Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Dungarvan Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Springhill, Dungarvan, Waterford
Type of inspection:	Unannounced
Date of inspection:	12 December 2023
Centre ID:	OSV-0000594
Fieldwork ID:	MON-0041247

About the designated centre

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

Dungarvan Community Hospital is a designated centre situated within the urban setting of Dungarvan town, Co. Waterford. It provides long-term care for older persons as well as specialised care for people with dementia. Respite services, day care services, convalescence care and end-of-life care are also provided on site. The criteria for admission is persons aged 65 years and over, however, the statement of purpose also states that there are exceptions to this criteria including persons under 65 years who require palliative care or a young person with a life limiting illness. The facilities and services provided, according to the statement of purpose, are as follows: accommodation for 102 residents in six residential units: 1) Michael's Unit:12-bedded male unit 2) Ann's Unit: is a dementia-specific unit providing accommodation for 10 residents; nine long-term beds, one respite bed and day care service to a maximum of three people per day 3) Vincent's Unit: 32-bedded unit for male and female residents that includes three rehabilitation beds, three respite beds and three palliative care beds 4) Sacred Heart Unit: 17-bedded male and female unit accommodating rehabilitation; convalescence, and respite residents 5) Francis Unit: 19 bedded unit accommodating female long-term care unit and which was refurbished in 2007 6) Enda's Unit: 12 bedded unit accommodating male and female long-term residents. Residents have access to occupational therapy, physiotherapy, radiology, a range of HSE community services, a church and private meeting areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	85

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
Tuesday 12 December 2023	09:00hrs to 17:30hrs	Catherine Furey	Lead
Wednesday 13 December 2023	08:00hrs to 17:15hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents and visitors, it was evident that residents were support to enjoy a good quality of life and received a good standard of care from staff who were kind and caring.

The inspector greeted many of the residents living in the centre on the day of inspection and spoke with six residents in more detail. Residents who could readily voice their opinions gave positive feedback regarding their life in the centre, and told the inspector that they were content and happy. There was a high level of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre, however they appeared to be content and comfortable. Visitors told the inspector that they were happy with the care and attention that their loved ones received, and were complementary of the food, nursing care and visiting arrangements.

On arrival, the receptionist guided the inspector through the centre's infection prevention and control procedures before entering the building. The inspector was told that all staff were wearing surgical face masks, although there was no confirmed or suspected outbreak of any infection. The person in charge outlined that this was in place to protect residents from transmission as levels of circulating viruses were high in the community, and there had been a recent outbreak of COVID-19 within a number of the units in the centre. The person in charge and assistant director of nursing (ADON) facilitated the inspection including accompanying the inspector on a tour of the entire premises. The centre was warm and there was a relaxed and friendly atmosphere. During the walk around, the inspector saw that staff were assisting residents with their individual needs in an unhurried manner. It was evident to the inspector that the management and staff knew the residents and their care needs well.

The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents told the inspector that they were listened to and that staff were kind to them and answered their call bells promptly. The inspector also observed the interaction between staff and residents who could not verbalise their needs. These interactions were observed to be kind and appropriate.

Dungarvan Community Hospital is a large single storey facility, registered to accommodate 102 residents. There were 85 residents on the day of inspection. The centre is divided into six distinct units. Five of the units are designated for long term care and one unit, Sacred Heart, is the dedicated rehabilitation unit. This comprises 19 beds, including three respite beds. The designated centre is laid out in two very contrasting buildings, which are linked together by a long glazed corridor. The newer and more modern building, contains the reception, office administration areas, and Vincent's and Sacred Heart units. The older, and more dated part of the centre contains Enda's, Francis', Ann's and Michael's units. The inspector saw that

some bedrooms in these areas, were not suitable for the number of residents accommodated in them, despite efforts made by the provider to improve their configuration.

Generally, the communal areas of each unit, were decorated in a homely and tasteful fashion and these areas were kept clean and free from clutter. Residents were seen to enjoy the sitting rooms on each unit, where activities were held, or where residents gathered to watch TV. Collages of photographs were hung on the walls on each unit showing specific group activities and outings undertaken during the year and residents' artwork was proudly displayed. The sitting room in Vincent's unit was separated from the dining area by use of a large partition wall. This remained open on the days of the inspection, and staff told the inspector that it was always kept open, to facilitate more residents. A visiting school choir used theses rooms to perform for residents and the inspector observed good engagement and residents appeared to enjoy this festive activity. There was a rooms designated for activities on this unit, however this was used as a storage room, which further reduced the availability of communal space for resident use. This was seen to be occurring on a number of previous inspections also. Storage in this unit required a complete review.

There is a large chapel which is used daily by residents, and members of the community. Residents and visitors alike told the inspector that the chapel was an important part of life in the centre and something that the residents valued. Each unit had access to secure outdoor space which was well maintained, albeit these were small in size given the occupancy of the centre. Residents were observed leaving the centre to attend day care services, appointments and to go on visits with family and friends. The centre had access to a bus and an activity staff member brought residents out Christmas shopping. A resident told the inspector that they loved the freedom this gave them.

Residents spoken with were complementary regarding the food on offer. This was supported by the observations of the inspector as the inspector saw that food was attractively presented, and residents requiring assistance were assisted appropriately. The inspector saw that residents were offered snacks and drinks throughout the day. Meals were served from hot and cold trollies to all areas of the centre to ensure the temperature was maintained during travel from the main kitchen.

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

Capacity and capability

The management systems in the centre required improvements to ensure the provision of a consistently high-quality service. The centre had a history of generally

good compliance, however this inspection identified a drop in compliance with some of the regulations. While there was a clearly defined management structure in place, further strengthening of these systems was required to ensure that risks associated with safeguarding, fire safety and infection control were promptly identified and addressed. Improvement was required to ensure that all incidents occurring in the centre were subject to rigorous investigation and that the outcome of investigations were used to drive quality improvement. This is discussed further throughout the report under the specific regulations. Significant issues with regard to the privacy afforded to residents in shared bedrooms is discussed under the Quality and safety dimension of the report.

This was an unannounced inspection conducted over the course of two consecutive days. The Health Service Executive (HSE) is the registered provider of Dungarvan Community Hospital. The inspector found that there was a clear management structure in place, and staff who spoke with the inspector were clear regarding their roles and responsibilities. The person in charge was well-established in the service and was supported in the day-to-day operations of the centre by the ADON and a number of clinical nurse managers (CNM's), who are based on each of the units. A team of nurses, healthcare assistants, activity staff, catering, cleaning, maintenance and administrative staff contribute the effective delivery of safe quality care for residents. There is also an overarching management structure within the community healthcare organisation (CHO) area, that provides support and oversight of the operation of the centre. Staff members spoken with told the inspector that the person in charge and assistant director of nursing were supportive and had a visible presence within the centre daily. The inspector found that the management team were responsive to the issues identified during the course of the inspection and were committed to improving compliance levels.

This was an unannounced inspection which took place over two days. The purpose of the inspection was to assess ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), following an application by the registered provider to renew the registration of the centre. The information supplied with the application was verified during the course of the inspection. While there was a good governance and management structure in place that supported areas of good practice, some improvements were required. The compliance plan following the previous inspection in December 2022 was reviewed by the inspector. While some of the actions had been completed, more were outstanding, and additional areas for improvement were identified, signifying an overall drop in compliance levels.

There were management systems in place to monitor the quality and safety of the service through a schedule of audits and weekly collection of key performance indicators such as falls, incidents, restraints, infections and wounds. Information gathered included all aspects of residents' care and welfare, premises and facilities, and staffing requirements. These were discussed at regular clinical governance and staff meetings. Improvement was required in relation to the auditing of incidents and accidents occurring in the centre, as detailed under Regulation 23: Governance and management. Contracts of care required review to ensure that the terms and conditions relating to residence in the centre, including the number of other

occupants in a room were clearly specified, as required. There was a suite of centre-specific and HSE-wide policies and procedures in place which were reviewed and updated at the required intervals. The policy on the management of behaviours that challenge was in the process of being updated, to ensure that it aligned with national policy.

There were CNM's or senior staff nurses on duty in each unit to oversee the delivery of care on a daily basis and staff confirmed that the ADON, person in charge, or both, visited each unit each day to engage with staff and residents and to monitor the provision of care and support. There were adequate staff on duty in each of the units, and residents were seen to be receiving support in a timely way, such as providing assistance to eat when meals were served and responding to requests for support. A review was required of staffing levels in the context of the high use of agency staff to back fill the number of vacant posts across various grades of staff.

The overall provision of training in the centre was good, with staff being up to date with relevant training modules, such as safety and infection control. There was a high level of attendance at training, however, there were some gaps in attendance at safeguarding of vulnerable persons training. Additional training courses were provided specific to a staff member's role, for example, activity coordinators had training in the delivery of dementia-specific therapies, and nurses had additional training specific to the management of venepuncture and medication management. Staff were well-supervised in their roles and were confident to carry out their assigned duties with a person-centred approach. Records in respect of staff members, outlined in Schedule 2 of the regulations, were stored securely in the centre and made available for the inspector to review. Residents' records evidenced daily nursing notes with regard to the health and condition of the residents and treatment provided.

A review of the centre's complaints records showed that overall, there was a low level of documented complaints. The registered provider had taken the necessary steps to update the centre's complaints policy and procedures, in line with S.I. No. 628 of 2022, for example; a complaints officer and a review officer had been nominated, and the timelines for investigation, conclusion, and review of complaints had been updated.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of the registration within the required time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse, working full-time in the centre and had the required qualifications, experience and knowledge to fulfill the requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

The statement of purpose did not clearly outline the whole time equivalent (WTE) staffing levels in the centre, as required. The total number of staff of each grade employed by the centre was outlined, however this was not broken down to WTE's. Additionally, the number of staff specified did not align with the rosters viewed on inspection. The inspector was informed that there was a large number of vacant posts which were being back filled by agency staff. For example, each week the following agency cover was required:

- Nursing staff - 3 WTE
- Healthcare assistants - 9 WTE
- Multi-task attendants - 11 WTE

Staff reported that at times, agency shifts were unreliable as staff would cancel at short notice, leaving the unit short-staffed. While some of the agency staff were familiar with the centre, new staff who were unfamiliar with the service regularly attended for shifts. Staff reported that this placed some pressure on the centre to maintain a person-centred model of care.

There had been vacant beds in the centre for an extended period of time and the management team outlined that the current staffing model could not sustain a centre at full occupancy.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training records confirmed that all staff were up-to-date with important training modules, such as infection prevention and control and fire safety. The records also showed that staff had completed supplementary training appropriate to their roles, such as medication management and dysphagia, to support them in delivering person-centred and safe care to residents.

As outlined under Regulation 8: Protection, not all staff had completed training in this regard.

Judgment: Compliant

Regulation 21: Records

The quarterly servicing records for the servicing of the fire alarm and emergency lighting were requested during the inspection. The only records provided to the inspector were dated July 2023. No other records were available for review. Following the inspection, the registered provider submitted the required records. These records are required to be maintained in the designated centre as per Schedule 4 of the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

At the time of inspection, assurances were not provided that the systems in place to ensure oversight of key areas of the service were safe, appropriate, consistent and effectively managed. For example;

- there has been repeated non-compliance over a series of inspections dating back to March 2020 in relation to the overall premises. The provider is required to take action to ensure that the premises of the designated centre is appropriate to the number and needs of the residents, and conforms to the matters set out in Schedule 6 of the regulations
- through a review of documentation, the inspector identified that the centre's safeguarding policy and procedure had not been followed in practice. Incidents of unexplained bruising sustained by residents were followed up in detail from a medical and nursing perspective, however no action was taken to rule out a safeguarding concern. This was despite the centre's policy stating that incidences of unexplained bruising could pose a safeguarding concern, and therefore should be investigated. The system of auditing of incidents had not captured the risk, and therefore had not triggered a review of the incidents
- oversight of fire safety in the centre continued to require review. While the provider had complied with restrictive condition 4 on the centre's registration, involving work to improve the fire compartments in Sacred Heart unit, an application to remove the condition had not been submitted in a timely manner. The cumulative findings of this inspection signified a further drop in compliance in relation to overall fire safety, as discussed under Regulation 28: Fire precautions
- systems to monitor infection control procedures were ineffective, as the findings of infection control and premises audits were not actioned and

repeated areas of non-compliance were found, as described under Regulation 27: Infection control
- the management systems in place to ensure oversight of staffing, records, contracts of care, notification of incidents, individual care planning and residents' right to privacy required review, as discussed in the report under the relevant regulations

The annual review of the quality and safety of care delivered in 2023 had been completed. However, formal consultation or feedback with residents was not collated to inform this review.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Contracts reviewed did not specify the number of occupants in a room for example a single, twin or four-bedded room.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

One incident was not notified to the Chief inspector in line with regulatory requirements. This was submitted following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. A review of the records found that complaints and concerns were promptly managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and up-to-date, and were made available to staff.

Judgment: Compliant

Quality and safety

The inspector found that residents living in the centre were supported to sustain a good level of overall health and well-being, evidenced by the provision of high quality nursing and medical care. Residents' rights were predominantly upheld by a supportive management and staff team. Nonetheless, challenges in the premises meant that the privacy and dignity of some residents who are accommodated in shared bedrooms was compromised. There also continued to be some improvements required in relation to infection control, fire safety, and safeguarding procedures.

The infrastructure in Dungarvan Community Hospital varied across each unit. Vincent's unit, which opened in 2009 was modern and purpose-built, accommodating 32 residents in single ensuite rooms, twin rooms, and larger four-bedded rooms All of these rooms supported individual residents' privacy. Francis unit was renovated in 2007 and provided accommodation to 17 female residents. Sacred Heart unit was a 19-bedded unit accommodating rehabilitation; convalescence, and respite residents. The older part of the building housed three units with resident accommodation: Enda's, Ann's and Michael's. Enda's unit accommodated 12 residents in two modern four-bedded rooms, and two smaller, and less modern twin rooms. Ann's and Michael's units were predominantly dementia-specific units, for 10 female and 12 male residents respectively. The majority of four-bedded rooms on these units, were not suitable for this number of residents and presented significant breaches of privacy and dignity. These units remained dated, and continued to require ongoing updating and maintenance. This is discussed in detail under Regulation 17: Premises.

Notwithstanding these issues, other areas of the centre were tastefully decorated and maintained. Efforts had been made to personalise individual bedspaces in the majority of rooms, and there was evidence that residents were supported to achieve this by decorating with photographs, mementos and pictures. This was more readily achieve in Vincent's unit which has more adequate storage and shelving for displaying items. All units contained access to secure outdoor spaces. The inspector saw evidence in photographs on display that these were often used during nice weather. All units contained adequate communal and private areas for residents to enjoy or to receive visitors.

The previous inspection in December 2022 had identified a number of issues in relation to the overall infection prevention and control procedures in the centre. Many of these findings were related to deficits in the premises in the older parts of

the building, which impeded effective cleaning and decontamination. The provider had committed to a series of actions in their compliance plan. Areas which had been completed included repairs to the hole in the wall of the sluice room in Enda's unit, and the sealing of the windows on Francis unit. However, a number of repeat findings were identified on this inspection. Action had not been taken to rectify the issues identified on the previous inspection, or in the centre's own infection control audits. There were sufficient cleaning staff on duty to maintain the centre to a to a high level of cleanliness. Generally, the communal and bedroom areas were very clean, however ancilliary rooms such as store rooms and sluice rooms did not promote effective infection control procedures. Findings in this regard are detailed under Regulation 27: Infection control.

The registered provider had an up to date fire safety policy in place. Systems were in place for monitoring fire safety. Annual and quarterly servicing of the fire extinguishers, fire alarm and emergency lighting took place as required. Fire drills were taking place in all units at regular intervals, however, these continued to require review to ensure that high-risk compartments were identified, and evacuation drills practised to ensure that staff were competent in the procedures to evacuate residents from these areas. This is a repeat finding. The daily and weekly checks of for example the means of escape were reviewed from two units. Gaps in the documentation were identified in one of the units, which is also a repeat finding from the previous inspection. Residents who smoked had individual risk assessments completed, however the designated smoking areas, for example on Enda's unit, were not appropriately equipped to minimise the risk to residents using them.

The inspector reviewed a sample of residents' assessment and care planning documentation across all units. Good practice was seen in the majority of records viewed, with evidence that the centre was adopting a person-centred approach to care planning. A number of assessment tools were used to monitor for risk of malnutrition, pressure-related skin damage, falls and wandering. The results of these assessments were used to determine the individual plan of care. An exception to this method of care planning was seen on Sacred Heart unit. This is a rehabilitation unit and to that effect, residents do not generally reside there for extended periods of time. Nonetheless, as outlined under Regulation 5: Individual assessment and care plan, records viewed by the inspector identified missed opportunities to use the results of risk assessments to develop personalised care plans.

Residents had good access to medical and other health and social care professionals. Resident's medical needs were maintained by a general practitioner (GP') and records evidenced these reviews in each resident’s file. Residents’ mobility and safety needs were reviewed appropriately by a physiotherapist. Speech and language therapy, dietetics, consultant psychiatry and geriatricians were referred to appropriately for clinical expertise, and there was evidence that the actions following these reviews were completed. Comprehensive systems were seen to be in place for medicine management in the centre. Medicine management was audited frequently and staff had undertaken medication management training.

Social assessments were completed for each resident and individual details regarding a residents' past occupation, hobbies and interests was completed to a high level of personal detail. This detail informed individual social and activity care plans. A schedule of diverse and interesting activities were available for residents. This schedule was delivered by dedicated activity staff over seven days. This was a marked improvement since the previous inspection. The inspector reviewed the range of activities on offer to the residents and noted that these reflected residents interests' and capabilities, and included dementia- specific therapies and interactions. Local outings had taken place in small groups.

There was good oversight of restraint use within the centre with a commitment to a restraint-free environment. Management and nursing staff were involved in the continuous assessment and review of bed rail usage. A restraint-free environment was promoted in the centre. Alternative measures to bedrails, such as low profile beds and sensor alarms were trialled before applying bedrails. Consent was obtained when restraint was in use. Records confirmed that there was a system in place to monitor the safety and response of the resident when bedrails were applied. There was a low use of PRN (as required) psychotropic medications as a means of controlling responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Efforts to determine and alleviate the underlying causes of residents' behaviour and consideration of alternative interventions were explored before administering these medications

There was evidence that the registered provider had taken some measures to protect residents from the risk of abuse. For example, prior to commencing employment in the centre, all staff were subject to Garda (police) vetting. There was secure systems in place for the management of residents' personal finances. The centre was acting as a pension agent for a small number of residents. Funds were held in a separate client account and the statements, invoices and balances viewed by the inspector provided assurances that residents' finances were safeguarded. There was a secure system in place for the control of residents' money, should residents choose to hand it over for safekeeping. Residents could access this money at any time by contacting a member of staff. Receipts and balances of any money withdrawn were kept, signed by two staff and where possible the resident. Notwithstanding these good practices in relation to overall safeguarding, there was a need for management, and staff, to fully identify potential safeguarding issues which could occur in the centre. While an updated safeguarding policy was available, which detailed the appropriate steps for staff to take should a safeguarding concern arise, this policy had not been followed.

The inspector saw that the food provided to residents was of a high quality and all meals, including those of a modified consistency were nicely presented and served to residents. There was a system in place for the identification of residents likes and dislikes, and their dietary and swallowing requirements on admission to the centre. Records showed that resident's changing needs in this regard were quickly handed over to kitchen to ensure that the appropriate diet was provided.

Regulation 10: Communication difficulties

The registered provider ensured that residents who had communication difficulties were supported to the best of their ability to communicate freely. Each resident who was identified as requiring specialist communication requirements, had these clearly documented in their individual care plan.

Judgment: Compliant

Regulation 11: Visits

The centre had arrangements in place to ensure that visiting did not compromise residents' rights, and was not overly restrictive.

Judgment: Compliant

Regulation 17: Premises

Improvements in the overall premises continued to be required in order to ensure compliance with schedule 6 of the regulations. A number of repeat findings from previous inspection were identified, for example;

- There were a number of multi-occupancy rooms in the centre. While these met the minimum floor space requirements of 7.4m2 per resident, a number of them were not configured correctly to allow for the space occupied by a bed, a chair, and personal storage space for each resident of that bedroom. For example, in Michael's unit, in one four-bedded room, the entrance to the ensuite was next to one residents bed, within the privacy curtain. In another four-bedded room on Michael's unit, residents had to leave their private space to access their wardrobes, which were located at the far side of the room. Additionally, the private space available to each resident was not configured in a way to allow for the space occupied by a bed, chair and personal storage space, as required.
- the activity room, kitchenette and linen room on Ann's unit could only be accessed by entering a four-bedded room. This room also had an exit door to the back of the building, which was observed by the inspector to be used by visitors coming to the unit.
- the twin rooms on Enda's unit had minimal natural light as there was one small window and a fire door, which were overlooked by the link corridor connecting the new and the old parts of the building. Additionally, there was no curtain racking in these rooms and privacy was provided by means of a small, portable screen. The screen viewed by the inspector was wholly

inappropriate for use as it was too short and flimsy, torn in parts and and as such, the privacy of the residents could not be assured
- there was no single room on Enda's or Michael's units, should this be requested as part of a resident's end of life care preference
- the chemical store room outside Ann's unit was in a state of disrepair. The room had no floor covering with an exposed concrete floor and the walls were damaged and skirting chipped. The door to the room was open and could potentially be accessed by residents
- a room registered as an activation room on Vincent's unit was used as a storage area for items such as wheelchairs and hoists, spare cleaning trolleys, mattresses and a range of other small parts of resident equipment. It was unclear if the items were awaiting repair, in use, or for disposal. This took away from residents' communal space. This was identified on the inspections of November 2021 and December 2022 and had not been addressed

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with adequate quantities of wholesome and nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents of the centre and this was made available to each resident. Information in the guide was up to date, accurate and easy for residents to understand. The guide included a summary of the services and facilities in the centre, terms and conditions relating to residence in the centre, the procedure respecting complaints and visiting arrangements.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date, comprehensive risk management policy in place which included hazard identification and assessment of risks in the centre, and detailed the measures and actions in place to control the risks identified. The policy outlined the measures in place to control the five risks specified under the regulation.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had not ensured that procedures, consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by HIQA were implemented.

Audits of infection prevention and control were undertaken on each unit during March and April 2023. These contained time-bound action plans, however there was no evidence of improvements or actions taken on foot of the findings. Many of the findings of the audits remained in place at the time of the inspection, and had been identified on previous inspections also;

- staff were wearing PPE in the form of medical face masks, despite there being no suspected or active case of infection in the centre, which would require the use of this PPE. This is not in line with national guidance
- residents were required to isolate for five days on admission. On the first day of inspection a resident was in isolation on Vincents Unit, despite the recent discharge paperwork indicating that the resident did not have an active infection. This is not in line with national guidance
- the system of laundering residents' clothing at unit level required review. A room registered as a waste holding room in Vincent's unit contained a washing machine and dryer. Staff told the inspector that this was for laundering mop heads and cleaning cloths, but on occasion was used for residents' clothing
- the procedure for cleaning of shower drains required review. A small number of drains were covered by shower grids, which could not be easily removed. As a result, there was a clear build up of grime around the drains and under the grid
- the sluice room in Vincent's unit was in disarray. A large number of items were stored therein, including multiple unused clinical waste and domestic bins, shower chairs and commodes. Additionally, the racking for sanitary equipment was overfilled, and a number of items such as urinals, bedpans and bowls were not inverted following decontamination
- the sluice room in Enda's unit was not fit for purpose. While some repairs to the walls had taken place since the last inspection, the room did not promote effective decontamination and cleaning, in that the old storage units contained exposed and chipped wood, and there were baskets of residents clothes awaiting laundering

- access to the handwashing facilities in the sluice room on Sacred Heart unit were impeded by the storage of linen trollies
- the headrest of a supportive chair in Michael's unit was completely worn and threadbare and could not be cleaned. The covering also had evident dark staining and the inspector requested that this be removed and replaced on the day of inspection
- a number of store rooms contained equipment which was stored on the floor, such as mattresses, residents assistive aids, and packets of incontinence wear
- the wooden handrail on the corridor between Ann's unit and Michael's unit was heavily chipped and scuffed and could not be effectively cleaned
- floor cleaning procedures required review; the cleaning trolley on Vincent's unit contained no bucket for water and instead water was put on the floor via a jug.

Judgment: Not compliant

Regulation 28: Fire precautions

Assurance was not provided that persons working in the centre could safely evacuate residents in the event of a fire:

- Sacred Heart unit contained two fire compartments, containing 9 and 10 beds respectively. A review of fire evacuation drills in the centre identified that drills had not been carried out to simulate the evacuation of this number of residents. This was a repeat finding from the previous two inspections.

The maintenance of fire equipment required strengthening;

- checks of means of escape were to be completed daily on Sacred Heart unit, however records identified gaps in these records and there were some weeks where the checks were not conducted daily. This is a repeat finding from the previous inspection.

Precautions against the risk of fire required improvement. Smoking areas were not adequately-equipped or designated for the sole purpose of resident smoking. For example;

- on Enda's unit, residents smoked adjacent to a chemical store room in the courtyard directly leading from the sitting room. There was no risk assessment for the use of this area for smoking, There was no ashtray, and residents used a piece of pottery to dispose of cigarettes. The nearest fire fighting equipment was through the sitting room and opposite the nurses' station, which was an excessive distance
- on Sacred Heart unit, there was an appropriate metal ashtray however the fire blanket, which could be used in the event of a clothes fire, was not easily accessible.

Procedures to be followed in the event of a fire were required to be displayed more prominently:

- fire evacuation maps were inconsistently displayed in the various units. For example, Ann's unit had no fire evacuation maps on display. In Sacred Heart unit, floor plans were displayed however they did not accurately reflect the escape routes.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were good medicine management systems in place in the centre. Current medicine prescriptions and discontinued medicines were individually signed by the GP. Indications for administration were stated for short-term and "as required" medications. Out-of-date medicines and medicines which were no longer is use were segregated from those that were in-use, and were returned to the pharmacy. Controlled drugs were carefully managed in accordance with professional guidance.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning in Sacred Heart Unit required improvement to ensure that the plan of care was developed and personalised based on the result of individual risk assessments. For example, a resident had been assessed as high falls risk on admission and subsequently sustained two falls resulting in serious injury. A review of the residents' assessment and care planning documentation identified that there was insufficient detail in relation to falls prevention interventions in the care plan on admission. Subsequent to the first fall, some interventions were added, however these were general and not person-centred.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's attended the centre regularly to support the residents' needs. There was evidence of appropriate and timely referral and review by health and social care professionals such as speech and language therapy, occupational therapy and

dietetic services. A physiotherapist provided regular reviews of resident's mobility needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up to date knowledge and skills to respond to and manage responsive behaviour. When a resident behaved in a manner that posed a risk to the resident concerned, or to other persons, this was responded to in a manner that was not restrictive.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

The registered provider had not taken all reasonable measures to protect residents from abuse. For example, the records of accidents and incidents reviewed by the inspector identified a potential safeguarding risk that was not investigated and managed in line with the centre's own safeguarding policy.

Action was required to ensure that all staff were familiar with what constitutes abuse and the actions to be taken to detect, prevent and respond to abuse. Staff spoken with did not identify the presence of unexplained bruising as a potential safeguarding concern. Records reviewed by the inspector showed that 17% of the current staffing complement did not have up-to-date training in safeguarding of vulnerable adults.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents were afforded choice in the their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by

residents council meeting minutes, satisfaction surveys, and from speaking with residents on the day. A schedule of diverse and interesting activities were available for residents. This schedule was delivered by dedicated staff over seven days.

Individual privacy arrangements in multi-occupancy rooms continued to require review as they did not promote the privacy and dignity of residents. This is addressed under Regulation 17: Premises.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Storage of residents' clothing required review, to ensure that residents' retained control over their personal clothing.

- A room registered as an equipment store on Vincent's unit was used as additional wardrobe space for residents. It contained a number of wardrobes which were individually labelled with residents names. Staff told the inspector that when clothing was returned from the laundry it was brought to this room, and then staff brought some of the clothes to the residents' bedside storage areas. Staff said this was done as there was not sufficient storage space to keep all of the residents' clothes at their bedside.
- The room registered as a linen room on Enda's Unit was also used to store an overstock of residents' clothes.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant

Compliance Plan for Dungarvan Community Hospital OSV-0000594

Inspection ID: MON-0041247

Date of inspection: 13/12/2023

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Person in charge will complete a comprehensive review of the Statement of Purpose to ensure clarity on WTE staffing within the centre. • Current vacancies are being escalated to South East Community Healthcare Executive Management Team for approval and onward submission for national derogation to fill these posts during current recruitment embargo. It is not possible to provide a specific date as to approval and filling for these posts due to the national recruitment embargo. • Agency staff are offered ongoing lines of work on the wards and included in staff training and development • Roster reviews completed which ensures continuity of suitably trained agency staff assigned specifically to each unit to increase familiarity with residents and care needs. • Request for bespoke local recruitment campaigns to attract permanent staff living in the vicinity has been submitted and awaits lifting of national recruitment embargo.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • All fire safety records now retained on site for minimum one year including quarterly servicing in record of fire alarm and emergency lighting. • Request has been made for the previous 3 years records to hold on site at Dungarvan Community Hospital.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• Governance meetings with senior management have been increased to bimonthly to increase oversight of key areas.

• Premises – the requirement for a new building has been escalated to South East Community Healthcare Executive Management Team and a meeting has taken place in January 2024 as regards a potential site.

• Safeguarding- A review of the safeguarding incident in question has been commissioned and completed by a suitably qualified person. Dungarvan Community Hospital are currently implementing the recommendations from this review including a comprehensive review of the local safeguarding policy. The Regional Safeguarding Team are also auditing incidents with a view to identifying any incidents that may warrant further investigation from a safeguarding perspective. Both Safeguarding and Incidents will be standing items on the Governance agenda.

• Oversight of Fire Safety - On site review by HSE Fire Officers is confirmed for 15/2/24. Recommendations will be actioned as a priority following the review and will be actively reviewed by senior management at monthly meetings.

• Review of IPC audit processes to ensure actioning of recommendations is underway. Audit action plans are now a standing item on Governance agenda.

• Formal consultation and feedback from residents will be included in annual review

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:

• Comprehensive review of all Contracts of Care (COC) completed 15/12/2023. Current Resident/NOK informed of additional information on COC regarding specific accommodation/number of occupants per room etc.

• Going forward COC will specify number of occupants per room in line with the regulation.

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents: • Review of incident notification to ensure compliance with the relevant regulations. Retrospective notification submitted to both HIQA & Safeguarding team. • Senior review commissioned into the management processes of SG concerns. This has now been completed and Dungarvan Community Hospital are implementing the recommendations from same. • Training plan devised in regards to incident reporting for all nursing staff to ensure dissemination of information & expertise required to manage incidents in line with regulations. Specific emphasis on Safeguarding training to provide education to staff in regards to management of Safeguarding concerns.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The requirement for a new building has been escalated to South East Community Healthcare Executive Management Team and a meeting has taken place in January 2024 as regards a potential site. • Room M13 – on review of reconfiguration of bed spaces, access points to bathroom, challenges to resident privacy & dignity etc. Dungarvan Community Hospital commits to reduce this four-bedded room to 3 residents when there is a natural vacancy on Michaels Unit i.e. due to a resident passing away. Residents care needs at Michael's Unit have been reviewed and at present there are no suitable alternative beds for any resident at Michael's without necessitating an out of county placement. Residents and families for this room are happy with existing placement. Please note that the dates identified in Section 2 indicates the ongoing review dates to ensure this is completed as soon as possible. • Room M07 – on review of the access point to the bathroom and challenges to resident's privacy and dignity, Dungarvan Community Hospital intends to relocate the entry door and bathroom door to this bedroom. As this will require structural work, we are in the process of procuring quotations for this work. • Room A07 – The door from this bedroom to the activities room will be permanently closed. This activities room will be repurposed as general storage and an alternative additional communal space on Anns Ward will be commissioned. The external door in this room (to outdoor area) is now egress only i.e. cannot be used to gain access to the unit. • Appropriate screening will be installed to Enda's bays E16 & E17. • Access to End of Life Care single rooms are made available if desired to residents in Enda's /Michaels unit. These discussions with resident and family will be documented to confirm an appropriate EOLC room has been offered. • Review of access to storage area throughout the facility is underway and the	

equipment noted in the activation room on Vincent's has been appropriately stored elsewhere.

Regulation 27: Infection control	Not Compliant

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

• There is active monitoring and risk assessment in relation to infection prevention and control. Where no, or low, potential risk exists, DCH will discontinue the wearing of face coverings & isolation practices on basis of current Health Protection and Surveillance Centre guidance.

• Review of laundry services Vincent's unit has been taken and residents clothes are not laundered with mop heads/cleaning cloths.

• Review of cleaning procedures for shower grids & general housekeeping of sluice areas has been completed to implement required improvement.

• Enda's Sluice room E07 has been renovated to replace the storage units with stainless steel units in line with IPC recommendation's.

• Vincent's Sluice Room has been decluttered and reviewed. Monitoring of same will form part of the environmental walk arounds.

• There is unimpeded access to the handwashing facilities at the sluice room in Sacred Heart

• The supportive chair in Michael's is being replaced and has been ordered.

• Training plan devised for all household staff to ensure awareness and best practice, including floor cleaning practice.

• General refurbishment /painting as required throughout the facility is being planned throughout 2024.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• Fire drill/evacuation drills will be completed quarterly to simulate numbers to be evacuated within each compartment.

• Fire Registers to be maintained as required in the regulations including documentation of required daily and weekly checks. These will be subject to audit by the management team,

• An appropriate safe smoking area has been designated for Enda's unit, with installation of ash tray, access to fire blanket and fire fighting equipment.

• All smoking areas have been reviewed to ensure sufficient access to ashtrays, fire blankets and fire fighting equipment. • Updated Fire evacuation maps to be commissioned for each area. Coding of fire alarm to reflect local ward area names as well as compartment names is under review.

Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: • Review of current short stay care plan model with the plan to develop/introduction of a suitable person centred care plan in SHU Rehab unit. This will be in line with best practice across other regional short-stay centres.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: • As an immediate response, we have prioritized online safeguarding training for the outstanding staff. • Enhanced face to face workshops and training will be facilitated by the Regional Safeguarding Team for staff, inclusive of recognizing, responding & appropriate reporting of abuse concerns. These will take place over February and March and the date in Section 2 refers to the completion of this additional training. • Review of Safeguarding plan in place to ensure compliance for all staff. • Action Cards to be prominently displayed at nurses stations and staff notice boards to prompt immediate action to concerns.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • Dungarvan Community Hospital commits to enhancing individual privacy concerns as outlined under Regulation 17 (Premises)	

• There is active review and monitoring of individual privacy arrangements and this will be included at residents forums for discussion.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

• A full review of all storage areas has been completed including areas for residents personal belongings and this will require redesignation of some multiuse rooms to specific resident storage. Residents will be encouraged to have full access to their additional clothing and staff will support in rotating appropriate seasonal clothes with seasonal clothes primarily stored in residents bedrooms.

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	31/05/2024
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes	Substantially Compliant	Yellow	31/05/2024

	and other personal possessions.			
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/05/2024
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/09/2024
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.	Not Compliant	Orange	30/09/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Substantially Compliant	Yellow	31/03/2024

	and are available for inspection by the Chief Inspector.			
Regulation 23(c)	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	12/02/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	12/02/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the	Not Compliant	Orange	31/05/2024

	Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	12/02/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	12/02/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	12/02/2024
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are	Not Compliant	Orange	31/03/2024

	displayed in a prominent place in the designated centre.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	12/02/2024
Regulation 5(4)	The person in charge shall 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.	Substantially Compliant	Yellow	31/03/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	29/02/2024
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Not Compliant	Orange	31/03/2024

Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	12/02/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/09/2024