

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Macotar Lodge Services
Centre ID:	OSV-0001506
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Frances Murphy
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 January 2017 10:30 To: 25 January 2017 18:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 18 August 2015. As part of this inspection, the inspector reviewed the seven actions the provider had undertaken since the previous inspection. The inspector found that these actions had been addressed in line with the provider's response

How we gathered our evidence:

As part of the inspection, the inspector met with three residents. The residents interacted warmly with staff and appeared to enjoy their surroundings. The residents' bedrooms were individually decorated with items of personal interest and photographs of family and friends. Each resident also had a copy of their individual goals in their bedroom. The inspector also spoke with four staff members, including the person in charge and an area manager. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised a single story house that accommodated up to six residents who have intellectual disabilities. Each resident had their own bedroom which was decorated to reflect their interests. The centre offered a respite service to three individuals who availed of the service on a shared basis. The centre had a specific bedroom for respite users. The house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There were also adequate communal rooms available for residents to have visitors such as family and friends. The house was located within walking distance of a small village. Suitable transport was made available to residents who wished to access the community.

Overall judgement of our findings:

This inspection found compliance with the regulations under several outcomes including residents rights dignity and consultation, communication and workforce. However, the inspector also found that improvements were required in relation to outcomes including social care needs, health and safety, healthcare and medications.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that each resident's rights and dignity was respected. The inspector also found that residents were actively involved in the running of the designated centre.

The inspector met with three residents on the evening of inspection. Each resident appeared happy and relaxed throughout the evening. Residents interacted warmly with staff, who in turn spoke to residents in a caring and respectful manner.

Residents' meetings were taking place on a monthly basis. These meetings were delivered in a pictorial format to meet the communication needs of residents. Minutes of these meetings were also available, which indicated that topics such as meal choice and human rights were discussed. Information on human rights was also on display throughout the centre.

The centre had an easy-to-read complaints procedure which was on display for residents, families and visitors. The centre had two nominated persons to manage complaints. The centre maintained a record of complaints. There were no active complaints on the day of inspection.

Each resident had a detailed intimate care plan which was regularly reviewed and reflected the assessed needs of residents in terms of personal care. The plans highlighted areas of independence and if necessary the level of assistance a resident may require.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the communication needs of residents were met.

Information throughout the centre was available in picture format such as meal choice, staff on duty and human rights. Residents also had their individual goals displayed in pictorial format in their bedrooms. The centre used assistive technology such as hand held devices to assist residents to communicate. Speech and language therapists had regularly reviewed residents who required assistance and staff had good knowledge of the communication needs of residents and the communication profile of residents were regularly updated.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that each resident's wellbeing and welfare was maintained to a good standard. However, the review and implementation of residents' goals had not occurred as stated on residents' personal plans. The inspector also found that residents' activities were not recorded in a consistent manner.

All residents in the designated centre had a personal plan in place on the day of inspection. The inspector reviewed a sample of personal plans and found that they reflected the assessed needs of the residents. Each plan contained details such as, family and friends, social interests, intimate care needs, healthcare needs and risk assessments plans. Residents had good family contact with all plans viewed containing well-maintained a log of family contact.

The inspector reviewed the documented personal goals for residents. These goals had been formulated through circle of support meetings which involved the resident, their family members, key workers, staff from the designated centre and a day service - which residents attend. The inspector found that some of the residents' personal goals were not supported by relevant action plans, and that a review of some personal goals had not occurred within the timelines stated on their personal plan. The inspector noted that this resulted in some residents not achieving their chosen goals.

The inspector found that residents had various photographs of attending activities in the community. Staff on duty also indicated that residents are supported to access the community on a regular basis. However, residents' daily notes did not reflect this community involvement. One note stated that a resident had a haircut, however, following an interview with staff, the inspector found that this activity had occurred in the designated centre and that the resident had not been given the opportunity to access a local barber. Overall, the inspector found that residents' personal plans did not have an appropriate recording system of residents' activities and therefore it was difficult for the person in charge to monitor community involvement.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted within the designated centre. Hand rails had been fitted, where required, following the previous monitoring inspection. However, on this

inspection improvements were required in regards to fire precautions within the centre.

There were Personal Emergency Egress Plans (PEEPs) in place for residents, each of which detailed their individual emergency plan for both day and night. However, PEEPs indicated that not all residents could be evacuated in the event of a fire at night time when one staff was on duty. This was brought to the attention of the area manager on the day of inspection. Subsequent to the inspection, a suitably qualified person carried out an assessment on fire precautions within the centre and interim measures were put in place by the provider to support all residents to evacuate the building in the event of an emergency.

Systems were in place for the prevention and detection of fire. Regular fire drills were carried out and documented. Staff were also conducting regular checks of fire exits, emergency lighting and of the fire panel. The inspector reviewed the maintenance and servicing records for the fire panel and fire equipment. Fire equipment had been serviced as required, however, the inspector found that the fire panel had conflicting dates for required servicing. The inspector was unable to ascertain if the fire panel had been serviced as required. The centre also had fire doors fitted throughout the building.

The risk management policy identified the procedures for the identification and management of risk in the centre. Residents had individual risk assessments in place. Each risk was accurately described, with an appropriate risk rating and subsequent control measures in place. The centre had a risk register for identified risks in the centre such as infection control, fire, use of chemicals and storage of oxygen cylinders. However, the inspector found that control measures for the storage of oxygen cylinders had not been implemented as stated on the risk assessment. Control measures stated that the emergency services were to be informed of the presence of oxygen cylinders in the event of a fire, however, the centre's emergency evacuation procedure and displayed fire evacuation plan failed to detail this information.

There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a number of accident and incident records. Incidents were reported in detail, the corrective action was documented and all records were maintained.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, the designated centre had systems in place to ensure that residents were safeguarded against potential abuse. However, improvements were required in relation to the management of residents' finances and the reporting of suspected abuse.

The centre had a policy in place for the safeguarding of vulnerable persons at risk of abuse, and all staff had been trained in the safeguarding of vulnerable adults. The provider had a designated officer in place to respond to any safeguarding issues. Information on who this person was and the reporting procedure were on display. Staff interviewed on the day of inspection could identify potential abuse but were unable to identify the named designated person. Staff in the centre identified this person as the complaints officer and stated that any allegations of abuse would be treated as a complaint.

The centre had systems in place to monitor the use of residents' finances, which was supported by an organisational policy. Local systems included detailed records of monies spent on behalf of residents, which was regularly audited by the person in charge. However, the inspector found that some practices used in the centre such as the use of online banking for transferring monies from residents' bank accounts, were not supported by the organisation's policy on managing residents' finances. The inspector found that this practice could put residents at risk of potential financial abuse. The inspector brought this to the attention of the area manager and the person in charge on the day of inspection. The area manager discussed this with the organisation's finance department and stated that this practice would no longer continue in the centre.

The inspector noted that some restrictive practices such as the use of bed rails and lap belts were in use in the designated centre. Each restrictive practice had been referred to the rights committee and also had a risk assessment and protocol for its use in the centre. Residents were also supported by positive behavioural support plans which were regularly reviewed by the multidisciplinary team

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the best possible health of residents was promoted within the designated centre. However, improvements were required in relation to implementing care plans.

Residents were supported to visit their chosen general practitioner (GP) and specialists such as neurology. Residents were also supported to attend a range of allied health professionals such as dentists, physiotherapists, occupational therapists, speech and language therapists and dietitians. Each allied health professional had updated the residents' personal plans with a range of interventions such as modified diets, weight management plans and manual handling recommendations. The inspector found that these plans were implemented as required. The inspector found that a resident who was identified as requiring assistance in maintaining physical ability had been reviewed by the physiotherapist, and an associated care plan compiled, which involved the daily use of equipment and specific exercises. However, the inspector found that this plan was not implemented on a daily basis, and the care plan failed to detail how often the exercises were to be carried out.

The inspector reviewed a sample of care plans which were regularly implemented. However, one resident who required assistance with bowel management did not have some aspects of their care plan completed on a consistent basis. The inspector noted that this area of required care also had an effect on other aspects of the residents life if left untreated.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that the centre had procedures and a policy in place for the receipt, storage and administration of medications. Residents had also been assessed to self-medicate since the previous monitoring inspection. However,

improvements were required in relation to the prescribing of rescue medication and information contained on residents' prescription sheets.

The inspector observed one staff member administering medication in line with best practice. The staff member also had good knowledge of the reporting procedures following a medication error. The person in charge conducted regular audits of medication practices within the centre and there was a recording system in place for the receipt and return of medications.

A sample of prescription sheets were reviewed, which contained information in line with best practice such as residents' photographs, date of birth, prescribing GP, medications, dosages and times for administration. However, the inspector noted that some medications did not have the route of administration listed, and some prescriptions did not list if the resident had any known drug allergies.

The inspector reviewed a sample of prescription sheets for rescue medication and the associated care plan for the management of seizures. The inspector found that prescription sheets and epilepsy care plans had conflicting information in regards to prescribed medication. The maximum allowed dosage in 24-hours listed on the care plan differed significantly to the maximum dosage stated on the prescription sheet. The routes for the administration of rescue medication on the care plan also differed from that on the prescription sheet.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the centre had appropriate governance and management systems in place.

The person in charge was in a full-time role and had 12-hours protected time per week, to carry out her management duties.

The person in charge regularly audited medications and fire precautions within the designated centre. Regular documented staff meetings and staff supervision were taking place. All staff spoken with said they felt supported by the person in charge.

The provider had carried out regular six-monthly audits, as required by the regulations. An action plan had been generated following these audits to address any identified issues. The provider also carried out an annual review of the designated centre. This review detailed a summary of the:

- service
- six-monthly audits
- HIQA inspections
- service user and family consultation
- incidents and accidents.

A quality improvement plan was generated to focus on areas such as community access for residents, staff training, medications and quality within the service.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that there were appropriate numbers of staff present to support the needs of residents. There was also a staff rota displayed within the centre which was found to be accurate.

The inspector reviewed the staff training matrix which indicated that all staff employed within the centre were up-to-date with training needs, and had received training in fire safety, manual handling, safeguarding, hand hygiene, medication management, the administration of Midazolam and supporting behaviours that challenge.

Judgment:

Compliant

--

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ivan Cormican
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0001506
Date of Inspection:	25 January 2017
Date of response:	23 February 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that residents' goals were supported by appropriate action plans and that residents' goals were reviewed as stated in their personal plan. The provider also failed to ensure that residents' community activities were appropriately recorded.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:

An appropriate recording system is in place to see the progress of the resident's goals, Person in Charge to review this quarterly. An appropriate recording system of resident's activities is in place, Person in Charge to review quarterly. These recording systems were discussed at staff meeting 15/02/2017.

Proposed Timescale: 15/02/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that all control measures for the storage of oxygen cylinders were implemented.

2. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

Storage of oxygen is now included in the Centre Emergency Evacuation Plan.

Proposed Timescale: 26/01/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that residents could be evacuated at night time in the event of a fire.

3. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:

In the interim additional staffing commenced on 26/01/2017. It has been recommended by a fire consultant that outward opening French doors should be fitted. Installation of French doors has been approved and quotations sought. It is envisaged this work will be completed by mid-April.

Proposed Timescale: 15/04/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that the fire panel was serviced as stated on servicing records.

4. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:

The Person in Charge contacted the alarm maintenance company regarding conflicting dates of service on the fire panel. The fire panel had been serviced quarterly and within the 4 weeks' timeframe of each inspection. The last service was on 09/02/2017

Proposed Timescale: 09/02/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that staff were aware of the procedures in place for responding to alleged abuse.

5. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:

The Person in Charge updated staff at a staff meeting held on 15/02/2017 in relation to the procedure in place for responding to allegations of abuse. The Person in Charge also conducted staff support and supervision meetings with staff members and included safeguarding and responding to allegations of abuse as an agenda item. All staff have appropriate training in safeguarding.

Proposed Timescale: 15/02/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that residents were safeguarded against potential financial abuse.

6. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:

There are systems in place to ensure that residents were safeguarded against potential abuse. Online banking is no longer used in Macotar Lodge Services.

Proposed Timescale: 26/01/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that:

- Recommendations from the physiotherapists included the frequency for documented exercises
- Recommendations on the use of specialist equipment were implemented as detailed on the physiotherapy report
- Bowel management plans were recorded on a consistent basis

7. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

- The physiotherapy programme reviewed and updated.
- A new system is in place to record use of specialist equipment and frequency.
- An appropriate recording system is in place of bowel management and the Person in Charge will review regularly.

Proposed Timescale: 15/02/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that prescription sheets

- contained the route of all medication
- contained known drug allergies
- were reflective of epilepsy care plans

8. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:

Prescription sheets are being updated to include:

- Route of all medication
- Any known drug allergies
- And are reflective of epilepsy care plans.

Proposed Timescale: 03/03/2017