

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hyland View
Centre ID:	OSV-0003619
Centre county:	Monaghan
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Provider Nominee:	Declan Moore
Lead inspector:	Catherine Glynn
Support inspector(s):	Raymond Lynch
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	1

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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 March 2017 10:55 To: 30 March 2017 00:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to inspection

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons(Childrens and Adults) With Disabilities) Regulations 2013 This was the fourth inspection in the designated centre. As part of this inspection, the inspector's reviewed 10 outcomes.

How we gather our information

As part of the inspection, the inspector's met with five residents. The inspector observed that residents' bedrooms were individually decorated with personal photographs of family and friends. The inspectors met with five staff, including the person in charge of the centre and a fourth year student nurse. The inspectors observed interactions between residents and staff and work practices.

Documentation such as personal plans, risk assessments, medication records, healthcare plans and emergency planning within the centre were also reviewed. The inspectors also completed a walk around of all areas of the service.

Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that this reflected the service being

delivered at the time of inspection. The designated centre was located in a large town and had access to public transport such as buses, taxis and trains. The centre also provided transport to access the local community. The designated centre was a single storey dwelling, that comprised of seven bedrooms with en-suite facilities. This service provided support to residents who have a diagnosis of intellectual disability.

Overall findings and Judgment

On this inspection the inspectors found that the provider had put systems in place that promoted the best possible health for residents and supported residents to access their local community. Contact with families was actively promoted within the centre. Of the ten outcomes inspected, six were found to be compliant, three were substantially compliant and one in moderate non-compliance. Further improvement was required to social care needs, healthcare, governance and management and records and documentation.

The findings are further outlined in the body of the report and the actions required are detailed at the end of the report.

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):

No actions were required from the previous inspection.

Findings:

The inspector's found that residents were consulted with and participated in decisions about their care in accordance with needs, wishes and abilities. Residents and their families were found to have access to advocacy services and information about their rights. Each resident's privacy and dignity was found to be respected, including receiving visitors in private. The inspectors observed the staff respecting the residents' privacy and dignity throughout the inspection.

There was a complaints procedure in place to enable each resident, their family, advocate or representative to make a complaint. There was a picture of the person with the responsibility of receiving complaints and managing the complaints process on display in the centre. There were no active complaints in the complaints log at the time of inspection.

Each resident had their own room and personal space within the designated centre. The inspector found that consultation and residents rights were promoted in this designated centre through planned programmes and staff acting in accordance with local policies and best practice guidance.

The inspectors found that there were policies and procedures in place to support and protect the residents in the management of their personal finance and property.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that actions required from the previous inspection had not been fully completed. Two actions remained outstanding on this inspection, with regard to evidence of participation of relatives or representatives in the development of personal plans and the annual review of these plans, as required by the regulations.

The inspector found that there was an opportunity for resident's to participate in meaningful activities appropriate to their interests and capabilities. Recreational activities were available for residents in day services five days a week. Residents took part in various activities of their choice in the evenings and at the weekends.

The inspectors found that their personal plans had not been reviewed on at least an annual basis, or sooner if required. A resident who had been recently admitted to the designated centre had a complete admission assessment in place that reflected their care and support needs. Care plans and MDT correspondence reflected the on-going review process. The inspector found that the care plans were thorough and comprehensive and reflected the change in the residents' needs.

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:

Overall, the inspectors found that the person in charge had addressed actions required from the previous inspection.

Inspectors found that there were systems in place to promote the health and safety of residents, visitors and staff. There was an up-to-date health and safety statement and a risk management policy in place in the designated centre, which included a risk register.

Adequate precautions against the risk of fire were in place. The inspectors found that there were checks in place, regarding internal checks of fire alarms to monitor effectiveness of equipment, daily checks of all fire doors to ensure no issues or concerns were evident with the fire doors, self-closing devices and fire equipment provided was also provided in the designated centre. All staff had received fire safety training within the organisation. Personal evacuation plans were in place for all residents, which clearly outlined the support some of the residents would require in the event of an evacuation. Staff were found to be familiar with the care and support needs of each resident and how to support them in the event of an evacuation.

There were systems in place to ensure measures to support effective fire management and health and safety, were adhered to. A plan had been developed for the centre to guide staff in the event of an emergency, such as fire, flooding or power failure. These systems were monitored by the staff and the person in charge on a regular basis.

The person in charge had ensured effective measures were in place at the designated centre with regard to infection control, in line with best practice. The inspectors noted that staff adhered to the guidelines as set out by the organisation on the day of inspection.

Judgment:

Compliant

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:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Overall inspectors found that on the day of this inspection there were adequate systems in place to protect residents from all forms of abuse in the centre.

There was a policy and procedures in place in relation to safeguarding vulnerable adults, which provided clear guidance to staff on how to manage any incident of concern arising in the centre.

A member of staff spoke with the inspectors and demonstrated that she understood her role in protecting residents and the required reporting procedures that should be followed, if she had any concerns.

There was a designated person to deal with any allegations of abuse. Details of this person were on display in the centre and staff were able to tell inspectors who this person was and how to contact them if required.

There was a policy in place for the provision of intimate personal care. Personal and intimate care plans were also in place and on each residents' file.

The inspectors found that intimate care plans provided comprehensive guidance to staff ensuring consistency, privacy and dignity in the personal care provided to each resident.

There was a policy in place for the use of restrictive practices in the centre. The inspectors observed that there was one restrictive practice in use in the centre; however, it was reviewed regularly and was used in line with the centres policies and procedures. It had also been risk assessed and the inspectors observed that the restriction was in place to ensure the dignity and safety of one resident.

There was a policy for the provision of behavioural support. From a small sample of files viewed, it was observed that comprehensive positive behavioural support assessments were in place, which were developed with the input and support of allied health care professionals and a psychiatrist where required.

Staff told the inspectors that they were familiar with the residents' positive behavioural support plans and how to support a resident with behaviours of concern.

Staff had training in managing behaviours of concern and in the safeguarding of vulnerable adults.

Judgment:

Compliant

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):

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

Findings:

The inspectors found that arrangements were in place to ensure that residents' healthcare needs were regularly reviewed, with appropriate input from allied health care professionals, as and when required. However, a minor issue was identified regarding access to a chiropodist, as required and indentified in some residents' personal plans.

The staff nurse on duty during the inspection informed the inspectors that arrangements were in place in relation to residents having access to the local GP and a range of other allied health care services.

From a small sample of files viewed, the inspector observed that healthcare plans were informative and detailed how each resident was supported to experience best possible health regarding personal hygiene, dental care, mobility, skin care, eye care, foot care and positive mental health.

The inspectors found that monitoring documents were also available and maintained in the centre. Where recommendations were made by allied healthcare professionals the inspectors observed that they were being followed up appropriately. For example, it was recommended that a resident with hypertension had a care plan in place to manage this condition and that their blood pressure be recorded daily in the centre. The inspectors noted that this care plan had been developed and was being implemented routinely.

From a small sample of files viewed, the inspector saw that regular GP check-ups were facilitated and clinical observations and treatments were provided.

Consultations with the dentist, optician, speech and language therapist, physiotherapist and GP were arranged as and when required. Hospital appointments were also facilitated and supported as required.

Positive mental health was also being supported in the centre, and where required, residents had access to allied healthcare and psychiatry support. Health care plans were informative and detailed how staff could support residents with conditions such as epilepsy and asthma.

The inspectors noted that there was a delay in securing appointments for some residents with a chiropodist. Some residents required to see a chiropodist every four to six weeks and inspectors found that some of these appointments were overdue. The centre was aware of this and assured the inspectors that this issue would be addressed as a priority.

The inspectors found that arrangements were in place to ensure residents' nutritional needs were met to an acceptable standard. Menu planning and healthy meal choices

formed part of discussion between residents and staff in weekly meetings and this information was also available in the kitchen.

Mealtimes were not observed as part of this inspection; however, inspectors observed staff having cups of tea and chats with the residents in a relaxed and homely atmosphere.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that the medicines management policies, procedures and protocols were in place and that practices described by the person in charge were suitable and safe.

A locked medication trolley was secured in the kitchen area of the house and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards. There were policies and procedures in place for the handling and disposal of unused medicines in the centre.

There was a system in place to record any drug errors. The inspector observed an error had occurred in April 2016. This was recorded and reported to the person in charge accordingly. To support learning from this error the person in charge discussed it with the staff member in question and later at a staff team meeting.

The person in charge and/or staff nurse regularly audited all medicines kept in the centre and from viewing a sample of these audits, the inspector observed that all medications in use could be accounted for at all times.

Only qualified nursing staff or staff trained in the safe administration of medication were permitted to administer medicines in the centre. From a sample of files viewed, staff also had training for the administration of rescue medication for residents with epilepsy.

Judgment:

Compliant

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:

Overall the inspectors found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service.

However, the person in charge was responsible for the overall management of four designated centres comprising of seven individual residential houses across a large geographical location. Because of this remit, some of the duties of the person in charge were not being met in a timely manner. For example, the process of staff supervision was not up to date and it was also observed that the process of facilitating fire drills also required review.

The centre was being managed by a suitably qualified, skilled and experienced person in charge who was being supported in his role by an experienced and qualified person participating in management. Both were qualified nursing staff with experience of working in and managing services for people with disabilities.

From speaking with the person in charge it was evident that he had an in-depth knowledge of the individual needs and supports of the resident who lived in the centre.

He was also aware of his statutory obligations and responsibilities with regard to the role of person in charge of the centre and to his remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspectors also found that appropriate management systems were in place for the absence of the person in charge. A qualified person participating in management (clinical nurse manager I) supported the person in charge and there was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

It was observed that there were a team of nursing staff and qualified social care

workers employed in the centre. One of the staff nurses facilitated the first part of this inspection and it was found that she was very competent and capable in managing the process.

An annual review of the quality and safety of care for 2016 was yet to be facilitated in the centre. However, the inspector saw evidence that this work was in progress and was due for completion by the end of March 2017.

It was observed that announced and unannounced visits and audits of the centre were being facilitated by the organisations quality enhancement team. A sample of these audits informed inspectors that the centre was proactive in identifying areas of non-compliance with the Regulations and actions to address non-compliance.

Throughout the course of the inspection the inspectors observed that all the residents knew the person in charge well and were very comfortable with approaching and interacting with him.

Judgment:

Non Compliant - Moderate

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The inspector found that there was sufficient resources to support residents achieve their individual personal plans. There were no resource issues identified that impacted on the delivery of appropriate service or provision of suitable care to residents.

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that there were sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents.

The person in charge informed the inspector that all staff had completed mandatory and relevant training in line with the regulations. From a sample of files viewed, staff had up to date training in safeguarding, manual handling, fire safety and positive behavioural support. Some staff also had additional training in infection control and dysphasia.

There was a team of registered nurses working in the centre and a team of social care workers. From a sample of files viewed all nursing staff had up to date registration with their relevant professional body. All social care workers had also completed the required mandatory training.

All staff were recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspectors reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

The inspectors observed that residents received assistance in a dignified, timely and respectful manner. From observing staff on the day of this inspection it was evident that they were competent to deliver the care and support required by the residents.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

Overall, the inspectors found that there had been improvement in the designated centre with regard to the policies required in schedule 5. The inspectors noted that there were site specific policies in addition to regional policies, to guide and support staff in their roles.

The centre had provided and maintained policies and procedures in line with schedule 5 of the regulations. Records were kept and maintained in a safe and secure manner in the centre. Written operational policies were in place to inform practice and provide guidance to staff in the designated centre. All policies as required by Schedule 5 of the Regulations were available and up to date.

Information was available to residents, such as the residents guide, statement of purpose and recent audit reports. Where required these were also in a format suitable for residents' communication needs as identified in personal plans. Residents' files were found to be complete and were kept up to date.

On review of the directory of residents, the inspectors noted that this was not in line with the requirements of schedule three.

Judgment:

Substantially 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:

Catherine Glynn
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 St John of God Community Services Company Limited By Guarantee
Centre ID:	OSV-0003619
Date of Inspection:	30 March 2017
Date of response:	05 May 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:

Personal plans had not been reviewed on an annual basis as required or sooner if circumstances change.

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

1. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

1.The outstanding personal plans due for review will be reviewed

Proposed Timescale: 05/05/2017

Theme: Effective Services

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

The person in charge had failed to ensure that residents' representatives were actively engaged in the annual review process.

2. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

1.An external advocate will be sourced for the one resident who did not have family input into the development of personal plans and the annual review of these plans.

Proposed Timescale: 30/06/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Access to a chiropodist was not timely as required for some residents.

3. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

1.Chiropodist has been sourced and residents are being reviewed

Proposed Timescale: 05/05/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The person in charge had a significant remit across a wide geographical location. In turn some of the responsibilities of the person in charge were not being fulfilled in a timely manner.

4. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

1. An electronic system is being developed which will improve the process and enable the PIC to have more immediate oversight of all outstanding action requiring updating or addressing in the Designated Centre.

2. The PPIM is in the designated centre full time 39 hours per week.

3. The PIC is visiting the designated centre on weekly bases, and will have weekly designated centre management meetings with the PPIM.

4. The designated centre will have 4 - 6 weekly house meeting with all staff.

Proposed Timescale:

1.30.06.17

2.01.05.17

3.02.05.17

Proposed Timescale: 30/06/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The provider had failed to ensure the information provided was maintained in line with the requirements of schedule three.

5. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

1. The directory of residents has been reviewed and amended to reflect the changes in circumstances for one resident.

Proposed Timescale: 24/04/2017