

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Bushfield Care Centre
Centre ID:	OSV-0005242
Centre address:	Bushfield, Oranmore, Galway.
Telephone number:	091 792 301
Email address:	bushfieldcarecentre@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bushfield Care Centre Limited
Provider Nominee:	Martin O'Dowd
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	7

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 April 2017 09:30 To: 13 April 2017 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

Bushfield care centre is a single -storey building which is registered with the Health Information and Quality Authority (HIQA) to provide care to 45 residents. The centre is located outside the village of Oranmore, Co Galway, four kilometres from Galway city.

This monitoring inspection was the second inspection of this centre by HIQA. The first inspection was to assess whether the centre was fit for purpose and fitness of the proposed provider prior to granting registration. The centre was first registered in June 2015.

During the course of this inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed records such as care files, staff personnel files, accidents and incidents records, the complaints log and policies and procedures.

Overall the inspector was satisfied that residents received nursing and medical care

to a good standard. Residents were regularly assessed and comprehensive person centred care plans were in place for all needs identified. Residents had access to the services of a general practitioner (GP) and allied health/specialist services. Staff members were seen to interact with residents in a courteous manner and were knowledgeable of residents' individual needs.

Action plans identified on the last inspection in September 2015 with regard to servicing of fire equipment, medication management, staffing levels, and staff training had been addressed. The action with regard to the completion and recording of fire drills had not been addressed. The action plan at the end of this report identifies where improvements are required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge described the management structure that identified the lines of authority and accountability. Fitness of the provider, person in charge and the clinical nurse manager (person participating in the management of the centre) was determined by interview prior to the granting of registration.

The provider representative attends the centre weekly and meets with the person in charge. Minutes were available of these meetings and issues discussed included residents' care, admissions, audits, action plans, falls, notifications, staffing levels and recruitment, complaints and communication to and from the centre. However, the provider had failed to ensure that all staff had verified Garda Siochana vetting in place prior to the commencement of employment. An action with regard to this is detailed under Outcome 5.

An annual review of the quality and safety of care delivered to residents had been completed, however this required further work to ensure that it provided a comprehensive analysis of the quality and safety of care delivered to residents. Systems were in place to review and monitor the quality and safety of care and the quality of life of residents. An audit schedule was in place and audits to date in 2017 included care documentation, pressure area care, medication management. In the care plan audit there was good evidence available that deficits identified had been addressed, however, with regard to the medication management audit some areas of deficit had not been addressed even though a further audit had been completed.

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The post of person in charge is a registered nurse with the required experience in the area of nursing older persons. She demonstrated good clinical knowledge and was knowledgeable regarding the Regulations, Standards and her statutory responsibilities. She had maintained her continuous professional development and had recently attended a course on safeguarding vulnerable adults at risk of abuse, and a diploma course in managing people. Other training attended included end of life care, safe moving and handling and medication management.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge. The person in charge is supported in her role by a clinical nurse manager who deputises in her absence.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

All policies listed in schedule 5 were available for review. Current insurance was in place. Care files reviewed were securely stored, well maintained and well organized.

Six staff files were reviewed by the inspector. In response to a question with regard to Garda vetting for all staff, the person in charge informed the inspector that there were two care assistants were working in the centre on the morning of the inspection who did not have Garda vetting. They had both very recently commenced employment. Garda vetting obtained by the previous employer was available for one of the staff. The person in charge immediately arranged for these two staff to cease working and assured the inspector that they would not work again in the centre until Garda vetting had been obtained for both of them. The provider had applied for Garda vetting for both of them. The inspector checked four other staff files and found that all schedule 2 documents including Garda vetting was in place in each file. The person in charge assured the inspector that all other staff working in the centre were Garda vetted. Staff who were rostered to be off duty on the day of inspection attended the centre to replace the staff who did not have Garda vetting.

Judgment:

Non Compliant - Major

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Some measures were in place to protect residents, however, as discussed under Outcome 5 the provider representative had not ensure that all staff were Garda vetted prior to commencing employment in the centre. There was a policy on the prevention, detection and response to abuse of vulnerable adults. Allegations of abuse at the centre had been investigated and managed in line with their policy. Staff spoken with stated they had completed training in safeguarding vulnerable adults at risk of abuse and voiced the view that the welfare of residents would be their priority.

Responsive behaviour (Responsive behaviour is a term, preferred by persons with dementia, representing how their actions, words and gestures are a response, often intentional, that express something important about their personal, social or physical environment) was well managed. Person centred behaviour support plans were in place for any residents who required them, based on assessments of the responsive behaviour incidents. These detailed the de-escalation techniques to use should responsive behaviour occur. Most staff had received training in dementia care which incorporated

the management of responsive behaviour. There was good evidence of review and support from psychiatry of later life.

There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents.

A restraint-free environment was promoted. Where bedrails were in use a risk assessment was completed prior to their use. There was evidence available that alternative measures to the use of a restraint measure were trialled, such as extra supervision by staff and alarm mats.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were two actions documented at the time of the last inspection. One action had not been addressed which related to poor record keeping with regard to fire drills. The inspector found that fire drills were not completed regularly and records did not provide a comprehensive record as to whether a full or partial evacuation had been completed, what time it took to evacuate and whether there were any impediments to safe evacuation identified. No fire drill had been completed simulating a night duty scenario when the least amount of staff is on duty.

Staff had received training in fire safety and evacuation and this was confirmed by staff and in training records. Staff spoken with by the inspector were clear on fire safety practices and knew what to do in the event of a fire. Fire evacuation notices were displayed throughout the building, provided instructions on evacuating the building in the event of an emergency. At the time of inspection all fire exit doors were free from obstruction. A procedure was in place for daily inspections of emergency exits.

The inspector viewed up to date fire records which showed that equipment, including fire extinguishers, fire alarms and emergency lighting had been serviced within the last year. This was an action from the last inspection.

All staff had undertaken training in safe moving and handling and this was confirmed by training records. Manual handling assessments had been carried out for all residents.

Measures were in place to reduce accidents and promote residents' mobility including staff supervision, tactile mats, wide corridors, clutter free environment, safe floor covering and handrails on both sides of corridors.

The centre was clean and well maintained. Staff had received training in hand hygiene. Hand sanitisers were in place throughout the centre.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

At the time of the last inspection there was ambiguity in some medication orders. This had been addressed. There was a medication management policy to guide staff. The inspector observed the administration of part of a medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. A copy of each resident's prescription was available and nurses administered medication from this. Photographs of residents were available to aid identity of residents.

Medication administration charts were clear and legible. Maximum does of PRN (as required medication) was recorded. Medications requiring strict controls were appropriately stored. Records indicated that they were counted and signed by two nurses at the change of each shift. Secure refrigerated storage was provided for medication that required specific temperature control and the temperature of the fridge was monitored daily.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A record of all incidents occurring in the designated centre was maintained. Notifications had been submitted to the Chief Inspector as required. The person in charge was aware of her responsibility in relation to submission of notifications.</p> <p>Incidents that had been reported to the Chief Inspector that required investigation were actioned and evidence was available of learning from these incidents for example, staff training completed, and reviews of supervision of staff.</p>
<p>Judgment: Compliant</p>

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A pre admission assessment is completed prior to admission to ensure that the centre has suitable facilities and appropriate staff with the required skills available to meet the needs of the resident.</p> <p>Where a resident was seen by a specialist service the advice of the specialist was incorporated into the care plan. There was evidence of consultation with the resident and their significant other where appropriate.</p> <p>There was no resident with a pressure wound at the time of inspection. Residents had assessments of daily living and other assessments completed on admission which included, dependency level, moving and handling, falls risk, skin integrity assessment and nutritional risk. Allied health/specialist services such as speech and language therapy, dietetics, and chiropody services are available. An optician and a dentist attended the centre annually and reviewed all residents.</p> <p>The provider had arranged for a physiotherapist to attend the centre twice weekly. The physiotherapist sees all residents on admission for assessment and continues to see</p>

residents who require further input. A meeting is held monthly between the physiotherapist and the person in charge. There was good evidence of review by the physiotherapist in files reviewed. The physiotherapist also provides training in falls management for staff.

The provider has employed an occupational therapist who works in the centre two days per week. There was evidence available in care files reviewed of access to the physiotherapist by way of seating assessments and specific activities.

The psychiatry of later life specialist services attended residents in the centre with dementia and mental health issues to support their General Practitioner and staff in the centre with management of responsive behaviour, (Responsive behaviours is a term, preferred by persons with dementia, representing how their actions, words and gestures are a response, often intentional, that express something important about their personal, social or physical environment). Regular follow up was also arranged.

The inspector reviewed a sample of the resident's care plans to include the files of residents with nutritional issues, cognitive impairment, residents at high risk of falls and the most recent admission to the centre. The inspector found that care plans were comprehensive and person centred. Where a resident was seen by a specialist service the advice of the specialist was incorporated into the care plan. Assessments and care plans were updated at four monthly intervals and there was evidence of consultation with residents and relatives regarding the health status and care needs of residents. A review of residents' medical notes showed that residents had good access to their general practitioner. A narrative record was recorded for residents each day. This gave an overall clinical picture of the resident. There was good evidence of transfer of information between the centre and acute healthcare providers. Discharge summaries for those who had spent time in acute hospitals were available on care files reviewed.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was no resident actively receiving end of life care at the time of this inspection. Evidence of a good standard of medical and clinical care at end of life with appropriate access to specialist palliative care services was described by nursing staff. Staff described how they would ensure that residents' physical, emotional, social,

psychological and spiritual needs would be met.

Residents had end of life wishes recorded – ‘My preferred priorities for care ’ were completed for residents. These detailed residents’ specific wishes. The person in charge informed the inspector that links were made with the local palliative care team who provided support as required. Staff were knowledgeable regarding the wishes of resident’s choice regarding transfer to hospital. Relatives were facilitated to stay overnight and snacks and drinks were available.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A policy on nutritional care was in place to inform best practice. Residents were screened for nutritional risk on admission and regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently where residents experienced unintentional weight loss. Nutritional care plans detailed if the resident was on a fortified diet or their likes and dislikes regarding food and fluids.

A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets/thickened fluids was available to catering and care staff. Food and fluid charts were being maintained for any residents who required intake monitoring. However, some of the charts reviewed by the inspector failed to provide sufficient detail to be of therapeutic value.

Judgment:

Substantially Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an

appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

At the time of the last inspection the inspector found that staff did not have access to all appropriate training. At the time of this inspection the inspector found that this action had been addressed. Staff spoken with informed the inspector that they had attended mandatory training in safe moving and handling and safeguarding vulnerable adults at risk of abuse. All staff had also attended fire safety training. A record was maintained of An Bord Altranais professional identification numbers (PIN) for all registered nurses. A planned training schedule was in place. Training undertaken since the last inspection included Dementia care, end of life care, restraint, nutritional care and falls prevention.

The second action detailed under this outcome at the time of the last inspection detailed that the registered provider had not ensured that the number and skill mix of staff was appropriate at all times to the assessed. The inspector reviewed duties rotas over a three week period and found they demonstrated that there were sufficient numbers of staff to meet the needs of residents. Staff were available to assist residents and residents were supervised at all times. A registered nurse was on duty at all times. Staff spoken with by inspector were knowledgeable of residents needs and were seen to converse well with residents. There were two nurses on duty throughout the day and one nurse on night duty. The person in charge was in addition to the two nurses. Seven to eight carers worked in the am and five were rosters in the evening with two on night duty. Catering laundry cleaning administration and maintenance staff were also on duty.

A physiotherapist attended the centre for twice weekly and an occupational therapist worked in the centre two days per week. Residents and staff spoken with expressed no concerns with regard to staffing levels. There were 38 residents residing in the centre on the day of inspection, 12 of whom were assessed as having maximum dependency needs, 14 who had high dependency needs, seven who had medium dependency needs and five who were assessed as low dependency.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Bushfield Care Centre
Centre ID:	OSV-0005242
Date of inspection:	13/04/2017
Date of response:	10/05/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The annual review of the quality and safety of care delivered to residents required further work to ensure that it provided a comprehensive analysis of the quality and safety of care delivered to residents.

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:

The annual review tool will be revised to give a more comprehensive analysis of quality and safety of care. All items identified will be actioned as is current practice but will be more comprehensively documented. The feedback from any review will be discussed with residents.

Proposed Timescale: 31/05/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were two care assistants were working in the centre on the morning of the inspection who did not have Garda vetting.

2. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

The 2 care assistants in question we well known to us and Garda Vetting had been applied for before they commenced. It has been received in the interim. No new employees will start work until Garda Vetting is received.

Proposed Timescale: 13/04/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Fire drills were not completed regularly and records did not provide a comprehensive record as to whether a full or partial evacuation had been completed, what time it took to evacuate and whether there were any impediments to safe evacuation identified.

No fire drill had been completed simulating a night duty scenario when the least amount of staff is on duty.

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

A monthly schedule of fire drill simulations has been implemented for all staff including night time drills. Records will be maintained of each drill to include all actions taken and the Person in Charge will complete a comprehensive review of each drill. This will be used to tailor the training.

Proposed Timescale: 03/05/2017

Outcome 15: Food and Nutrition**Theme:**

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some of the food and fluid charts reviewed failed to provide sufficient detail to be of therapeutic value.

4. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

Please state the actions you have taken or are planning to take:

Fluid input and output charts are monitored every 24 hours to ensure therapeutic value and to ensure that all relevant details are recorded. Supplements and fortifications are also recorded.

Proposed Timescale: 08/05/2017

