



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

Issued by the Chief Inspector

Name of designated centre:	Kennington
Name of provider:	St Michael's House
Address of centre:	Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	19 February 2026
Centre ID:	OSV-0002405
Fieldwork ID:	MON-0045413

About the designated centre

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

Kennington is a designated centre operated by St Michael's House located in South Dublin. It provides community residential care to six adults with an intellectual disability. Residents with additional physical or sensory support needs can be accommodated in Kennington. Kennington can support residents with additional support needs such as alternative communication needs, specialist diet and nutrition programmes and residents with well managed health conditions such as epilepsy or diabetes. The centre can also support people with a dual diagnosis of intellectual disability and mental health.

The centre is a two-storey building and comprises two sitting rooms, a kitchen/dining room, two bathrooms, utility room and seven bedrooms of which six are used by residents. The centre's seventh bedroom is used as an office and for staff overnight accommodation. The centre has a back patio garden area which includes a seating area and outside storage facilities. The centre is staffed by a full-time person in charge and a team of social care workers. In addition, the provider has arrangements in place to provide if required, management and nursing support outside of office hours and at weekends.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
--	---

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 19 February 2026	10:00hrs to 16:15hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. Overall, the inspector found that the centre was operating at a high level of compliance. Residents told the inspector that they felt safe and were happy living in the centre, and it was clear that they were receiving good quality and person-centred care and support that promoted their human rights.

There were six residents living in the centre. The residents had active lives, and on the day of inspection were engaged in different activities, including attending day services and appointments, and spending time with family. The inspector met five residents at different times during the inspection. Overall, their feedback on the service provided to them was very positive. One resident was not present during the inspection, and therefore, the inspector did not have the opportunity to speak with them.

Three residents spoke to the inspector together. They were very positive about the care and support they received in the centre. They said that they liked their home, and were satisfied with the premises, describing it as warm and homely. They said that there was enough space, and the facilities, such as the kitchen facilities, were in good working order. The residents felt safe, and said that they could speak with staff or the management team if they ever had any worries. They said that their rights were upheld in the centre, and that they could make choices in their lives, such as how they spent their time and money. They told the inspector that they like the food in the centre, and were able to choose and be involved in the preparation and cooking of their meals. One resident was in paid employment, which they travelled to independently. The other two residents attended the provider's day services, where they engaged in activities, such as playing pool, and arts and crafts. In the evenings and weekends, they liked to go to the park and cafés, shop, play bowling, and visit family. They told the inspector that they liked the staff in the centre, and looked forward to days out with their key workers.

The inspector met the other two residents when they returned from their day services. They did greet the inspector, but did not express their views.

The inspector found that effective arrangements were in place to support residents to communicate their wishes, and make decisions about the care they received. For example, residents attended house meetings, where they discussed different topics relevant to the operation of the centre. In addition to the house meetings, they could attend individual meetings where they were supported to plan personal goals, such as going to social events.

The provider's recent annual review of the centre had also ensured that residents (and their representatives) were consulted with and given the opportunity to express their views on the service provided in the centre. Residents' and their representatives feedback was very positive. Residents spoke about their highlights, such as going on holidays and the renovations to the premises. Their representatives complimented the staff team, communication from the centre, and the care their loved ones received.

The inspection was facilitated by the service manager with support from social care workers working during the inspection. The service manager told the inspector that residents received good care in the centre that was appropriate to their needs. They said that the centre was well managed, that there was a nice atmosphere, and that staff knew the residents well.

The inspector spoke with three social care workers during the inspection. They spoke about a range of matters, including residents' care and support plans, interests and preferences, the fire evacuation procedures, reporting safeguarding concerns, and how residents' rights were promoted. They were found to have a good understanding of these matters. They also told the inspector that residents had a good quality of life, and that the staffing arrangements were appropriate to their needs..

The centre comprised a large two-storey house. It was warm, comfortable, nicely decorated, and contained individual bedrooms, communal living spaces and bathrooms, a staff room, and a rear garden. Within the centre, there were appropriate fire precautions, including fire detection and fighting equipment. The premises was well maintained; however, some upkeep was needed in places. The inspector observed a homely atmosphere and that residents freely used their home. For example, residents prepared their lunches and sat together while they chatted. Residents also appeared to be very familiar and comfortable with staff.

Overall, this inspection found that residents had a good quality of life, and were in receipt of human rights based care and support that meet their individual needs and preferences.

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

Capacity and capability

Overall, the inspector found that there were effective management systems in place to ensure that the service provided to residents living in the centre was safe, consistent, and appropriate to their needs.

The provider had also ensured that the centre was well-resourced. For example, staffing levels were appropriate to residents' needs. The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and reported to a service manager, and there were effective arrangements for them to communicate with each other. The person in charge had ensured that incidents and adverse events were notified to the Chief Inspector of Social Services in line with the requirements of regulation 31.

The registered provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre. Actions identified from audits and reports were monitored to ensure that they were progressed.

The service manager was satisfied that the staff skill-mix was appropriate to the number and assessed needs of the residents. Staff were required to complete training relevant to their role, and as part of their professional development. The inspector viewed the recent staff rotas, and found that they clearly showed the staff working in the centre and the hours they worked. There were no vacancies, and staff leave was covered by staff working additional hours and regular relief and agency staff to support continuity of care for residents.

There were good arrangements for staff to raise concerns. In addition to support and supervision arrangements, staff could attend team meetings, which provided an additional forum to raise potential concerns. The inspector viewed recent staff team meeting minutes from November 2025 to February 2026. They noted discussions on incidents, training, risk assessments, safeguarding protocols, infection prevention and control, and residents' care needs.

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of social care workers was appropriate to the number and assessed needs of the residents living in the centre at the time of the inspection. Residents could also avail of the provider's multidisciplinary team services as they required.

The service manager was satisfied with the staffing arrangements, and social care workers told the inspector that there was enough staff on duty. Residents were complimentary about staff, and said that they liked them. Staff were observed engaging warmly with residents, and it appeared that they knew each other well.

The inspector reviewed a sample of the January and February 2026 rotas. They were well maintained and clearly showed the names of staff, and the hours they worked.

The inspector did not review staff members Schedule 2 files during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of their professional development and to support the delivery of effective care and support to residents.

The inspector reviewed the training log with the service manager. The log required updating, but the inspector found that staff had completed relevant training programmes, including on the safeguarding of residents from abuse, fire safety, positive behaviour support, infection prevention and control, manual handling, supporting residents with modified diets, first aid and medication management. Where refresher was due, the person in charge had scheduled staff to complete it.

The inspector also found that some staff had completed supplementary training in areas such as assisted decision-making and human rights to further enhance the quality of care and support provided to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were good management systems in place to ensure that the service provided in the centre was safe and effectively monitored. The inspector also found that the centre was well-resourced in line with the statement of purpose. For example, staffing levels were appropriate, multidisciplinary team services were available and the premises met the residents' needs.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time, and reported a service manager. There were arrangements for the management team to communicate, including meetings and informal communications. The person in charge also completed quarterly governance reports that they shared with the service manager. The inspector reviewed a sample of the reports from 2025. They included information on residents' plans and personal achievements, risk assessments, audits, health and safety, fire safety, incidents, complaints, notifications, infection prevention and control, and restrictions.

The provider and person in charge had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. The provider carried out annual reviews and six-monthly unannounced visit reports which consulted with the residents. Within the centre, the person in charge completed medication, finance, infection prevention and control, and health and

safety audits. The audits were found to identify actions for improvement where required, which were monitored by the management team to ensure progression. For example, a fire safety audit in October 2025 recommended the installation of equipment to alert residents with hearing impairments when the fire alarm sounded, and this equipment was installed.

There were effective arrangements for staff to raise concerns, including scheduled team meetings and supervision. Staff told the inspector that they could easily raise concerns with the management team.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents, as detailed under this regulation, which had occurred in the centre were notified to the Chief Inspector. For example, the inspector reviewed a sample of the records of incidents that had occurred in the centre since the previous inspection, such as allegations of abuse, and found that they had been notified in accordance with the requirements of this regulation.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a high standard of care and support in the centre. Residents told the inspector that they were happy and safe in their home and with the service provided to them. The inspector observed a homely environment, and staff engaged with residents and attended to their needs in a kind and professional manner.

The inspector also found that the provider, person in charge and staff team were promoting and supporting a human rights-based approach to the care and support provided to residents. Residents had active lives, and were supported to participate in activities in accordance with their interests and needs, such as attending day services, working in paid employment, and using community services. Some residents were independent in these activities while others required staff support. Residents were supported to make decisions about their care and support, and on the running of the centre. For example, residents were supported to plan personal goals, and attended house meetings to discuss topics concerning the centre.

The inspector reviewed three residents' assessments and care plans. These file were found to be up to date, and noted the supports residents required in respect of their

various health, social and personal care needs. They also reflected input from multidisciplinary team services as required. A minor improvement was required to ensure that updates to residents' goals were consistently recorded.

The provider had implemented arrangements to safeguard residents from abuse. For example, it had prepared a written policy on the identification and management of safeguarding concerns, and staff had received relevant training to support them in the prevention and appropriate response to abuse.

The inspector also found that good arrangements were in place for the management of residents' medicines. However, minor improvements to ensure that all practices were in line with the provider's associated policy.

The premises comprised a large two-storey house located in a busy Dublin suburb. The house was close to many amenities and services. The house comprised individual residents' bedrooms, and communal spaces. The kitchen was well-equipped for residents, and there was a good selection of food and drinks for them to choose from. Residents told the inspector that they liked the food, and staff were found to have a good understanding of the support they required with their meals. Overall, the house was homely, comfortable, and clean. However, some minor upkeep was needed in places; for example, the floor in the rear sitting room was chipped in places.

The inspector observed good fire safety precautions. For example, there was fire fighting and detection equipment throughout the house, and staff had received fire safety training. Individual evacuation plans had also been prepared, and were tested during scheduled fire drills.

Regulation 17: Premises

The centre comprised a large single-storey house in a busy suburb close to local amenities and services, such as shops, and public transport links. The premises were found to be appropriate to the needs of the residents living in the centre at the time of the inspection.

The premises were found to be clean, bright, homely, and nicely furnished. The communal space included two sitting rooms, and an open-plan kitchen and dining room. There was also a rear garden for residents to use. There were sufficient bathroom facilities, and the kitchen was well equipped. Residents' bedrooms were personalised to their tastes. Since the previous inspection, the bathrooms had been upgraded and there was a new secure shed for storage. Residents said that they were happy with the premises, were satisfied with the space and facilities it provided, and liked the new bathrooms.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to be involved in the purchase, preparation and cooking of their meals as they wished.

The inspector observed a good selection and variety of food and drinks, including fresh food, in the kitchen for residents to choose from, and it was hygienically stored. The kitchen was also well-equipped with cooking appliances and equipment. Residents planned their main meals on a weekly basis, but they could also make decisions on a daily basis.

Residents spoken with told the inspector that they liked the food in the centre and often had their favourite meals. Some residents liked to cook and grocery shop in local supermarkets. Residents also enjoyed eating out on occasion.

Some residents required modified diets. Associated care plans had been prepared by the provider's speech and language therapy service to guide staff in preparing residents' meals. The inspector found that the plans were up to date and readily available in the centre. Staff had received training in supporting residents with modified diets, and the inspector found that staff spoken with were knowledgeable on the contents of the associated care plans.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had prepared a written risk management policy which outlined the arrangements for the identification, assessment and management of risks. The policy also referred to positive risk taking and promoting residents' rights to make choices and decisions in their lives.

The centre's risk register and residents' individual risk assessments outlined various risks, including accidental injuries, unexplained absence, medication management, fire, infection control, and behaviours of concern. The assessments were up to date, and detailed control measures in place to reduce and mitigate the risks.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety precautions in the centre. There was fire detection and fighting equipment, and emergency lights throughout the house, and it was regularly serviced to ensure that it was maintained in good working order. The fire panel were addressable and found in the front hallway. The inspector observed good fire containment measures; fire doors, including the kitchen and bedroom doors closed fully when released.

Staff completed scheduled fire safety checks. The provider's fire safety officer had also recently visited the centre to provide training for staff and to audit the fire safety measures.

There was an evacuation plan for the centre and individual evacuation plans for the residents. The individual plans were up to date and outlined the supports residents required. Since the previous inspection, new flashing lights had been installed to alert a resident with hearing difficulties when the alarm sounded. Fire drills, including drills reflective of different scenarios, were carried out to test the effectiveness of the fire plans.

Residents were reminded about fire safety during their house meetings, and told the inspector that they knew how to evacuate the centre if the fire alarm sounded.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medication management, administration and storing practices in the designated centre. Overall, appropriate practices were found to be in place; however, some minor improvements were required.

Staff spoken with had completed training in safe administration of medications and were found to be familiar with the residents' medicine intended purposes. A staff member showed the inspector the residents' medication administration records. The inspector reviewed two of residents' recent administration records, which indicated that their medications were administered as prescribed.

Assessments of residents' ability to self-administer their medicines had been completed. The inspector viewed three residents' assessments, and found that two were last reviewed in March and May 2024. This required improvement to ensure that residents' capabilities in respect of managing their medicines were kept under more regular review.

The inspector saw that medicines were stored hygienically and securely. There were audits in place for monitoring medication documentation and practices, including scheduled stock counts. The inspector reviewed recent stock counts for a sample of medicines, and found that the count of a psychotropic medicine was not as frequent as outlined in the provider's policy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that suitable arrangements were in place to meet the needs of the residents living in the centre. The person in charge had ensured that the residents' needs were assessed to inform the development of written care plans. The inspector reviewed three residents' assessments and care plans, including those related to diet, mobility, finances, intimate care, health care, and personal goals.

The plans were found to be up to date, and noted input from the residents and multidisciplinary team services as appropriate. They were readily available to guide staff on the care and support residents required. They also included important information on the residents' interests, preferences and personal goals. A minor improvement was required to ensure that updates to residents' goals were consistently recorded.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs had been assessed, and were under regular review. The inspector found that residents were in receipt of appropriate health care and services in respect of their assessed needs.

Health care plans were available to guide staff on the care and support residents required. Residents' health care records showed that they were supported to avail of a range of multidisciplinary team services, including internal and external services, such as physiotherapy, speech and language therapy, dentists, chiropody, opticians, psychology, psychiatry, nursing, and their own general practitioners. Residents were also supported to attend specialist and consultant services as necessary.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented good systems to safeguard residents from abuse. Residents told the inspector that they felt safe in their home, and could speak up if they had any concerns.

The provider had prepared a written policy on the safeguarding of residents. It was readily available in the centre for staff to refer to. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were aware of the procedures for reporting any safeguarding concerns. The inspector reviewed three safeguarding concerns since the previous inspection, and found that they had been appropriately reported and that actions had been taken to safeguard residents.

Intimate care plans had been prepared to support staff in delivering care to residents in a manner that respected their dignity and bodily integrity. The inspector reviewed two plans, and found that they were up to date and readily available to guide staff.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider, person in charge and staff team had ensured that the centre was operated in a manner that respected residents' disabilities and promoted their rights. The inspector found that residents had control in their lives and were being supported to exercise their rights, and be active participants in making decisions about their lives and in the running of the centre. For example:

- Residents were supported to choose, plan and achieve individualised goals meaningful to them, such as going on holidays and attending theatre shows.
- Information about residents was written using personal and person-centred language, and described the residents' individual personalities and what is important to them, such as their families, hobbies and interests.
- Residents attended regular house meetings to discuss matters related to the running of the centre. The inspector reviewed the meeting minutes from December 2025 to February 2026, and found that a wide range of topics were discussed, such as the grocery shopping arrangements, menu and activity planning, infection prevention and control, the premises, and fire safety.
- Topics had also been discussed at the meetings to support residents' understanding of their rights. For example, residents were reminded of the principles of having the right to privacy, make choices and to be treated with respect, and how to utilise the providers' complaints procedure.
- The residents had also been consulted with during the meetings regarding the storage of their files in the centre and access to their monies, and they said that they were satisfied with the current arrangements.
- Residents had active lives, and chose how they spent their time. For example, some residents attended the provider's day services and others were in paid employment. In the evenings and weekends, they liked to spend time with family, attend social clubs, and various leisure activities.

- Residents told the inspector that they felt that their rights were upheld in the centre, that there were no restrictions on them, and that they had enough control and choice in their lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kennington OSV-0002405

Inspection ID: MON-0045413

Date of inspection: 19/02/2026

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 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 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The medication policy was discussed at staff meeting on 11th of March. We discussed the importance of auditing medication in line with SMH policy including PRN medication and psychotropic meds. Auditing is being completed in line with SMH policy</p> <p>Self Administering Assessment Support plans were discussed at staff meeting and all staff will have them completed by the end of March. These will be reviewed 6 monthly or sooner if needed.</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 29(4)(a)	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 any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	30/03/2026
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes	Substantially Compliant	Yellow	30/03/2026

	and preferences and in line with his or her age and the nature of his or her disability.			
--	--	--	--	--