvement were required to ensure, insofar as possible, the safety of residents and staff in the event of a fire and these are discussed under Regulation 28: Fire precautions.

## Regulation 17: Premises

While the premises were were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements, such as:

- There was damage to floors in some bedrooms.
- Some windows in bedrooms on the lower ground and ground floors were difficult to open or close.
- A shower in the ensuite bathroom of bedroom 216 was not draining correctly and the screen provided did not effectively contain the water, resulting in water flowing towards the bedroom.
- A bathroom wall on the lower ground floor was missing some tiles.

These were repeated findings from previous inspection.

Judgment: Substantially compliant

## Regulation 26: Risk management

The risk management policy was up to date and is set out according to the requirements outlined in Schedule 5. The registered provider had an up to date written emergency plan that included the evacuation of the centre, power outage and water contamination.

Judgment: Compliant

## Regulation 27: Infection control

Infection prevention and control procedures were consistent with regulations and the National Standards for infection prevention and control in community services (2018). All staff received suitable training on infection prevention and control.

Judgment: Compliant

## Regulation 28: Fire precautions

Action is required by the provider to ensure that adequate arrangements were in place to protect residents from the risk of fire, for example:

- A cross corridor fire door on the lower ground floor would not release from the magnetic fire door holder, thus ineffective in containing fire and smoke in the event of a fire,
- A bulb in an emergency running man exit light on the first floor was not working, thus potentially impacting on the visibility of the means of escape from that area in the event of a fire.
- Personal Emergency Evacuation Plans did not describe the level of supervision required for some residents' following evacuation from the centre.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

There was a good standard of individual assessment and care planning in the centre. A range of validated assessment tools were used to assess clinical risks, such as risk of pressure ulcer development and malnutrition. Care plans were developed within 48 hours of a resident's admission to the centre, they were person-centred and reflected the assessed needs of the residents. Care plans were updated every four months or sooner if required. Residents were included in the review of their care plans.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in the centre. Residents had daily opportunities to participate in group or individual activities and the centre employed dedicated activity staff. Access to Wi-Fi, daily newspapers, television and radio was available. Residents had access to independent advocacy services.

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 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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Oakfield Nursing Home OSV-0005701

Inspection ID: MON-0040227

Date of inspection: 05/02/2026

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and 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
Outline how you are going to come into compliance with Regulation 23: Governance and management: More robust oversight systems in the form of Non-Clinical Observation Tool has been put in place with regards to Regulation 17 and Regulation 28	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: There is an ongoing programme of floor covering replacement in the centre both in the bedrooms and common areas. There are a further number of bedrooms identified for floor covering replacement in 2026. Further replacement works will be carried out in 2027. The opening mechanisms on bedroom windows have been reviewed and now all open and close with ease. The existing shower screen in room 216 is being replaced. The missing tiles in the identified bathroom on the lower ground floor have been replaced.	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The magnetic fire door holder identified in the inspection was replaced on 06/02/2026, and tested manually and on activation of the fire alarm. It operated satisfactorily in both instances.</p> <p>The faulty bulb in the emergency exit sign was replaced on 06/02/2026.</p> <p>Personal Emergency Evacuation Plans for identified residents have been updated to describe their level of supervision required following evacuation from the centre.</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2026
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	30/03/2026
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/03/2026
Regulation 28(1)(c)(i)	The registered provider shall	Substantially Compliant	Yellow	30/03/2026

	make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/03/2026
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/03/2026