Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Buttevant House
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	25 October 2024
Centre ID:	OSV-0003839
Fieldwork ID:	MON-0044443

About the designated centre

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

Buttevant House is a single storey detached bungalow located in a town. The centre comprises of two resident bedrooms, a sitting room, a kitchen, a utility room, an activity room, bathroom facilities and staff room. The centre has a maximum capacity of two residents and provides full-time residential care to residents with intellectual disabilities and autism who present with behaviour that challenges. Both male and female residents over the age of eighteen years can reside in the centre. The staff team comprises of a person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 25 October 2024	10:00hrs to 18:05hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

While residents spent much of the day away from the centre, both residents were met and indicated that they liked living in the centre. Other positive feedback from residents was also provided around the things they did, their safety and staff support. Staff members on duty were seen to prepare a meal and to engage jovially with residents.

Two residents were living in this centre but neither was present when the inspection started with both residents availing of day services offered by the same provider for much of the inspection day. As such, the inspector used the initial hours of the inspection to speak with management and staff, review documentation and assess the premises provided for residents to live in. Overall, this premises was found to be clean, well-furnished and well-maintained on the day of inspection. Each resident had their own bedroom and it was seen the premises had plenty of communal space for residents to enjoy. For example, the centre had an activity room which was equipped with a dartboard, a punch bag and board games amongst others. A trampoline and a swing were also located to rear of the centre in an enclosed garden.

Other communal rooms in the centre included a utility room (which had a table and chairs), a kitchen and a sitting room. Within the sitting room there was a fish bowl with two goldfish in it. A staff member told the inspector that one of the residents fed these goldfish. Across these communal areas, including the main hall area of the centre, the inspector observed that there was a high volume of posters, signs, notices and photographs on display. Some of these covered organisational matters such as information about the provider's complaints process and others highlighted events while the photographs showed residents out and about or celebrating events such as Christmas. Given the volume of these, the inspector queried if all were necessary but the inspector was informed that both residents were very visual.

Aside from this the centre was provided with bathroom facilities. However, the inspector did note that there was a difference in the actual layout of the premises compared to the floor plans that the centre was registered against. This related to the presence of a door from one of the bathrooms that was seen to be present on the day of inspection. This door was not evident on the floor plans for the centre with these floor plans forming the basis of a condition of registration. This was highlighted to management of the centre. The inspector also noted that some of the room sizes for the premises were inaccurately stated in the centre's statement of purpose. Again this was highlighted to management of the centre and a revised statement of purpose was provided before the end of the inspection.

In the final two hours of the inspection, both residents returned to the centre with the inspector greeting them soon after. After residents came back, one of them spent some time relaxing in their bedroom while the other used a telephone to contact a family member. After the inspector spoke with a staff member who had

been supporting one of the residents earlier in the day, the inspector sat with a resident in the centre's utility room. This resident told the inspector that they had lived in the centre for a long time and liked living there. They added had been at work earlier in the day at a garden centre which they also liked and were going to relax later in the evening.

A member of staff and the person in charge then joined the resident and the inspector in the utility room with both engaging in pleasant and jovial chat with this resident. During this some of the things the resident was going to do at the weekend were mentioned including going to get dinner out and seeing a relative. Some art work that this resident did were then brought up with examples of these shown to the inspector. Discussion also included the resident's interest in a particular type of machinery and the resident recently joining a nearby leisure centre. The inspector then asked if he could see the resident's bedroom which the resident agreed to. It was observed that their bedroom had been personalised to the interests of the resident who informed the inspector that they liked their bedroom.

The other resident living in the centre could communicate verbally but tended to use a tablet device when communicating. Wi-Fi Internet was in use in the centre to facilitate this and the resident was observed to use their tablet in engaging with the person in charge. This resident did not initially interact with the inspector when they returned to the centre nor when the inspector visited the resident while they were spending some time in the activity room. Just before the end of the inspection, the inspector returned to this room with the person in charge. While the resident was using their tablet device they indicated verbally that the inspector could ask them some questions about life in the centre.

Upon the resident indicating this, the person in charge then left the activity room. The inspector proceeded to ask the resident if they liked living in the centre, if they liked the staff, did they feel safe living in the centre and did they get on with the other resident living in the centre. The resident answered "yeah" to all of these questions. Throughout this time the resident continued to use their tablets device and begun to watch a video. The inspector then asked the resident if there was anything else that they wanted to tell or show the inspector. The resident did not give a response to this question with the inspector then leaving the activity room.

Both this resident and their peer were supported to have dinner in the centre after this. This meal was prepared in the kitchen by a member of staff with a nice smell apparent in the centre near the inspection's end because of this. When the inspector had completed a feedback meeting with management of the centre, he said goodbye to both residents who were seen sitting with staff in the kitchen completing a residents' meeting. Notes of such meetings were read earlier in the inspection and were occurring on a weekly basis with these meetings used to give residents information and to consult with them. As the inspector said goodbye to the residents, one of them waived cheerfully to the inspector while the other opened the front door of the centre for the inspector.

In summary, the feedback from both residents on the day on inspection was

positive. The centre were residents lived was seen to be well-presented with sufficient space available for residents to avail of. Various posters, signs, notices and photographs were on display in the centre which also had Wi-Fi Internet access to facilitate the communication preferences of one residents.

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

Capacity and capability

Overall, this inspection found residents to be appropriately safeguarded and well supported in this centre. This indicated that there was appropriate governance arrangements in place for the centre.

Registered until July 2026, this designated centre had been last inspected by the Chief Inspector of Social Services in February 2023 where an overall good level of compliance with regulations was found. Given the length of time since the previous inspection, a decision was made to conduct the current inspection to assess compliance levels and supports to residents in more recent times. In line with a programme of inspections commenced by the Chief Inspector in recent months, the current inspection focused on the area of safeguarding. This is a key area in supporting residents in a designated centre as having appropriate safeguarding measures and processes in place helps to ensure that residents are safe and live a life free from harm.

As will be discussed further elsewhere in this report, this inspection found residents to be well supported and no safeguarding concerns were found. Some regulatory actions were identified though related to the provision of an annual review to residents, staff awareness of relevant national standards and the availability of such standards in the centre. Despite these though, a good level of compliance with the regulations was found overall. This indicated this centre had appropriate governance arrangements in place at the time of inspection. Members of management were present during this inspection and staff spoken with commented positively on these. It was highlighted that there was to be change in person in charge for the centre in the weeks following this inspection.

Regulation 15: Staffing

Based on staff rotas reviewed from August, September and October 2024, along with discussions with staff members on the day of inspection, appropriate staffing arrangements were in place to meet the needs of residents. The staffing

arrangements being provided in the centre were in keeping with those set out in the centre's statement of purpose as confirmed by the staff rotas reviewed. These staff rotas were being kept digitally but were available in both planned and actual formats. The rotas reviewed also indicated that there was a continuity of staff support provided for residents. This is important in promoting consistent care and professional relationships between residents and staff.

Under this regulation, the person in charge is also required to ensure that they obtain specific documentation relating to staff working in the centre. This includes full employment histories, written references, photo identification and evidence of Garda Síochána (police) vetting. During the course of this inspection, the inspector requested the staff files of three specific staff members. All three files were subsequently provided during the inspection. When reviewed by the inspector these were found to contain all of the required documents. This included Garda vetting, all of which was dated within the previous 20 months.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge has a responsibility under this regulation to ensure that all staff are appropriately supervised. The inspector reviewed the supervision of six different staff members. For one of these staff, the inspector noted that their most recent formal supervision record on file in the centre was from April 2023. When queried a member of management told the inspector that this staff was a relief staff member who used to work regularly in this centre but now worked more often in another designated centre. As a result this staff member was supervised formally in the latter centre. For the other five staff it was found that these staff had been subject to formal supervision multiple times during 2024 where matters related to safeguarding and training were raised.

Staff training records reviewed indicated that the majority of all staff working in the centre had received training in relevant areas such as safeguarding, Children First, fire safety and infection prevention and control (IPC). It was noted though that some staff were overdue refresher training in such areas. This included one staff member for safeguarding, one for Children First, one for fire safety and three for IPC. In addition, staff working in the centre must be informed of relevant standards and have copies of these standards made available to them. However, one staff member spoken with did not demonstrate an awareness of relevant national adult safeguarding standards while copies of these standards and other standards were not present in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The overall compliance levels found during this inspection were positive. Such compliance levels had been maintained since the previous inspection in February 2023 while there were clear indications that the two residents in this centre were being appropriately supported. This provided assurances that there were appropriate governance and monitoring arrangements in operation for this centre. Examples of this included;

- An on-call system was in operation that allowed staff to seek out-of-hours support if required. Staff spoken with were aware of this system.
- There was an incident reporting system in use in the centre. This allowed incidents which involved residents or had the potential to impact residents to be reported to management of the centre. The inspector did note though that there was sometimes a variance in the amount of information in some incident report for similar incidents.
- There was a schedule of audits in place for the centre. This set out how often each year audits in specific areas were to be done and when they were to be carried out. Audits outlined in this schedule were generally conducted as intended. This included conducting a safeguarding audit. It was noted though that two staff file audits had not been conducted as scheduled but, as referenced under Regulation 15 Staffing, no issues were identified with staff files reviewed on this inspection. Similarly, a self-assessment on restrictive practices scheduled for August 2024 had not taken place. However, as discussed further under Regulation 7 Positive behavioural support, restrictive practices in the centre had been recently considered in a different format.
- The outcome of such audits were discussed at staff team meetings along with various other topics including safeguarding. A schedule of staff meeting was in place for 2024 and the inspector saw notes of staff meetings from February, April, June and August 2024. The inspector was informed that a scheduled staff meeting for October 2024 had been rescheduled to November 2024. Notes of scheduled staff meeting for July 2024 could not be located on the day of inspection.
- Under this regulation, the provider is required to conduct unannounced visits to the centre at six monthly intervals to review the quality and safety of care and support provided to residents. Since the February 2023 inspection, three provider unannounced visits had been conducted by management of this centre, most recently in May 2024. These visits were reflected in written reports and it was seen that the May 2024 report included an action plan for addressing any issues identified. The action plan for this had been updated to reflect progress made.
- Aside from the regulatory required provider six monthly unannounced visits, a further unannounced audit of the centre had been conducted by a member of the provider's senior management and management from other designated centres operated by the provider. This had been completed in July 2024 with an action plan was in place for any issues identified. Again this action plan had been updated to reflect progress made.

- An annual review for the centre had been conducted in January 2024 which assessed the centre against relevant national standards and provided for consultation with residents and their representatives.

However, this regulation requires that a copy of such an annual review be made available to residents. When the inspector queried how this was done, he was informed that the report would not be provided to residents but that it would be discussed with residents at their weekly meeting in the centre. The inspector requested notes of the weekly residents' meeting where the January 2024 annual review was discussed with residents. It was indicated during the feedback meeting for this inspection that no reference to the annual review being discussed could be found in the notes of these meetings. This did not provide assurances that the annual review had been made available to residents.

Judgment: Substantially compliant

Quality and safety

This inspection found that the needs of residents were being appropriately supported in this centre. This contributed to residents having a good quality of life while no safeguarding concerns were identified during this inspection.

Under the regulations, the provider should ensure that there are appropriate arrangements in place to meet the assessed needs of residents. Discussions with staff, management and residents along with documentation reviewed indicated that this was being achieved which was contributing to residents having a good quality of life. For example, both residents were being supported to maintain relationships with relatives and to pursue activities of interest to them. Such matters helped to provide for residents' personal and social needs. From a safeguarding perspective, there was one active safeguarding plan at the time of this inspection. This safeguarding plan had been subject to regular review by the provider's designated officer (person who reviews safeguarding concerns). Staff spoken with during this inspection demonstrated a good awareness of this plan. Aside from this plan, no safeguarding concerns were highlighted by this inspection.

Regulation 10: Communication

One resident communicated verbally while the other resident tended to use a tablet device when communicating. Staff and management spoken with were aware of such communication needs and were seen to engage with both residents in their preferred communication methods. The personal plans of both residents also contained guidance on residents' communication abilities and how to support them in these. Given one resident's use of a tablet device for communication, Wi-Fi

Internet access was present in the centre as was access to other appropriate media including television and radio.

Judgment: Compliant

Regulation 17: Premises

Based on observations during this inspection, the premises provided for residents to live in was seen to be clean, well-furnished and well-maintained. Each resident had their own individual bedroom, one of which was seen during this inspection that was observed to be personalised to the resident. The premises was provided with ample communal space and bathroom facilities for residents. No issues were observed or raised relating to the provision of storage in the centre nor were any accessibility issues noted.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The two residents living in this centre had individualised personal plans which outlined their needs. The inspector reviewed both of these plans and found that they had been informed by relevant assessments, had been reviewed within the previous 12 months, were available in accessible formats and were subject to multidisciplinary review. A person-centred planning process was also used to identify goals for residents with residents' families involved in this process. When reviewing the personal plan for one resident it was seen that a review sheet for an identified goal of getting away for a short break had no entries to indicate what progress had been made with this. However, a staff member spoken with before this review sheet was seen by the inspector informed him that the resident was to have a short break away before the end of 2024.

Aside from this there were clear indications from documentation reviewed in residents' personal plans and discussions during this inspection that other goals had been achieved, that residents were being supported to engage in activities that were of interest to them and that residents were being supported to develop. For example;

- One resident had an identified goal around putting on a play. The resident had subsequently written and directed this play which was put on in a theatre in a nearby town. A picture of the resident receiving an award for this was contained within their personal plan.
- Another resident had goals to join a leisure centre, have an overnight stay away and attend a concert with all goals being achieved in 2024.

- At the time of inspection, one resident was undertaking work experience in a nearby shop while the other resident worked in a garden centre operated by the provider.
- One resident had commenced using public transport.
- Residents were being supported to participate in courses that covered topics including drama, manual handling and food safety.
- Each resident had one-to-one staff support available to them during the day which gave residents flexibility in the things that they wanted to do each day.
- Residents were supported to maintain relationships with relatives though phone calls or visits.

Such findings indicated that the personal and social needs of residents were being meet while also indicating that residents were enjoying a good quality of life.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some restrictions were in use in this centre which included a key pad on the front door (a key pad was seen on the back door also but the inspector was informed that this had been deactivated). Such restrictions had been discussed with residents at a recent weekly residents' meeting and had also been reviewed by the provider's multidisciplinary team in early October 2024. Following this review attempts were being made to reduce the impact of the key padded front door by supporting one resident with using the key pad. A specific support plan had been developed to support the resident in this regard. It was also noted that the amount of restrictions in use in the centre had reduced over time. For example, window restrictions had been previously in use but following review by the multidisciplinary team, they had been discontinued in June 2024.

From reviewing incident reports in this centre, one resident could display certain behaviours. However, staff and management spoken with were aware of this and how to support the resident in this area while it was also indicated that these behaviours did not impact the other resident living in this centre. The relevant resident also had a positive behaviour support plan providing guidance for staff in this area. Training records reviewed indicated that all staff working in this centre had completed relevant training in de-escalation and intervention.

Judgment: Compliant

Regulation 8: Protection

No safeguarding concerns were identified during this inspection. Positive elements of

safeguarding practices identified during this inspection included;

- There was one open safeguarding plan at the time of this inspection. Staff spoken with were aware of this plan which had also been raised at staff meetings and individual staff supervisions based on records reviewed.
- The active safeguarding plan had been subject to regular review by the provider's designated officer with contact information about this person visible in the centre.
- The designated officer also formed part of the provider's safeguarding committee whose membership also included senior management of the provider, a member of management from this centre and a social worker. This committee met on a weekly basis to review any safeguarding matters across the provider.
- Notes of a recent residents' meeting indicated that residents had been made aware of who the designated officer was.
- Staff spoken with during this inspection were also aware of who the designated officer was and demonstrated a good awareness of how any safeguarding concerns were to be reported.
- Such staff also had a good understanding of the different types of abuse that can occur, such as physical abuse and institutional abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Weekly residents' meetings were occurring consistently in the centre throughout 2024 based on meeting notes reviews. These meetings were used to consult with residents and to give residents information on areas such as restrictive practices, complaints, advocacy and meal plans. Residents were also consulted with on an individual basis through monthly meetings with their assigned key-worker (a staff member specifically assigned to a resident). There was evidence that residents were being informed about relevant matters that impacted them. For example, one resident was noted to be aware of the upcoming change in person in charge for the centre. Throughout this inspection staff and management spoke of residents in a respectful manner while also being observed and overheard to interact with residents in a similar way. Based on the findings under Regulation 5 Individualised assessment and personal plan, residents were able to do the things that they wanted to do.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Buttevant House OSV-0003839

Inspection ID: MON-0044443

Date of inspection: 25/10/2024

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: To come into compliance with Regulation 16 the person in charge wishes to assure the Chief Inspector that the following actions have been identified: 1. The identified staff member has been made aware of the National Adult Safeguarding Standards and a copy of these and other standards are now present in the centre. These standards were discussed at a team meeting on the 6th of November 2024 and will be discussed with each staff member individually at their next supervision. 2. The identified staff member whose fire training had expired has secured a space on the next available course which is scheduled for November 20th, 2024. 3. The identified staff member whose Children's First training had expired completed this course on the 7th of November 2024. 4. The identified staff member whose Safeguarding training had expired completed this training on the 6th of November 2024. 5. Three staff members completed IPC refresher training. One staff member had completed this on the 20th of October however, this was not reflected on the training matrix on the day of inspection. The second staff member completed this training on the 6th of November 2024 and the third staff member completed this training on the 7th of November 2024.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To come into compliance with Regulation 23: Governance and Management, the Person	

in Charge wishes to assure the Chief Inspector that the following action has been completed: 1. The most recent annual review for the designated centre was discussed with residents on the 8th of November during the Resident's weekly meeting. The PIC will ensure discussions of future annual review reports are minuted.
2. The Person In charge carried out a Restrictive Practice Self-Assessment audit of the designated centre on the 15th of November 2024.

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	20/11/2024
Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations and standards made under it.	Substantially Compliant	Yellow	06/11/2024
Regulation 16(2)(b)	The person in charge shall ensure that copies of the following are made available to staff; standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of	Substantially Compliant	Yellow	06/11/2024

	the Act.			
Regulation 23(1)(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the chief inspector.	Substantially Compliant	Yellow	08/11/2024