



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Nephin Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	132 - 134 Navan Road, Cabra, Dublin 7
Type of inspection:	Unannounced
Date of inspection:	07 November 2024
Centre ID:	OSV-0005880
Fieldwork ID:	MON-0044560

## About the designated centre

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

Nephin House is a purpose built facility and has a combination of single and shared accommodation over three floors. The centre can accommodate 62 residents, both male and female over the age of 18 years. There is an enclosed garden area located to the rear of the building which is accessible from the large dining room. Nephin House is situated on the busy Navan Road, and a variety of bus routes stop close by. Prior to admission to Nephin House, the resident is fully assessed by the director of nursing. A range of activities are provided which encourage residents to keep mobile and take an interest in life. Outings to the nearby community parks can be arranged. Full time nursing care is provided, for residents with needs that range from mild dependency to full dependency.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	56
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 7 November 2024	08:55hrs to 17:00hrs	Niamh Moore	Lead
Thursday 7 November 2024	08:55hrs to 17:00hrs	Laurena Guinan	Support

## What residents told us and what inspectors observed

Inspectors found that there was a calm and relaxed atmosphere in Nephin Nursing Home, and the environment was bright and welcoming. Residents were observed to enjoy a high quality of life supported by staff who were attentive and familiar with their needs. Staff were seen to deliver care in a person centred, respectful manner. Residents described the centre as a lovely place to live, where staff listened to and responded to their wishes. One resident said "staff can't do enough for you here". Visitors spoken to said they were made to feel welcome at any time and that any issues raised were dealt with promptly, and staff were accommodating of their family member's needs.

The centre is laid out across four floors, reported as the basement floor, ground floor, the first floor and the second floor. Hand rails and water stations were provided along the corridors. The basement floor contained auxiliary facilities such as the kitchen, laundry and staff changing areas. Additionally, there was a visiting room, the assisted bathroom and a hairdressing room. Residents' bedrooms were accommodated on all other floors, in addition to a communal space on each floor. The ground floor contained communal spaces such as a smaller day room and a larger dining/day room which displayed resident's artwork and pictures of local landmarks such as the Halfpenny Bridge on display. This dining room led to an attractive enclosed garden with colourful murals, well-maintained pathways, a designated smoking area and garden furniture. The garden was also accessible from other common areas.

The centre was registered to accommodate 62 residents. On the day of inspection, there was 56 residents living in the centre. The centre provides accommodation in 54 single and four twin bedrooms. A number of residents' bedrooms were viewed by the inspectors and were found to be clean, tidy and personalised with family photographs, decorative items such as bed covers, cushions, and ornaments. Many residents said they were happy with their bedrooms. Inspectors found that the single bedrooms provided sufficient space, however, the configuration and layout of some of the multi-occupancy bedrooms limited a resident's personal space which will be further discussed within this report.

Residents had access to ensuite or shared bathrooms which were clean, however a number of the ensuite and some communal bathrooms had urinals or commode basins in them which inspectors found some to be dirty. Some pressure relieving mattresses were also observed to have incorrect settings and one was not working.

Communal areas were decorated with pictures of residents, art work completed by residents and seasonal decorations which led to a homely environment. The complaints policy and safeguarding policy, along with the weekly activity schedule were on display in different areas of the centre. Staff and residents spoken to were all aware of how to raise concerns and what activities could be accessed and where. Activities were facilitated by dedicated activity staff who were on duty every day. On

the morning of the inspection, art was facilitated by an external provider and some residents were seen to enjoy a game of table football. A lively karaoke session took place on the afternoon with many residents in attendance. Residents described the activities as "great" with one resident stating that there "was always something to do" and another resident said that they loved the quizzes and games to "keep the brain ticking over". A hairdresser visited once a week and a well-equipped salon was provided on the basement floor. Residents were seen watching mass in the first floor dining room after breakfast and they also have use of an oratory.

There were ample handwashing sinks, hand sanitising stations and PPE dispensers along the corridors with relevant infection control instructions beside them. Equipment in use had appropriate labels on them to indicate that they had been cleaned. Inspectors entered three sluice rooms which had been left unlocked. This was brought to staffs attention who ensured they were then locked. Residents had access to a bath on the basement floor but inspectors found the room had an incomplete cleaning schedule and a visibly unclean bath.

Residents had areas to receive visitors on the residential floors, in addition to a visitor's room on the basement floor. Inspectors viewed this room and observed that it did not create a homely environment like the other communal spaces in the centre. The room was bare and uninviting, the handle on the window was broken which meant the window remained open and the room was cold. The couches were stained and the belongings of a discharged resident were stored there.

Throughout the day of the inspection, inspectors saw that staff were assisting residents with their individual needs in an unhurried manner. During the morning time, inspectors observed many residents were up and dressed, having their breakfast. There was a hot option available such as eggs and rashers, in addition to porridge, cereal and toast. Residents reported to enjoy these options. Inspectors observed the lunchtime service and found there was sufficient staff available to provide assistance to residents in a timely manner. Two visitors spoken to said that staff often accommodate food requests for their family member that are not on the menu or outside meal times.

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

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People (Amendment) Regulations 2022). This inspection also followed up on the compliance plan from the last inspection in February 2024, reviewed solicited and unsolicited information, and was also used to inform the upcoming renewal of registration for

the designated centre. Inspectors found that overall there were many improvements seen and action had been taken to address the majority of the findings of the previous inspection. However, some actions remained particularly relating to Regulation 17: Premises which is discussed later in the report.

Willoway Nursing Home Limited is the registered provider for Nephin Nursing Home. There are two company directors, with one of these directors actively present in the management of the designated centre and was present during this inspection. The person in charge works full-time in the centre. The person in charge was supported in their role by a senior manager, an assistant director of nursing, staff nurses, health care assistants, activity staff, catering, household, and administration staff. There was two staff vacancies during the inspection which the provider was in the final recruitment stages for. The registered provider is part of a bigger group of nursing homes, and thus, further governance and resources were also provided such as for human resources and maintenance.

The systems in place ensured all records, as required by the regulations, were of good quality, accurate, up to date, and stored securely. The required records for this inspection were available and easily retrievable. Schedule 2 records for staff showed that safe and effective recruitment practices were in place.

The registered provider had recently reviewed their risk management processes with a corresponding risk management plan in place, this included the identification of the requirement of a fire safety risk assessment which is planned to take place next year.

On the day of inspection, the inspectors found that services were delivered by a well-organised team of management and staff. Since the last inspection, the governance and management systems within the designated centre had strengthened which resulted in improved compliance, particularly in relation to the oversight of care planning. A Clinical Governance committee was now in place and this was leading to quality improvements, for example the registered provider had commenced trending and tracking of multi-drug resistant organisms (MDRO) and antibiotic usage. While it was evident that there was oversight through meetings, audits and gathering key performance indicators of clinical care and of the environment, the systems in place required further action. This is further discussed under Regulation 23: Governance and Management.

There was a complaints policy in the centre and the complaints procedure was on display. The complaints policy identified the nominated complaints officer and outlined the complaints process and timelines, in line with legislative requirements. The complaints officer and the review officer had completed relevant training to support them in their roles. Verbal and written complaints were recorded electronically. Complaints were discussed within staff meetings, as part of the monthly data report, and there was trending and analysis of complaints provided on a six-monthly basis.

## Registration Regulation 4: Application for registration or renewal of registration

A completed application for the renewal of the centre's registration had been received by the Chief Inspector of Social Services prior to the inspection and was under review. The provider had updated the statement of purpose and floor plans during this application.

Judgment: Compliant

## Regulation 21: Records

Staff records set out under Schedules 2 and 4 of the regulations were available for review. Inspectors reviewed a sample of four records, and these were seen to be kept in a manner that was safe and accessible.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had a current certificate of insurance which showed that cover was in place against injury to residents, staff and visitors. This policy also insured against loss or damage to residents' property, and clearly indicated the limits of this cover.

Judgment: Compliant

## Regulation 23: Governance and management

Overall there was a number of comprehensive management systems established, however some systems were not effectively monitored or in place to ensure the quality and safety of the service provided to residents. For example:

- While the registered provider had completed reconfiguration of the multi-occupancy bedrooms, the oversight did not account for compliance with all areas required under Regulation 17.
- Some auditing systems did not identify key areas for continuous quality improvement such as equipment and infection control and prevention (IPC). For example:



- The oversight of residents' pressure-relieving mattresses and equipment required review to ensure equipment is working and used correctly to protect residents from the risks of harm.
- Environmental audits had not identified that oxygen was not stored safely in one bedroom. In addition, it did not identify that sluice rooms were not routinely locked and did not contain clinical waste bins in line with the IPC standards published by HIQA.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There had been 29 complaints received so far this year, at the time of the inspection, with two remaining open and under review. Inspectors reviewed a sample of four closed complaints. Records showed that complaints were recorded and investigated by the management team. There was evidence that complaints were concluded as soon as possible, with the complainant informed of the outcome of the investigation and any improvements recommended.

Judgment: Compliant

### Quality and safety

Inspectors found that the person in charge and staff team in Nephin Nursing Home knew the residents well and promoted residents' rights. Residents' care and support needs were well catered for. However, key areas such as premises and infection control were not in line with regulatory requirements or standards, which will be further discussed under the respective regulations.

Since the last inspection, all relevant staff had completed in-house training in care planning and this was an ongoing measure. A sample of care plans looked at by inspectors found that evidence-based practice was used to promote a high quality of care. Thorough pre-assessment and discharge procedures were in place for both long term and respite residents.

A general practitioner (GP) and physiotherapist attended the centre on a weekly basis. There was evidence of prompt referral of residents to allied health professionals such as tissue viability nursing and dietitians, and recommendations were documented in care plans and seen to be followed through. Appropriate management of wound care and weight loss was observed.

There was a comprehensive safeguarding policy in place and this was displayed in different areas of the centre. Safeguarding training was occurring during the month

of the inspection to ensure training was in date. While speaking with inspectors', staff from different departments all displayed a good knowledge of their role in keeping residents' safe and how to report concerns.

Residents had opportunities to participate in meaningful social activities led by enthusiastic activity coordinators. There was an activities calendar on display which detailed numerous activities available from Monday to Sunday in line with residents' interests and capacities. The inspectors observed that all staff interactions with residents were held with respect and kindness throughout this inspection.

The building was clean, bright and overall well-maintained. The design and layout of the centre met the needs of residents and promoted their independence with adequate communal and private spaces other than bedrooms available. Emergency call facilities were available in all rooms used by residents. While the registered provider had completed works to re-configure the twin rooms with new furniture and curtain rails, some of these areas did not afford each resident with a minimum of 7.4 square metres of floor space, to include room for a bed, a chair and personal storage.

Meals were served in dining rooms on each residential floor and in the resident's bedrooms, and there was a relaxed atmosphere, with conversation between residents encouraged. The food looked hot and appetising and residents were all very complimentary about the amount, variety and flavour of the meals offered. Chefs on duty had a list to hand of residents who were on modified diets and prepared their meals accordingly. There was ample staff available to assist at mealtimes both in the bedrooms and in the dining rooms.

Systems for discharging and re-admitting a resident following their temporary absence to a hospital or elsewhere was seen to be in place. For example, documentation was sent with the resident which recorded their current needs. Discharge letters were obtained from the hospital or GP which informed the development or updating of care plans.

Residents and staff were facilitated to access recommended vaccines. The provider had introduced a tagging system to identify equipment and areas that had been cleaned, this was seen to be effective for items such as mobility aids. However, this system was observed to not be used on equipment intended for human waste receptacles.

## Regulation 17: Premises

Some areas of the centre required review to ensure they complied with Schedule 6 of the regulations. For example:

- The four multi-occupancy bedrooms were viewed by inspectors and despite reconfiguration, inspectors observed that not all bed spaces complied with the requirements of 7.4 m<sup>2</sup> floor space which area shall include the space

occupied by a bed, a chair and personal storage space, for each resident of that bedroom. For example, three of the eight bed spaces measured between 6.5 to 7.1 m<sup>2</sup>.

- There was inappropriate storage seen where some communal bathrooms stored residents' mobility equipment and a discharged resident's belongings. In addition, a bedroom located near a communal area was seen to store mobility aids for the residents' spending time in the day room.
- Oxygen storage was not secure. Five canisters were not seen to be stored in a bedroom standing upright. This created a risk that one canister could be knocked over.
- While the centre had appropriate sluicing facilities, these facilities were not secured to prevent residents entering the sluice. Inspectors found that the doors to the three sluice rooms were left unlocked on the day of the inspection.
- Some internal areas required maintenance. For example, the handle to the window in the visiting room was broken, this meant the window remained open and the room was cold as a result.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents were offered choice at mealtimes. Inspectors observed that the meals served looked nutritious, and were seen to be prepared according to the different dietary requirements of the residents. There were adequate staff available to assist residents, which was seen to be conducted in a respectful manner and according to the care needs of the residents.

Judgment: Compliant

### Regulation 20: Information for residents

A guide for residents was available and contained information about the services and facilities provided within Nephin Nursing Home, including the complaints procedures and visiting arrangements.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

A system of recording temporary absences and discharges of residents was in place. Inspectors found that there were robust discharge and admission planning following review of a number of residents care records.

Judgment: Compliant

### Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services (2018)*, however there was some evidence of poor infection control practices. For example:

- Equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. For example, inspectors observed urinals and bedpans stored in communal bathrooms and en-suites. This practice did not provide assurances that these items had been effectively decontaminated as per IPC standards. In addition, some urinals and bedpans left on a drying rack in a sluice room were unclean. These practices increased the risk of cross-contamination.
- While the assisted bath was not routinely used, it was seen to be unclean on the day of the inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A sample of care plans showed a pre-assessment was in place prior to admission, and a care plan was completed within 48 hours of admission. Care plans were found to be person-centred and informed the assessed needs of the individual residents. Care plans were updated regularly in line with regulatory requirements.

Judgment: Compliant

### Regulation 6: Health care

Residents had regular access to allied health professionals and referrals to these were observed to be prompt and appropriate. The recommendations from these professionals were observed to be documented and followed through, reflecting a high level of evidence-based care for residents. Notwithstanding the good findings

under this regulation, improved oversight of pressure-relieving mattresses was required and detailed under Regulation 23: Governance and Management.

Judgment: Compliant

### Regulation 8: Protection

The provider was a pension agent for 15 residents and a separate client account was in place to safeguard residents' finances. Those residents received an individualised monthly statement. The registered provider recently held safeguarding training for residents on how their account is managed and how to access their money.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents spoken with said that they were well looked after and felt safe within the centre. Inspectors observed that residents' privacy and dignity was respected. Records reviewed showed that residents were consulted with in the running of the centre through regular resident meetings.

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Nephin Nursing Home OSV-0005880

Inspection ID: MON-0044560

Date of inspection: 07/11/2024

## 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A review of the current governance and management arrangements and structures has been implemented to ensure effective and robust Clinical Governance, Oversight and Support is accessible to the Management Team.</p> <p>The Centre is currently recruiting for the role of Senior Household Coordinator/Senior carer. The recruitment process aims to ensure that the appropriate individual with the required experience is appointed to the role. All roles and responsibilities of the successful candidate are clearly defined within the description of the developed job. Support with regard to the Household Service will be assisted by the CNM on commencement of employment to ensure effective clinical oversight by the PIC and ADON.</p> <p>The Monthly Local Management Meeting (LMT) agenda outlines specific elements for discussion with regard to clinical oversight, quality and safety monitoring. Examples include (but are not limited to):</p> <ol style="list-style-type: none"> <li>a. Key Performance Indicators</li> <li>b. Incidents</li> <li>c. Complaints</li> <li>d. Audits (Internal / External) and corresponding Quality Improvement Plans</li> <li>e. Infection and</li> <li>f. Risk Management.</li> </ol> <p>With regards to the quality improvement plan around IPC and equipment, a review of the audits has been carried out and has been adapted and made centre specific. Frequent spot checks by PIC and ADON are completed, and weekly Quality walkabouts are completed to ensure all equipment is functional and stored only in appropriate areas. Keypad locks for sluice rooms have been ordered. This will be completed by Jan 2025. Audit training and education shall be provided to all internal auditors to ensure audits are completed in a timely manner and to identify areas of non-compliance and required improvement. This will be completed by February 2025.</p>	



Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The Management Team are committed to ensuring an appropriate environment for all residents. A detailed plan and timeframes has been developed to review the layout of all double rooms. All double rooms to ensure they are configured to afford all residents 7.4m2 of space. Rooms 30 and 52 will be reviewed again by the architectural engineer and electrician to ensure the rooms are configured in line with the 7.4m2 of personal space per resident. This will be completed by 28th February 2025.</p> <p>A review of all window locks has been completed, following which maintenance and replacement have been accomplished.  Monthly checks of the rooms by the maintenance team are initiated to identify and address the concerns promptly.</p> <p>Keypad locks for sluice rooms have been ordered. This will be completed by Jan 2025. All mobility aids, mobility equipment have been removed and stored in designated store rooms. Discharged residents' belongings have been removed.  Oxygen cannisters are now stored in a secure location in the basement.</p> <p>The policy on End-of-Life care and belongings was reviewed. All stored items from the communal bathrooms were removed on the day of the inspection.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A complete review of the audits has been completed and made centre specific. IPC audits will be completed on a monthly basis to ensure appropriate storage of equipment and ensure strict adherence to IPC standards. Housekeeping staff going forward will ensure the assisted bath is kept clean at all times. Regular spot checks by PIC and ADON are completed, and weekly Quality walkabouts are completed. Audit training and education shall be provided to all internal auditors to ensure audits are completed in a timely manner and to identify areas of non-compliance and required improvement. This will be completed by February 2025.</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	28/02/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	28/02/2025

	associated infections published by the Authority are implemented by staff.			
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