



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

Issued by the Chief Inspector

Name of designated centre:	Ard Na Gaoithe
Name of provider:	Resilience Healthcare Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	01 September 2023
Centre ID:	OSV-0005335
Fieldwork ID:	MON-0041305

About the designated centre

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

Ard na Gaoithe provides a residential service to children and young adults with a diagnosis of an intellectual disability, autistic spectrum disorder and behaviours. The objective of the service, as set out by the statement of purpose, is to provide a high standard of care in a living environment that replicates a natural home environment. The centre can accommodate a maximum of four residents at any one time aged from 15 to 21 years of age and these can be male or female. The service is open seven days a week and the young people are supported by a team of support workers and a management team. A behavioural specialist is available to support staff in their care of the children. The centre is a four-bedroomed bungalow based in a rural location. Vehicle access is provided to enable residents to access local amenities, school and leisure facilities. There is a large garden available to the residents with play equipment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

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 1 September 2023	11:10hrs to 19:20hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents in this centre enjoyed a good quality of life and were offered a person centred service, tailored to their individual needs and preferences. Residents were seen to be well cared for in this centre, and there were local management systems in place that ensured overall a safe and effective service was being provided. There was evidence of consultation with residents and family members about the things that were important to them and residents were supported to maintain important family relationships.

The centre comprised a large detached dormer bungalow, subdivided into a three bedroom house and a one bedroom interconnected apartment space. There was office and storage space in the upstairs part of the house. The main house could accommodate three residents on the ground floor and the apartment was home to one resident. The centre was located in a rural area and residents had access to a very large secure outdoor area. The resident living in the apartment also had access to a separate large secure outdoor garden area outside of their apartment.

This centre accommodated children and young adults and there was equipment such as trampolines, swings and outdoor play equipment available to residents. There was a basketball hoop and other sporting equipment available also. The centre was fully occupied at the time of this inspection.

Overall, the inspector saw that there were ongoing efforts to ensure that the centre was well maintained and appropriate to the needs of the residents living there. Some minor issues relating to the premises such as paintwork were being addressed at the time of this inspection. Some fire doors had been replaced in the week prior to the this inspection. The inspector was told that there were plans for an extension to improve some facilities available to residents, such as enhanced bathroom and shower facilities. At the time of the inspection, the three residents in the main part of the house shared one shower room between them. The inspector saw that some of the residents enjoyed water play and would benefit from additional facilities for this.

One resident occupied an annex apartment attached to the main building. This annex apartment had a separate entrance and its own entrance and garden area, although it could also be accessed via a door from the main house. This apartment was decorated in line with the preferences and assessed needs of the resident living there.

The inspector saw that attempts were made to make the centre homely in line with residents' assessed needs. Residents' bedrooms were personalised and there were a number of areas where residents could relax, including a main living/dining area, a smaller sitting room and a conservatory with dining facilities and comfortable seating. Residents were observed relaxing in communal areas in the company of staff during the inspection. There were appropriate cooking and laundry facilities

available in the centre. There were some restrictions in place for residents around access to these due to the assessed needs of residents. There were also some other restrictions in place in this centre for health and safety reasons. These were seen to be carefully considered and put in place in a manner that would have the least impact on residents.

The inspector had an opportunity to meet with all of the residents of this centre at different times of the day. Residents were observed leaving and returning to the centre for school and day service activities throughout the day. It was seen that residents were supported to access community facilities and take part in various activities external to the centre. Some residents chose to interact with the inspector and some chose not to and residents wishes were respected in this.

Residents were also observed eating snacks and freshly prepared meals. Where residents required support with mealtimes, this was seen to be provided in a respectful manner. The inspector saw that residents were offered healthy nutritious snacks and that residents preferences and assessed needs were carefully considered. For example, one resident was observed to enjoy a "sensory" snack board that included a variety of different flavours and textures. Another resident was observed enjoying a freshly cooked meal that had been modified in line with a support plan in place. One resident communicated with the inspector about a planned weekly takeaway they were going to have for supper. As the inspector was leaving the centre in the evening, some residents were observed relaxing in the centre while waiting for their takeaway.

A rights based focus was evident in the centre during the inspection. Residents were observed to be offered and make choices and were observed to move freely around their home. The inspector saw that residents were comfortable in their home and in the presence of the staff that supported them. Staff spoken to demonstrated a strong awareness of residents' rights. For example, the team leader told the inspector about how a residents' right to make choices had been considered and spoke about how staff used objects of reference to assist the resident in making daily choices, such as what activity to do or what to eat.

The inspector did not have an opportunity to meet with or speak with family members during this inspection. However, responses to a satisfaction questionnaire completed by family members were viewed in the most recent annual review. Overall feedback viewed from family members was positive in nature. One family member commented that staff had helped their relative "so much" and they were happy with their relative living in the centre. One family member indicated that they would like to see improved bathroom facilities in the centre and another felt that their relative would benefit from more access to the vehicle transport on their own.

Overall, this inspection found that there was evidence of good compliance with the regulations and that this meant that residents would be afforded safe services that met their assessed needs. 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

Management systems were seen to be in place in this centre that provided for a high quality, responsive and person centred service to the residents living there. Local management systems were in place that ensured that the services provided within the centre were safe, consistent and appropriate to residents' needs. This inspection found that actions had been taken to bring the centre into compliance since the previous inspections.

The person in charge reported to an area manager, who was also named as a person participating in the management of the centre. The person in charge of this centre was present on the day of the inspection. This person had taken up the role a year and a half before the inspection and was very familiar with the residents that lived in this centre. The inspector had an opportunity to speak at length with this individual throughout the day and to observe them in their interactions with the residents that lived in the centre. The person in charge was seen to maintain good oversight of the centre. There was evidence that they promoted a rights based service in the centre that was tailored towards the needs of the residents that lived there.

The person in charge was full time in their role and remit over one other designated centre also. They were supported locally in their role by an experienced team leader, who had worked in the centre for a number of years. This individual was also present on the day of the inspection and was seen to have an in depth knowledge of the residents and their support needs and of the day-to-day oversight systems in the centre.

Organisational structures such as audit systems were in place to support staff and management of the centre, and provide oversight at provider level. The inspector saw that a number of audits had been completed in the centre and there was evidence that actions identified in these were being completed. Staff supervisions were being completed regularly and new staff were seen to complete a probation period that included additional supports where required while they familiarised themselves with the role. Team meetings were taking place and agenda items included safeguarding, learning from incidents and relevant updates for staff.

The centre was seen to be adequately resourced. Residents had access to transport to facilitate appointments, social and leisure activities and family contact. Overall, the centre was being appropriately maintained and the person in charge told the inspector about some future planned works to ensure that the premises continued to be suited to meeting the needs of the residents going forward. Staffing levels were seen to be adequate to ensure that that residents could spend time doing what they enjoyed and that residents were supported in line with their assessed needs. Residents in the main house were supported by three or more staff during the day,

and the resident that lived in the adjoining apartment was supported by two staff members during the day. A shift lead was clearly identified on the rosters viewed. In addition to this the team leader and person in charge were also present in the centre for specific rostered hours. Two staff supported residents by night.

Staff spoken to were familiar with residents' needs, likes and dislikes. This provided residents with continuity of care and consistency in their daily lives. New staff were provided with appropriate training to support them in their roles. There was a low level of use of regular agency staff in the centre and agency staff training records were kept on site. Staff members spoke positively about the management of the centre and the support provided to them by the person in charge.

There were no open complaints documented in the centre at the time of this inspection. Family questionnaires viewed indicated that overall family members were happy with how their complaints were managed in the centre.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. This person possessed the required qualifications, experience and skills and was seen to maintain very good oversight of the centre. This individual had remit over two centres and at the time of this inspection had the capacity to maintain oversight of both of these centres.

Judgment: Compliant

Regulation 15: Staffing

The centre was staffed by a core team of suitably skilled and consistent staff that provided continuity of care for residents. Staffing levels were appropriate to meet the assessed needs of residents. Where it had been identified that additional staff were required in the evening to respond to specific issues, this had been arranged.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were viewed and these showed that staff training had been completed in a number of areas including fire safety and safeguarding of vulnerable adults. The person in charge maintained good oversight of the training needs of staff, staff had access to refresher training as required and new staff were provided with training relevant to their roles. Agency staff training details were maintained on site by the person in charge. There was an appropriate schedule in place for staff supervisions and these were taking place.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management systems in place were ensuring that good quality and safe services were being provided to residents. The centre was adequately resourced and there were appropriate oversight systems in place to ensure a safe and consistent service. An annual review had been completed in respect of the centre and included consultation with residents and their family members. Unannounced six monthly provider reviews had also been completed and any issues were being identified and acted upon in a timely manner.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Contracts of care were in place in this centre for residents. A sample viewed had been appropriately signed by the resident or their representative within the previous year. There were no charges for residents in this centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose that contained all of the information as specified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents, including adverse incidents, were being notified in writing to the Chief Inspector as required by the regulations.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents in this centre was maintained by a good standard of evidence-based care and support. This inspection found that safe and good quality services were being provided to the four residents that lived in this centre.

The inspector viewed a number of documents throughout the day of the inspection, including a sample of residents' files that contained personal plans, healthcare support plans and positive behaviour support guidelines. Documentation was seen to be well maintained, and information about residents was up-to-date and person-focused. There was evidence of consultation with residents and their representatives about the plans in place to support them and involved in decisions about their lives.

Individualised plans were in place that contained detailed information to guide staff and ensure consistency of support for residents. These plans were subject to regular review and yearly assessments of need and regular multidisciplinary reviews were being completed. Some residents in this centre had very specific support needs and the person in charge told the inspector about complex case reviews that occurred regularly for one resident to ensure that the best supports were being provided to them. Personal plans in place documented meaningful goals that were set by residents. For example, one resident was being supported to develop and enhance the relationship they had with their family and the inspector was told about significant progress that they were making in relation to this. Aside from the goals identified during the annual person centred plan meetings, residents were being supported to set and achieve monthly goals also. Residents were supported with a variety of activities including swimming, equine therapy, a trip to the Pantomime and train trips.

The premises was overall suitable to meet the needs of the residents but some improvements were required. Resident bedrooms were decorated in a manner that reflected the individual preferences of residents. Overall, the centre was maintained to an adequate standard. Some external areas of the premises were observed to require some general maintenance. For example, the external area at the front of the premises, which was not generally used by residents, was seen to require weeding and some general maintenance works and some play equipment in the garden used by residents required attention to ensure that it was maintained to a suitable standard. There was suitable outdoor areas available for the use of residents. Some maintenance works were being completed in the centre at the time

of the inspection. For example, some internal painting was being completed. The inspector was told that there were planned works to increase the footprint of the centre, including more communal space and enhanced shower and bath facilities. The inspector was told by staff and management that this would enhance the service provided to residents.

As mentioned previously in this report, there were some restrictions present in this centre, such as restricted access to the kitchen area for some residents. These were seen to be in place to promote the safety and wellbeing of residents. Restrictions were subject to regular review and there was evidence that there was ongoing efforts to reduce or eliminate restrictions where possible. Where required, residents had access to positive behaviour supports and there were suitable plans in place to guide staff in this area. Residents rights' and the dignity of residents were considered when implementing restrictions. For example, significant work had been done to remove a specific mechanical restriction that was in place for a resident. The plans in place around this took into account the need to maintain the residents' dignity and safety.

There was evidence that residents had good access to healthcare supports, including mental health supports and access to allied health professionals as required. Records viewed showed that residents were supported to make and attend medical appointments as required and residents' healthcare needs were reviewed at least annually. On-site nursing supports were not required in this centre.

The inspector reviewed the medication procedures in the centre and saw that there was evidence that medications prescribed in the centre were reviewed regularly by the prescribing clinician. A sample of the documentation in place relating to stock checks of medications was reviewed by the inspector alongside some other documentation in the centre such as medication audits and medication administration records. One medication count discrepancy was noted on the day of the inspection. An additional half of one tablet was found in a blister pack of a specific medication. As soon as this was identified, the person in charge took action to review and investigate this and within a short period of time provided the inspector with an appropriate rationale for a medication error that had occurred whereby the tablet had split while being dispensed into a tablet crusher and this was not observed by the staff on duty.

A review of the documentation in the centre concerning medication management procedures showed that the person in charge was maintaining strong oversight of this area and provided evidence that the discrepancy noted during the inspection was indeed a once off medication error. For example, a couple of days previously, this same medication had been withheld prior to a medical appointment as advised by a clinician and the records in place showed that the appropriate number of tablets was accounted for during that period. The person in charge arranged for the excess medication to be returned to the pharmacy on the day of the inspection. However, the inspector did observe during this inspection that on one occasion the keys for one medication press were left in the lock for a long period of time. While residents did not generally frequent the area where the medication lockers were located, further work was required to ensure that all staff working in the centre

were aware of their responsibilities in relation to the secure storage of medications.

Regulation 13: General welfare and development

Residents were provided with appropriate care and support, having regard to their assessed needs and wishes. Residents had access to facilities for occupation and recreation and there was evidence that residents were supported to attend a variety of activities including community based activities. Residents was supported to develop and maintain personal relationships and links with their families. Children accommodated in the designated centre were provided with opportunities for play, education, and opportunities to develop life skills and help preparing for adulthood.

Judgment: Compliant

Regulation 17: Premises

The premises was accessible to the residents that lived there. There were ongoing efforts to maintain the premises to a suitable standard. During this inspection the provider informed the inspector about some planned building works that would enhance the facilities and space available to the residents in the centre. Some areas of the external premises required some maintenance. For example, as highlighted in a previous inspection, the front garden area required some attention and some play equipment in the garden area required maintenance.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents in this centre were consulted with about the food that was provided to them. The inspector saw that residents were provided with a variety of choice in this area. Records in the centre showed that residents were provided with a range of fresh and healthy snacks and meals, Residents were regularly offered refreshments and snacks. Residents were supported with specific dietary needs, such as modified texture foods, and consideration was given to the specific preferences of residents.

Judgment: Compliant

Regulation 27: Protection against infection

Since the previous inspection the registered provider had completed a number of actions to ensure that infection control measures were in place that were in line with public health guidance. The centre was observed to be clean throughout and there was appropriate personal protective equipment and hand sanitisation facilities available. Staff were observed to carry out appropriate hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place in this centre at the time of this inspection. Some actions had been taken since the previous inspection to address issues found at that time. There were fire safety systems in place in this centre such as a fire alarm system and fire doors and there was evidence that there were ongoing efforts to ensure that these were well maintained and that fire fighting equipment was serviced regularly by a competent professional. Regular fire drills were taking place and evacuation floor plans on display were seen to accurately reflect the layout of the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured that residents had access to pharmaceutical services as required. Overall, the person in charge maintained very good oversight of medication management in this centre. The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, disposal and administration of medicines in the centre. Controlled drugs were stored securely in the centre and appropriate practices were in place regarding these medications. However, the practices relating to the storage of some other drugs required review to ensure that all staff were aware of their responsibilities. For example, one medication locker was observed to have the key left in it for a significant period of time on the day of the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Individualised plans were in place for all residents that reflected their assessed

needs. These were being appropriately reviewed and updated to reflect changing circumstances and support needs. Plans viewed included meaningful goals for residents and there was evidence that plans were regularly reviewed and residents and their representatives were consulted with and plans were updated to reflect any changes that occurred. The future needs of residents were being considered as some residents transitioned into adulthood.

Judgment: Compliant

Regulation 6: Health care

Overall, residents in this centre were offered good healthcare supports. Healthcare records viewed showed that residents had access to a general practitioner and other allied health professionals on a regular basis and as required. Residents had access to appropriate mental health supports and were supported to make and attend healthcare appointments.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviours of concern and support residents to manage their behaviour. Positive behaviour support plans were in place for residents and these provided good information to staff about how to support residents. Restrictive practices in place were appropriately identified, documented and reviewed while a clear rationale was provided for any restrictions in place. There were clear efforts being made to reduce or remove restrictions where possible.

Judgment: Compliant

Regulation 8: Protection

Staff and management were clear on their responsibilities in relation to safeguarding in this centre and were familiar with safeguarding procedures. Staff had taken part in appropriate training in relation to safeguarding both children and adult residents and the prevention, detection and response to abuse and were familiar with safeguarding procedures in place in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were offered choices in this centre in areas such as food, activities and how they personalised their physical environment. Staff were observed to speak to residents in a respectful manner. Staff spoken to during the inspection presented a positive overview of residents and their lived experiences, and had a strong awareness of residents' preferences and communication styles.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ard Na Gaoithe OSV-0005335

Inspection ID: MON-0041305

Date of inspection: 01/09/2023

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: All play equipment that required repairs have been removed. Quotes are obtained for external power washing and will be completed in quarter 4 2023. Planned building works has received approval for planning permission and will begin in 2024.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The importance of safe storage of medication keys was discussed at the October team meeting and in all staff 1:1 supervision. A designated staff (coordinator) now holds responsibility for the keys for medication and hands them over to the next staff on handover of the shift.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/12/2024
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	01/12/2023