



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

Issued by the Chief Inspector

Name of designated centre:	St. Anne's Residential Services Group H
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	26 May 2022
Centre ID:	OSV-0003951
Fieldwork ID:	MON-0036635

About the designated centre

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

St. Anne's Residential Services Group H is designated centre operated by Avista CLG. This centre provides a community residential service to up to six adults with a disability. The centre comprises of one two storey detached house located in a town in Co. Tipperary close to local amenities and facilities. The centre consisted of six individual resident bedrooms (two of which were en-suite), sitting room, dining room, kitchen, laundry room, shared bathroom and staff office. The designated centre is staffed by a clinical nurse manager 1 (CNM1) and care staff. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 (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
Thursday 26 May 2022	10:00hrs to 17:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector followed all public health guidance and HIQA's enhanced COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

The purpose of this inspection was to review actions taken by the provider to address the significant findings of non-compliance identified in the previous inspection undertaken over two days on 22 and 25 February 2022.

Following the February 2022 inspection, the Chief Inspector of Social Services issued a notice of proposed decision to cancel the registration of this designated centre due to an absence of safe quality services being provided in this designated centre.

The registered provider, Avista CLG submitted formal representation to the Chief Inspector of Social Services outlining their proposed actions to improve the standards of care and support in the centre and come into compliance with the Health Act 2007, as amended. The provider also submitted a formal notification to the Chief Inspector of their intention to cease operation and close this designated centre. The provider intends to close the centre in December 2022 once the residents have been supported to transition to an identified new premises which was in the process of being renovated.

This unannounced inspection was completed to provide assurance that safe and quality care was now being provided to the residents in this centre and that the provider was completing actions as set out in their representation.

On the day of the inspection, the inspector had the opportunity to meet with all four residents, members of the staff team and members of the management team as part of this inspection. It was evident that the provider had taken a number of steps to improve their service.

For example, the provider:

- had significantly increased managerial oversight arrangements in place,
- had completed a number of quality assurance audits,
- had completed a full review of staffing arrangements,
- had established formal arrangements with an external cleaning company to deep clean the premises. The premises had been cleaned in February 2022 and May 2022.
- had completed a review of all restrictive practices and human rights.

As noted, the designated centre comprised of a large two story house located in a town in Co.Tipperary. The inspector completed a walk-through of the premises. The

previous inspection found that the designated centre presented as visibly unclean, in a state of disrepair and did not provide for a homely environment for the residents. On this inspection, the inspector observed a visibly clean centre which was now appropriately decorated. For example, the inspector observed:

- a centre that had been deep cleaned,
- new flooring in areas throughout the centre,
- repainting of the interior of the premises repainted and areas of damp and mould treated,
- new furnishings were in place, including flowers in the window sills, new window blinds, new furniture, new lighting fixtures and art/pictures located throughout the centre.

The garden was also observed to be well maintained and the areas of rubbish build up observed on the previous inspection had now all been removed.

While, there remained a vacant downstairs en-suite bedroom which remained in a poor state of repair, at the time of the inspection, the provider had submitted an application to vary registration conditions which proposed removing this unused area as a part of the designated centre and that it would not be used by residents.

In relation to infection prevention and control, the systems in place for managing laundry and the storage of cleaning equipment had been reviewed. The laundry room had been cleaned, clutter removed and reorganised. The storage of cleaning equipment had been relocated to a different area of the centre and a new system introduced. However, there were some areas for further improvement as required in infection prevention and control including cleaning schedules and the maintenance of kitchen surfaces in the centre to ensure it could be cleaned effectively.

The inspector met the four residents living in the designated centre, albeit this time was limited. On arrival to the designated centre, all residents were accessing day services and the community. The residents arrived back in the designated centre in the afternoon and appeared happy in their home. Two residents spoke briefly to the inspector and told the inspector about their plans to upgrade their TV and their activities for the day. Other residents had limited verbal communication abilities. As such it was not possible for the inspector to directly obtain these residents' views of the service that they received while living in the centre. The inspector observed residents watching TV in the sitting room and one resident spending time in the relaxation room. Of the staff spoken with, they highlighted that the improvements since February 2022 were very welcome and cited the refurbishment of the centre as having a positive impact. The staff team spoken with noted the positive impact that the proposed transition plans would have on the quality and care of the support provided to the residents.

In summary, the inspector noted that there were improvements in the governance and oversight of the centre. There was evidence of actions achieved and clear plans in place to address further areas for improvement to come back into compliance with the regulations. However, the inspector found that there remained non compliance in infection prevention and control and the overall suitability of the

premises (which was now scheduled to close). Some improvements were also required in staffing arrangements, fire safety, staff training and development and resident plans.

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

Capacity and capability

Overall, this inspection found that the registered provider had implemented the actions as set out in their representation response to the Chief Inspector. While, there remained areas for improvement in the centre, clear plans were in place to address same. The inspector found that further improvements were required to ensure the provision of a safe and quality service to residents in this centre in the area of staff training and development and staffing arrangements.

There was a defined governance and management structure in place. The previous inspection found the governance and management systems in place were not effective in ensuring a quality and safe service was being delivered to the residents. Since the last inspection, the provider had been established a Governance and Oversight Team to provide oversight and management to this centre. In addition, the provider had completed a number of quality assurance audits of different aspects of the service including a six monthly unannounced provider visit, person centre plans, infection prevention and control and fire safety. The quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of residents. From a review of the roster, there was an established staff team in place. Throughout the inspection, staff were observed treating and speaking with residents in a dignified and caring manner. As noted, all residents were supported to access day services and the community on the day of the inspection. At the time of the inspection, the centre was operating with a one whole time equivalent Clinical Nurse Manager 1 (CNM1) vacancy. The provider was actively recruiting to fill this vacancy. However, the staffing arrangements required further improvement to ensure they were in line with the needs of residents.

There were systems in place for the training and development of the staff team. From a review of the training records, the inspector found for the most part the staff team had up to date training. However, some improvement was required to ensure all staff had received refresher training as required. In addition, some improvement was required to ensure formal supervision was delivered in a timely manner.

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. From a review of the roster, there was an established staff team in place which ensured continuity of care and support to residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. The previous inspection identified the contingency systems in place were not effective in ensuring that staffing levels were adequately maintained at all times. Since the inspection, the provider has completed a review of staffing arrangements, contingency systems and recruited a staff member to cover one staff on extended leave.

During the day, the four residents were supported by three residential staff. Two day service staff members also provided support to residents during the days of the week. At night, the four residents were supported by a waking night staff.

However, the staffing arrangements required some further review which the provider had self-identified. As noted in the compliance plan response to the previous inspection, the provider was exploring additional day service provision for one resident in the designated centre to enhance staffing levels and service provision for this resident. This action remained in process on the day of the inspection in line with the previous compliance plan.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the majority of the staff team had up-to-date training in areas including safeguarding, deescalation and intervention techniques and infection prevention and control. However, some improvement was required in ensuring all staff received up-to-date refresher training in areas including one staff member for fire safety and two staff members for medication management. This had been self-identified by the person in charge and plans were in place to address same.

A staff supervision system was in place and the staff team in this centre took part in formal supervision. Staff members had received supervision in the first quarter of 2022. However, some improvement was required to ensure that all of the staff team received supervision in line with the provider's policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to Clinical Nurse Manager 3 (CNM3), who in turn reports to the Service Manager. The person in charge was responsible for two other designated centres and was supported in their role by identified staff members.

The previous inspection found the governance and management systems in place were not effective in ensuring a quality and safe service was being delivered to the residents. In response, the provider established a Governance and Oversight Team to provide oversight and management to this centre. The team included members of the service executive, multi-disciplinary team and was chaired by the assistant Chief Executive Officer. This team met weekly initially and it was evident through actions taken that the provider had the capacity to address the areas identified for improvement. In addition, a number of quality assurance audits were completed including six monthly provider visit, care plan audit, infection prevention and control audits and human rights review. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Quality and safety

On this inspection, the inspector found that the provider had implemented the actions as set out in their representation response to the Chief Inspector. Overall, the implementation of these actions lead to improvements on the safety and quality of the service experienced by residents. However, there remain areas of non compliance including the premises and infection prevention and control. In addition, some areas required some improvement including residents personal plans and fire safety.

The inspector found that there were improvements in the systems in place to provide care and support to residents in a clean and safe environment. As noted, these included installing new flooring in areas throughout the centre; repainting of the interior of the premises repainted and treating areas of damp and mould and new art/pictures were located throughout the centre. These actions presented the centre in a good state and homely manner. However, the registered provider had identified that the premises of the centre does not meet the assessed needs of the residents. At the time of the inspection, the registered provider was in the process of renovating an identified alternative premises where the residents would be supported to move to.

In addition, the provider also had taken action to address the significant infection prevention and control concerns identified in the previous inspection. These included

contracting an external cleaning company to deep clean the premises, removing rubbish and clutter in the premises and reviewed cleaning procedures. However, some further improvements were required to come back into compliance with Regulation 27. For example, improvements were required in the cleaning schedules in place to guide staff in the cleaning of the centre and the maintenance of kitchen surfaces in the centre to ensure it could be cleaned effectively.

The previous inspection found that the provider had not ensured that each residents' safety, dignity, choice and control was respected. The provider had completed a review of all restrictive practices in use in the designated centre and developed restriction reduction plans. In addition, the provider had completed human rights review for each resident and developed plans to manage identified concerns. This meant that the designated centre was implementing systems in place to ensure residents' choice and preferences were respected.

There were systems in place for fire safety precautions. The provider had addressed the areas identified on the previous inspection. However, the inspector identified one area which posed a potential fire safety risk which required review. This was discussed with the person in charge on the day of the inspection. Additional information was submitted post inspection which provided assurances that the area would be reviewed by a person competent in fire.

Regulation 17: Premises

Overall, there had been significant improvements in the premises to make the designated centre more homely and in a good state of repair. This included:

- new flooring in sitting room, dining room, kitchen and other areas of the premises,
- painting of the interior of the premises,
- rubbish removed from garden area and storage areas decluttered,
- new furniture in place in the sitting room, dining room and individual bedrooms,
- remedial works to repair areas of the ceiling, fore doors and laundry completed,
- new furnishing such as lighting fixtures, art/pictures on walls, new window blinds and flowers in window stills.

However, the registered provider has identified that the centre does not meet the assessed needs of the residents. The inspector acknowledges that the registered provider has sourced an alternative property which is undergoing refurbishment at the time of the inspection.

Judgment: Not compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. The inspector found that the provider had implemented a number of actions as outlined in their representation. For example:

- a deep clean of the designated centre took place in February 2022 and May 2022 by an external cleaning company. This arrangement was under review at the time of the inspection,
- cleaning schedules were in place,
- the COVID-19 guidance contingency plan had been reviewed,
- staff/visitor/resident temperature checks were completed in line with government guidelines,
- storage areas for cleaning products and cleaning products have been thoroughly cleaned and reviewed,
- laundry facilities and laundry procedures have been reconfigured,
- new cleaning equipment in place.

However, further improvements were required in the cleaning schedules in place to guide staff in the cleaning of the centre. The cleaning schedules in place were standard templates which, for example, referred to sinks in rooms where no sinks were present. Also, from a review of cleaning records for a sample of rooms in the designated centre, records were not consistently completed in relation to the sensory room. The cleaning schedules had been self-identified by the provider and was being reviewed at the time of the inspection. In addition, the laminate on the kitchen cabinets was broken in places and required review to ensure staff could effectively clean the area. Given the serious deficits previously found in this centre further work was required to ensure the standard of guidance, direction, management of cleaning schedules was being accurately recorded, reported and reviewed.

Judgment: Not compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. There was evidence of regular fire evacuation drills taking place in the centre. The centre had suitable fire safety equipment in place, including emergency lighting and fire extinguishers. Since the last inspection, a new fire panel had been installed in the designated centre.

The previous inspection found that substantive improvements were required in the fire safety arrangements. In response, the provider had reviewed all fire doors to ensure they closed appropriately and installed a new fire door to replace a significantly damaged fire door. On the day of the inspection, the inspector observed maintenance staff on site to review fire containment in the centre as part of a

weekly fire door checks.

However, the inspector identified one potential fire safety risk which required review. The inspector observed a hot press door located in the corner of a resident's bedroom. Post inspection the provider submitted further information regarding the arrangements in place to identify and contain fire. The provider also provided assurances that a risk assessment would be completed and the area would be reviewed by a person competent in fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of resident's personal plans. Each resident had a comprehensive assessment of the residents' health, personal and social needs. These assessments informed the residents personal plans which were up to date and guided the staff team in supporting the residents. However, there were some care plans which required review. For example, for one resident it was identified that two falls risk assessments were in place and the epilepsy risk assessment required review. This had been self-identified by the provider through a recent internal care plan audit and plans were in place to address same.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were a number of restrictive practices in use in the designated centre. The registered provider appropriately identified and reviewed restrictive practices in use in the designated centre. There was evidence of a restrictive practice reduction plan in place with the aim of reducing or eliminating the restrictive practices. There was evidence of recording systems in place for use of restrictive practices.

Judgment: Compliant

Regulation 8: Protection

There provider had systems in place to safeguard residents. The previous inspection found that the poor findings indicated that the residents were not living in safe environment. This had been addressed through the actions taken by the provider in response to the findings of the previous inspection. In addition, from a review of

staff training all staff had up-to-date training in safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

The previous inspection found that the provider had not ensured that each residents' dignity was respected. This had been addressed through the number of actions taken to improve the state of the premises and infection control standards.

The previous inspection also found that residents did not have the freedom to exercise choice and control in their daily lives in the centre. The registered provider had taken a number of actions to ensure residents had the freedom to exercise choice and control in their daily lives, including:

- a review by the service Human Rights Officer of the residents from a rights based approach,
- training in process for the staff team in human rights based approach in health and social care services,
- the concern raised regarding the impact of a peer on one resident at night has been responded to as a complaint. The provider had introduced a tracking system to capture the frequency and level of impact. In addition, the provider was in the process of reviewing the day service provision for one resident to ensure individual needs are met. This action remained ongoing at the time of the inspection.
- and, the restrictive practices in place have been suitably identified, reviewed and monitored in line with provider's policy. The provider has developed restrictive practice reduction plans to remove or eliminate the restrictive practices.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Anne's Residential Services Group H OSV-0003951

Inspection ID: MON-0036635

Date of inspection: 26/05/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider will continue to support one resident with enhanced staffing in the center and a programmed plan according to his assessed needs until a funded day service can be sourced through the HSE. The registered provider will continue to engage with the HSE to source and fund a day service to support the assessed needs of this resident.</p> <p>The registered provider will ensure the PIC and PPIM continue review the planned and actual roster on a regular basis to ensure that effective staffing levels are maintained and to monitor and address any staff vacancies through recruitment.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge has scheduled supervision meetings with all staff and this will be monitored by PPIM with the PIC at regular meetings.</p>	
Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
 The registered provider will continue to ensure systems are in place to monitor and address any maintenance and repair works required until the residents transfer to a new designated center and the center ceases operation as per NF35 submitted.

Regulation 27: Protection against infection	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 The registered provider has since inspection repaired the laminate on the kitchen cabinets in this center.

The registered provider is currently reviewing the templates for cleaning schedules to ensure they can address the needs of the designate center and once completed this will be followed up by a further hygiene audit.

The registered provider will review the need for a deep clean of the center on an ongoing basis until such as time as the center is closed.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The hot press area in one residents bedroom was reviewed by the Director of Property Estates and Technical Services and the fire risk assessment was updated to reflect the current configuration of the bedroom and hot press.

The registered provider has proposed to extend the L1 fire alarm detection system to include a fire detection system in one resident's bedroom.

The hot press remains empty and will not be utilised for storage.

Since inspection the replacement and repair of fire door architraveing has taken place to promote effective closing of fire doors. Monitoring of same continues in the designate centre.

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> <p>All care plans will be reviewed and updated as required by each residents keyworker and will be audited by the PIC and PPIM.</p> <p>All care plans will be audited upon completion of the review.</p>	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/08/2022
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	31/07/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2022

Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/12/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	31/07/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the	Substantially Compliant	Yellow	31/07/2022

	resident's needs, as assessed in accordance with paragraph (1).			
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