<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ardmore Lodge Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005307</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Finglas Road, Tolka Valley, Dublin 11.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 864 8300</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@ardmorecare.ie">info@ardmorecare.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Ardmore Lodge Nursing Home Ltd</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>John Martin</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Angela Ring</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Gearoid Harrahill</td>
</tr>
<tr>
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<td>0</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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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.
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 Quality 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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 09 December 2015 10:30 To: 09 December 2015 17:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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</tbody>
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Summary of findings from this inspection
This was an announced inspection by the Health Information and Quality Authority (the Authority) in response to an application made by the provider to register a new centre under the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. The inspection assessed the level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.
The application submitted by the provider was to provide accommodation for a maximum of 89 adults within a four storey premises located in north Dublin city. The new centre consisted of 71 single occupancy bedrooms and 9 twin occupancy bedrooms, all of which were finished to a high standard and fully accessible. The inspection included a visit to the premises where the inspectors met management staff and reviewed documentation including policies and procedures. There were no residents in the centre as it was not yet registered. Inspectors met with the provider nominee, director of finance, group director of care and person in charge during the inspection and found that they were aware of their legal obligations in operating a designated centre. Plans to schedule admissions of new residents were discussed and agreed with the provider nominee and person in charge.

The centre was finished to a high standard and there was a comprehensive suite of policies and procedures to guide staff. Evidence of good practice was found across all 18 outcomes with one action identified in the premises.
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 Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**  
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:  
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):  
This was the centre’s first inspection by the Authority.

Findings:  
The statement of purpose was sufficiently detailed and contained the information required under Schedule 1 of the Regulations.

Judgment:  
Compliant

**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):  
This was the centre’s first inspection by the Authority.

Findings:  
There was a clearly defined management structure that sufficiently identified accountability. Inspectors were satisfied with the fitness of the provider, person in charge and person participating in management. There were good systems planned around collecting and auditing information in the centre.

The provider nominee, group director of care and person in charge had a clear plan
around auditing and quality assurance, and the provider plans to be based in the centre most days while the initial intake of residents is complete and the centre is running smoothly. Regular meetings were scheduled with the management team to discuss issues such as health and safety, residents feedback, incidents, results from audits and complaints.

There was good access to resources in the centre with an appropriate stock of equipment and mattresses. The provider nominee assured inspectors that the centre was well resourced in order to ensure the delivery of care as described in the statement of purpose.

**Judgment:**
Compliant

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**Outcome 03: Information for residents**

*A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
A residents’ guide was reviewed and was found to contain sufficient information on the centre and met the requirements of the Regulations. The template for the contract of care that will be agreed upon with residents was reviewed. It outlined the rights and responsibilities of the centre and residents, and sets out the list of services and facilities provided which are charged separately.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.
Findings:
There was a full time person in charge, who was appropriately qualified and had the requisite skills and experience necessary to manage the designated centre. The person in charge was supported by the group director of care to ensure the effective operational management and administration of the designated centre. The person in charge was knowledgeable of the procedures around protection and notifiable incidents.

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):
This was the centre’s first inspection by the Authority.

Findings:
The centre had a substantial suite of policies which contained all those required by Schedule 5 of the regulations. These were reviewed by inspectors and found to be satisfactory in their content. The admission policy needed to make reference to the planned schedule for the intake of the initial cohort of resident such as a maximum of four resident’s per week. The provider agreed to submit this the day after the inspection.

As the centre had not yet commenced regular operation, there were no logs and records to be reviewed, however, the policies and procedures were found to be sufficient to guide staff in maintaining records and logging information.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.
### Theme:
Governance, Leadership and Management

### Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

### Findings:
The person in charge had arrangements in place for their duties to continue in their absence with the group director of care acting in her absence. The provider was aware of the requirement to notify the Authority of absence of person in charge within the appropriate timeframes.

### Judgment:
Compliant

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**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):
This was the centre’s first inspection by the Authority.

### Findings:
Inspectors reviewed policies and procedures around safeguarding and responding to alleged abuse and found them to be detailed and clearly laid out the roles and responsibilities of staff and guidance to lead practice. The person in charge was knowledgeable on the appropriate procedures for reporting and investigating incidents or allegations of same.

There were appropriate policies in place around restraint and responding to behaviours that challenge. These policies implemented the Department of Health’s national policy “Towards a Restraint-Free Environment in Nursing Homes”.

There was evidence of staff attending mandatory training in protection from abuse on their induction and they were aware of reporting mechanisms.

### Judgment:
Compliant

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**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):
This was the centre’s first inspection by the Authority.

Findings:
The centre had a detailed suite of policies on risk management, including policies on abuse, unexplained absence, aggression, and self-harm. Inspectors found the health and safety statement and risk register to be sufficient.

Inspectors found the emergency response plan to be appropriately detailed in the roles and duties of staff in the event of emergency and evacuation. The centre had identified a designated fire warden who would ensure the plan is implemented. Arrangements were in place for alternative accommodation when returning to the centre is not an option, and transport to same.

All staff had received fire safety training on commencement and were knowledgeable of their role. Fire drills were planned as twice annually. Installation records of the fire panel, emergency lighting and alarm devices were kept on file. All doors in the centre were tagged as fire resistant and the hallways were appropriately compartmentalised to allow for containment and horizontal evacuation. Fire extinguishers were located appropriately in the centre and were all serviced in November 2015. All upholstery and fabrics were fire retardant in the centre. Evacuation routes were clearly indicated and clear of obstruction, with fire procedures on display in the centre.

Judgment:
Compliant

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):
This was the centre’s first inspection by the Authority.

Findings:
The centre had policies in place on procedures for prescribing, administering, recording, safekeeping and disposing of medication that were found to be in line with the regulations and with best practice. Inspectors found that there were sufficient policies
and procedures in place around residents’ self-administering medication. There were facilities available for storing medicines securely, and plans in place to carry out ongoing audits of medication management.

The person in charge advised inspectors that links had been established with a pharmacy and links were also made with the local general practitioner (GP), however residents will have the option to retain their own if they wish.

**Judgment:**
Compliant

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**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

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge and provider were aware of the incidents that required notification to the Authority.

**Judgment:**
Compliant

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**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

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Inspectors were informed that links have been established with the general practitioner, pharmacy and allied health professionals to cater to the future residents' health needs.
An electronic system of assessment and care planning was in place, the person in charge advised inspectors that risk assessments and prompts for reassessment were in place. Inspectors will monitor the assessments and care planning processes when they are implemented in practice when residents are admitted to the centre.

**Judgment:**
Compliant

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**Outcome 12: Safe and Suitable Premises**  
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

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**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The centre comprised of five floors, containing 71 single and 9 double bedrooms. All bedrooms had ensuite bathrooms and both were found to be of adequate size for residents. Bedrooms had sufficient storage space for belongings, including lockable drawers for valuables. Ensuite and communal bathrooms contained appropriate bathroom ware and wetroom space for low mobility users. One communal bathroom was observed to be quite cold and clinical in its appearance; the provider advised inspectors that the bathroom would be decorated to be more inviting and dementia-friendly. Inspectors were advised that blinds for the windows and privacy screening for double rooms was due to arrive later in the week.

In the hallways, bedroom doors were coloured individually and with contrast to the walls. Hallways were lined with handrails and floor coverings were of equal level without steps or slopes. Two elevators were located centrally for all floors. The nurse's station on each floor was located centrally and contained the call bell display, for which the call buttons were located in each bedroom and communal space. Each floor had a dining space and living room of adequate size, and a kitchenette in which residents could prepare snacks and some cooking. There were locked sluicing facilities on each floor and all equipment plumbed and in place.

One of the two outdoor areas for the centre was limited in its accessibility in that the door to it was out of the way of the main thoroughfare of the floor. Inspectors were advised by the provider that signage would be added to make the route to the outdoor space more obvious and encouraging, and that staff would work to maximise the potential and function of the outdoor space for residents. There was a sheltered outdoor area.
area designated for resident who wish to smoke.

The new centre premises had overall been furnished and decorated to a high standard, and was comfortable, well heated and with plenty of natural light.

**Judgment:**
Compliant

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**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The centre had policies and procedures on complaints that were in line with the Regulations. The complaints officer was identified and sufficient arrangements were in place for recording and following up on complaints. The person in charge was aware of her role in complaints management as was the provider.

**Judgment:**
Compliant

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**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):**
This was the centre's first inspection by the Authority.

**Findings:**
Inspectors found that there was a satisfactory end of life care policy in the centre. There was a dedicated family room available to accommodate family if required. The person told inspectors that they had established arrangements for referral to palliative care specialists in the area and training was planned for all staff.
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):**
This was the centre’s first inspection by the Authority.

**Findings:**
As no residents have been admitted to the centre yet, inspectors did not observe practices around mealtimes, records of dietary requirements or availability of healthy and varied foods. The centre had adequate kitchen facilities and staff. There were policies and procedures around nutrition and food safety.

**Judgment:**
Compliant

**Outcome 16: Residents' Rights, Dignity and Consultation**
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The provider and person in charge advised inspectors that residents will be consulted on the running of the centre through a residents’ committee meeting which will be held regularly.
The provider advised inspectors that they were in the process of recruiting four staff as activities coordinators and some are already in place, so as to provide meaningful activities for residents seven days a week.
Inspectors observed that there was no screening between beds in the twin rooms, this was discussed with the provider who informed inspectors that curtains were ordered and due to be delivered. Bedrooms on the ground floor facing the road were found to be potentially exposed to passerby visability when the blinds were open during the day. The inspectors advised the provider to review this situation to ensures residents privacy and dignity was maintained at all times which he agreed to do.

**Judgment:**
Substantially Compliant

### Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support

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

This was the centre's first inspection by the Authority.

**Findings:**
At the time of inspection, no residents were living in the centre. However, inspectors were satisfied that the bedrooms had adequate storage for personal belongings and clothes, with wardrobes, drawer chests and lockable storage for valuables. The centre also kept a safe in which residents could have items stored. Inspectors were satisfied that the policy on residents' personal property, finances and possessions was in line with the regulations. The provider advised inspectors that laundry facilities were outsourced to a private company at no extra cost to residents.

**Judgment:**
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:**
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Staff were in the process of induction at the time of inspection. As part of this, staff had undergone their mandatory training in fire safety, manual handling and elder abuse protection, as well as a range of additional training, including infection control, behavioural support, and food and nutrition and caring for residents with dementia. Nurses, care assistants and household staff members interviewed at inspection were knowledgeable and confident in their role and duties regarding fire and evacuation, and allegations of abuse.

The sample of personnel files reviewed at inspection contained all required documents under Schedule 2 of the regulations. All nurses reviewed were up to date on their registration. The centre had a clear policy and procedure around recruiting and vetting staff.

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:

Angela Ring
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Date of inspection:</td>
<td>09/12/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>15/12/2015</td>
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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 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some of the ground floor bedrooms were exposed to visibility from the road which could compromise the right to privacy and dignity.

1. Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
To ensure privacy and dignity on the ground floor bedrooms for residents at all times, floor to ceiling voiles have been ordered and will be installed in advance of admitting residents to the ground floor Tolka Suite. The installation will be checked the PIC no later than 15th January 2016. This will be continually reviewed to ensure that resident’s right to privacy and dignity is met at all times.

**Proposed Timescale:** 15/12/2016