



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

Issued by the Chief Inspector

Name of designated centre:	Glenamoy
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	24 August 2021
Centre ID:	OSV-0002382
Fieldwork ID:	MON-0026385

About the designated centre

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

Glenamoy is a designated centre operated by Saint Michael's House located in a campus in North County Dublin. It provides a residential service to six adults with a disability. The designated centre is a bungalow which consisted of a living room, a kitchen, dining room, a conservatory, six individual bedrooms, a staff bedroom, an office and a shared bathroom. The centre is staffed by the person in charge, nursing staff, social care workers, health care assistants and domestic staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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 24 August 2021	9:45 am to 4:15 pm	Ciara McShane	Lead

What residents told us and what inspectors observed

On arrival to the centre the inspector found the entrance to be inviting with a vibrant colored front door and plants and flowers which were in bloom. The inspector was greeted by the person in charge who then introduced her to three residents who were in the lounge area, some of whom were going to leave shortly for a trip out to go for a walk and get some lunch in a nearby sea side town. The inspector met another resident who was relaxing in the sun outside in the patio area and a resident was also observed in their bedroom enjoying listening to music of their choice while sitting in an armchair.

Although the residents did not communicate verbally with the inspector, through communication on their own terms and from observing their body language they appeared to be relaxed and content. This was confirmed further on reading their communication passports and completed Disability Distress Assessment Tool (DDAT).

Staff were seen and heard to engage with residents in a respectful manner and engaged with residents regarding plans for their day. Staff were heard offering residents beverages at intervals during the day and prior to going out in the sun staff were supporting residents by applying sunscreen and some residents were supported to take beverages with them on their planned outing.

Staff spoken with knew the residents well and a number of staff working at the centre had been there a long time so they knew each-other well. Newer staff spoken with however also knew residents well and could speak confidently about resident's individual needs and supports.

The inspector took a walk around the centre and found it to be laid out to meet the needs of residents. It was visibly clean and well maintained. New flooring had recently been laid and a number of areas had also been recently painted. Each resident had their own bedroom which were nicely decorated and personalised to reflect their preferences. Photographs of significant people and events in their life were hung on resident's walls. Residents had televisions and music players in their bedrooms.

Although the HIQA questionnaires were not completed the inspector read a number of compliments that were provided by family members of the residents commending the provider in particular the care provided during the COVID-19 health pandemic when family were not always able to be together.

Staff spoken with told the inspectors about the type of activities that residents like to engage in. Staff told the inspector that during the time of restrictions as a result of COVID-19 residents went out on walks in nearby parkland, went for drives when permissible and enjoyed take away beverages. Staff said that residents were starting to enjoy the resumption of activities such as attending spa days in hotels

and that as things opened up further they would return to attending sporting events.

Staff told inspectors how residents were facilitated to stay in touch with family through the use of tablets and mobile devices. Visits to resident's family home and garden visits at the centre were also arranged to help residents maintain contact with their loved ones.

Overall from observations and speaking with staff it was evident that residents were receiving a good quality service that was meeting their needs and that they were comfortable in their own home and in the presence of the staff who supported them.

The next two sections of this report outlines the findings of the inspection which relate to the provider's capacity and capability in addition to the quality and safety of care. Overall, there were high levels of compliance with some areas noted for improvement including training, risk management and assessment of need.

Capacity and capability

The purpose of this inspection was to inform the registration renewal of the designated centre which was due to expire in January 2022 and to monitor ongoing compliance with the regulations and standards. The centre was last inspected November 2020 where good levels of compliance were found. Similarly, at this inspection the provider and person in charge continued to provide a service that met the needs of residents and this was reflected in the high levels of compliance which was found at the time of inspection.

Overall it was evident the provider had the capacity and capability to ensure a safe and effective service was delivered and one that met the needs of each resident ensuring they received a safe and quality service. As part of this inspection the actions from the previous inspection were followed up on. All had been completed with the exception of training as some gaps remained at the time of this inspection.

Arrangements for the governance and management of the centre were robust and effective and systems were in place to ensure the service was monitored and that quality and safe care was provided to and experienced by residents.

An annual review for the previous year, 2020, was completed and made available to the inspector as too were the six monthly unannounced visits. From a review of the annual review it was evident that the provider had engaged with staff, residents and their representatives to elicit their views on how the service could be improved and also to highlight the positives of the previous year. Both reviews were complete with actions outlining the responsible person and a date for completion to ensure that the actions can be monitored and met to drive improvement.

The oversight of the centre was also ensured with the presence of a full time person in charge (PIC). They had the relevant qualifications and experience for their role. Although their role wasn't supernumerary they had regular days which were allotted to their management role and enabled them to complete relevant administration tasks. The PIC was also supported by a recently recruited clinical nurse manager (CNM1) who was also full time and worked, for the most part, opposite to the PIC and was also assigned management days to fulfill her management responsibilities. She was very familiar in terms of residents' needs and supporting staff with their day-to-day duties.

The inspector found that staff working at the centre were suitably qualified with the right skills to meet the needs of residents. At the time of inspection there were sufficient number of staff to meet the assessed needs of residents. The staff team consisted of health care assistants, social care workers and nursing staff. The service was also supported by a domestic staff and a chef. There was a planned and actual roster maintained. This outlined the hours of when the person in charge was working on the floor and detailed the days when she was assigned to management duties this was also the same for the CNM1. Staff spoken with told the inspector they were well supported by the person in charge and from a review of records it was apparent that staff received ongoing supervision. Staff meetings hadn't taken place for some time and the person in charge attributed this to the COVID-19 pandemic as staff worked in opposite teams. However, this was no longer the case at the time of inspection and a team meeting was arranged for the following month. In the absence of team meetings to ensure communication was consistent a communication handbook was used and reviewed at the start of each shift.

The inspector reviewed the training records which were maintained in the designated centre. From a review of these records the inspector found that an action from the last inspection had not been fully met as a number of staffs' training needs were outstanding including safeguarding for one staff, first aid for three staff and positive behaviour support for two staff. There were also a number of gaps in training required by the nurses. The PIC was aware of these gaps and was seeking to address same.

The statement of purpose and function was reviewed at the time of inspection and it was noted that the registration cycle dates were incorrect, the person in charge remedied this by the end of the inspection day.

A review of the complaints file indicated there were no complaints since the last inspection. There was a complaint's policy available and information on how residents were supported to make a complaint was also present. The complaints folder did contain a significant number of compliments from family members commending staff on caring for their loved ones.

Regulation 14: Persons in charge

The role of the person in charge was full-time. They had the relevant qualifications

and experience for their role. The high levels of compliance found on this inspection demonstrated their oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

At the time of inspection there were sufficient resources and numbers of staff with the right skill mix, to meet the assessed needs of residents.

There was a planned and actual roster maintained.

A recently recruited clinical nurse manager offered further support for staff and residents at the centre.

Judgment: Compliant

Regulation 16: Training and staff development

From a review of the training records the inspector found that a number of training areas were not up-to-date. These included deficits in training related to:

- safeguarding for one staff
- first aid for three staff
- positive behaviour support for two staff
- there were also a number of gaps in training required by the nurses.

Judgment: Substantially compliant

Regulation 23: Governance and management

Arrangements for the governance and management of the centre were robust and effective and systems were in place to ensure the service was monitored and that quality and safe care was provided to and experienced by residents.

An annual review for the previous year, 2020, was completed and made available to the inspector as too where the six monthly unannounced visits. From a review of the annual review it was evident that the provider had engaged with staff, residents and their representatives to elicit their views on how the service could be improved and also to highlight the positives of the previous year.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose and function was available at the designated centre. It contained the information listed out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints file indicated there were no complaints since the last inspection. There was a complaint's policy available and information on how residents were supported to make a complaint was also present. The complaints folder did contain a significant number of compliments from family members commending staff on caring for their loved ones.

Judgment: Compliant

Quality and safety

Overall, this inspection found that the day-to-day practice within this centre ensured residents were safe and were receiving a service that was of a good quality and one which met their needs. The provider had put measures in place to address areas of non-compliance found at the time of the last inspection including fire safety. Some areas requiring improvement found on this inspection, relating to the quality and safety of care, included assessment of need and risk assessments.

The provider had systems in place for the ongoing management and monitoring of risk. There was a risk management policy available in addition to a local risk register and supporting risk assessments. It was evident that the risk register and the risk assessments were reviewed at regular intervals however some improvement was required to ensure that risk assessments were updated and amended to reflect changes in circumstances. For example, the COVID-19 risk assessment was not updated to reflect the vaccination status of both staff and residents.

The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a health care associated infection in particular COVID-19. A COVID-19 contingency plan was in place for the designated centre with clear processes set out. There was adequate supply of personal

protective equipment (PPE) in the centre and emergency supplies were also available on site should there be a suspected or actual outbreak of COVID-19. Staff and residents both had their temperatures checked daily. Isolation plans were in place for each resident, these were clear and detailed the type of support each resident would need should a resident acquire COVID-19. Risk assessments were also in place in relation to COVID-19. Staff were supporting residents with visits throughout the pandemic in line with public health guidelines. Staff were seen to wear the appropriate PPE. High risks areas in terms of infection prevention control such as bathrooms, the kitchen, the laundry room and sluicing facilities, were all found to be clean and well maintained. There were colour coded clothes and mops that were also used in the centre.

Appropriate safeguarding arrangements were found to be in place that protected residents from abuse. The inspector found the local management and staff team effectively managed any safeguarding concerns and were supported by the provider's policies and social work department in this regard also. Where an alleged incident of abuse had occurred the inspector found the appropriate screening took place and also noted an up-to-date safeguarding plan was in place to protect each resident from abuse. Staff spoken with were knowledgeable on how to manage an allegation of abuse should it arise.

The inspector found that overall the fire management protected residents and staff from the risks associated with fire. There was a fire alarm system in place which was tested regularly and regular fire drills took place and were recorded. From a review of the drill records different scenarios were used each time to ensure residents did not become too familiar with a repeated scenario. In addition, fire drills were completed when staffing levels were at their lowest to ensure that residents could be evacuated in a timely manner. Fire fighting equipment was adequately placed throughout the centre. At the time of inspection they were just coming up to their review date and the person in charge told the inspector the servicing of the equipment was imminent. Emergency lighting was also present and the inspector reviewed the servicing records for this. Other service records reviewed included the maintenance of the fire alarm system. There were fire doors fitted throughout the centre with swing closers fitted. Personal emergency evacuation plans were in place for each resident and these were seen to include pertinent information about the residents in relation to their evacuation needs. The inspector reviewed evidence that the Dublin Fire Brigade had been consulted with in terms of communicating the layout of the house should their assistance be required. This demonstrated the importance the provider placed on fire management. Finally, staff spoken with were confident with regards to the actions to take should there be a fire and competently spoke about different scenarios regarding fire evacuation.

Residents were supported to achieve best possible health and were seen to attend regular appointments with allied health professionals, general practitioners and attending appointments such as regular blood testing etc in line with their specific needs. Speech and language therapists were also linked in with regularly as too psychology when the need arose. Each resident had a personal care plan in place that was complete with a robust assessment of need which was up-to-date and reviewed at a minimum annually. Where needs changed the associated plans of care

were updated to guide staff on how to meet these needs. The residents were supported by a nurse led model of care however the addition of social care workers and health care assistants meant that residents received holistic care of a good standard. Staff spoken with were familiar with residents' needs. The inspector also reviewed a document called 'All about me' which summarised resident's needs, likes and dislikes. From a review of a sample of resident's personal plans the inspector found that for most assessed needs there was an associated care plan in place. However for one resident whose plan was reviewed there was an absence of a care plan outlining how a specific need in relation to their sight was met.

The inspector reviewed the arrangements for food and nutrition and was satisfied that these were appropriate to the needs and wishes of residents and that residents were afforded food that was wholesome and nutritious and prepared in a manner that supported their dietary requirements. The inspector observed plentiful supply of fresh fruit and vegetables and dry goods. Residents had their own specialised food stuff where required. Staff at the centre, including a part-time chef, prepared the food and beverages for residents and done so in line with their feeding, eating and drinking (FEDS) care plans. The person in charge told the inspector although not all residents had a known preference to prepare food those that did baked occasionally at weekends.

The inspector walked around the centre and found it to be laid out to meet the needs of residents. It was visibly clean and well maintained. New flooring had recently been laid and a number of areas had also been recently painted. Each resident had their own bedroom which were nicely decorated and personalised to reflect their preferences. Photographs of significant people and events in their life were hung on resident's walls. Residents had televisions and music players in their bedrooms. There was a patio area to the side of the house and this was equipped with table and chairs. There was also a sun room that residents availed off when the weather wasn't so hot.

Regulation 17: Premises

The actions from the last inspection were completed.

The centre was laid out to meet the needs of residents. It was visibly clean and well maintained. New flooring had recently been laid and a number of areas had also been recently painted. Each resident had their own bedroom which were nicely decorated and personalised to reflect their preferences.

There was a patio area complete with furniture for residents' use and the front of the house was welcoming with a vibrant colored front door and flowers which were in bloom.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were afforded food that was wholesome and nutritious and prepared in a manner that supported their dietary requirements. The inspector observed plentiful supply of fresh fruit and vegetables and dry goods. Residents had their own specialised food stuff where required. Staff at the centre, including a part-time chef, prepared the food and beverages for residents and done so in line with their feeding, eating and drinking (FEDS), care plans. The person in charge told the inspector although not all residents had a known preference to prepare food those that did baked occasionally at weekends.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the ongoing management and monitoring of risk. There was a risk management policy available in addition to a local risk register and supporting risk assessments. It was evident that the risk register and the risk assessments were reviewed at regular intervals however some improvement was required to ensure that risk assessments were updated and amended to reflect changes in circumstances. For example, the COVID-19 risk assessment was not update to reflect the vaccination status of both staff and residents

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a health care associated infection in particular COVID-19;

- A COVID-19 contingency plan was in place for the designated centre with clear processes set out.
- There was adequate supply of personal protective equipment (PPE) in the centre and emergency supplies were also available on site should there be a suspected or actual outbreak of COVID-19.
- Staff and residents both had their temperatures checked daily.
- Isolation plans were in place for each resident, these were clear and detailed the type of support each resident would need should the acquire COVID-19.

- Risk assessments were also in place in relation to COVID-19.
- High risks areas in terms of infection prevention control such as bathrooms, the kitchen, the laundry room and sluicing facilities, were all found to be clean and well maintained. There were colour coded clothes and mops that were also used in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The actions from the previous inspection were complete.

The inspector found that overall the fire management system protected residents and staff from the risks associated with fire. There was a fire alarm system in place which was tested regularly and regular fire drills took place and were recorded, fire drills took place throughout the year and different scenarios were tested.

Fire fighting equipment was adequately placed throughout the centre. At the time of inspection they were just coming up to their review date and the person in charge told the inspector the servicing of the equipment was imminent.

Emergency lighting was also present and the inspector reviewed the servicing records for this. Other service records reviewed included the maintenance of the fire alarm system.

There were fire doors fitted throughout the centre with swing closers fitted. Personal emergency evacuation plans were in place for each resident and these were seen to include pertinent information about the residents in relation to their evacuation needs.

Staff spoken with were confident with regards to the actions to take should there be a fire and competently spoke about different scenarios regarding fire evacuation which were in line with the provider's evacuation plan.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal care plan which clearly outlined their assessed needs which were reviewed at a minimum annually. The effectiveness of the care plans were also reviewed at quarterly intervals.

For the most part where an assessed need was identified there was a supporting care plan to guide staff. However, for one of the personal plans reviewed a care

plan had not been developed to guide staff on meeting a resident's need in relation to their sight.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to achieve best possible health and had access to allied health professionals, multidisciplinary team members and other health professionals such as General Practitioners (GP) as required.

It was evident that residents received ongoing screening in line with their health needs such as regular blood tests.

Residents were also seen to be supported with regards to their emotional well-being.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required support with behaviours of concern this was facilitated. A behaviour support plan was reviewed on inspection and it was found to be detailed, up-to-date and developed by an appropriate qualified person.

Judgment: Compliant

Regulation 8: Protection

The inspector found residents were protected from abuse due to the the local management and staff team who effectively managed any safeguarding concerns and were supported by the provider's policies and social work department in this regard also.

Where an alleged incident of abuse had occurred the inspector found the appropriate screening took place and also noted a safeguarding plan was in place to protect each resident from abuse.

Staff spoken with were knowledgeable on how to manage an allegation of abuse should it arise.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glenamoy OSV-0002382

Inspection ID: MON-0026385

Date of inspection: 24/08/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • The Person in Charge will continue to ensure that staff have access to appropriate training, including refresher training, as part of continuous professional development programme. Mandatory training is scheduled and planned within the working roster. • The PIC has devised a priority list of training for staff team in Glenamoy and schedule for completion in line with training department guidance and current government and HSE guidance • The PIC will continue to liaise with the training department to ensure all staffs training needs are met within the dates outlined going forward. 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> • The Person in Charge has completed a review of identified risk within the centre and updated risk assessments and risk register to reflect changes associated with each area of identified risk 	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none">• The person in charge and MDT have reviewed individual assessment and support plans for resident in line with meeting identified current need and changing needs identified to arise for individual residents within the Centre.• A schedule of review has been put in place by The Person in Charge in order to ensure support plans are in line with current and future needs of each resident.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/08/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/08/2021
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre,	Substantially Compliant	Yellow	31/08/2021

	prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
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