

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Gladys Nursing Home
Centre ID:	OSV-0000686
Centre address:	53 Lower Kimmage Road, Harold's Cross, Dublin 6w.
Telephone number:	01 492 7624
Email address:	ros@harveyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Willoway Nursing Home Ltd
Provider Nominee:	Seamus Brady
Lead inspector:	Valerie McLoughlin
Support inspector(s):	Mary O'Donnell;
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	51
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 August 2015 07:30 To: 19 August 2015 18:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Non Compliant - Moderate
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to focus on the care and quality of life for residents with dementia living in the centre. Thirty five of the fifty one residents who were residing in the centre on the day of the inspection had a diagnosis of dementia. The centre did not have a dementia specific unit.

The provider had submitted a completed self assessment on dementia care to the Authority with relevant policies and procedures prior to the inspection. The self assessments and inspection findings are set out in the table above. Overall the general health and welfare of residents with dementia were met. However improvements were required in relation to meeting the social needs and improving the quality of life of residents with advanced dementia.

Overall, residents' healthcare and nursing needs were met to a high standard. Residents had access to medical, allied health and psychiatry of later life services. The management of complaints was fully compliant with regulations. Appropriate policies and procedures were in place to protect residents from any form of abuse and residents had access to advocacy services. Inspectors found that staffing arrangements facilitated continuity of care and supported a consistent positive approach to the behaviours and psychological symptoms of dementia (BPSD).

There were systems and forms in place to support residents with dementia and their representatives to participate in the assessments, care plans and the organisation of the centre.

The environment supported and staff respected the privacy and dignity of residents. While the social needs of many residents were met, there was an over reliance on the activity facilitator to meet the social needs of residents in the morning. Some residents with advanced dementia and less able residents were under stimulated and sat without social contact for prolonged periods in the morning.

The centre had a stable workforce of long term staff, with low levels of absenteeism. Staff had comprehensive training, including training to work with people with dementia and behaviours that challenge. However the organisation of work in the morning needed to be reviewed to provide appropriate supervision and social interaction with residents in the day rooms. Poor manual handling practices continued to be an issue at the centre.

The premises were not designed specifically for people with dementia. However most of the residents had a single room and free access to a suitable secure garden. The use of communal space needed to be reconsidered as the main day room was crowded and very few residents used the day room on the lower floor. Enhanced signage and the use of contrasting colours would also enhance the lives of residents with dementia.

Areas of non compliance are included in the action plan at the end of the report.

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: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

This outcome sets out the inspection findings relating healthcare, assessment and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and care plans developed in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. Systems were in place to prevent unnecessary hospital admissions. The nutritional and hydration needs of residents with dementia were met and residents were protected by safe medication policies and procedures.

Residents had access to general practitioners (GPs) of their choice, and to allied healthcare professionals including dietetic, speech and language, physiotherapy, occupational therapy, dental, ophthalmology and podiatry services. The centre also had access to the mental health of later life services, with onsite visits from the psychiatrist and the community mental health nurse.

Inspectors reviewed a number of admission assessment forms and care plans and found that these contained the required information to guide the care of residents, and were updated routinely on a four monthly basis or to reflect the residents' changing care needs. The care planning process involved the use of validated tools to assess residents' risk of falls, nutritional status, level of cognitive impairment and skin integrity. There was also a pain assessment tool for residents who were non-verbal. The care plans viewed held evidence of family involvement in the care planning process and relatives who met inspectors also confirmed that they had been involved. A senior nurse met and assessed residents prior to admission to ensure that the placement was suitable and also to ensure that all relevant information to support the resident was to hand. Discharge information from acute hospitals was also available within residents' files. Inspectors examined the files of residents who were transferred to hospital from the centre and found that appropriate information about the health, medications, MMSE

(assessment of mental status) and details such as how the resident liked to be addressed. This could be improved if additional information to support staff to communicate with the resident and meet the specific needs of a resident with dementia..

Staff provided end of life care to residents with the support of their general practitioner and the palliative care team if required. The inspectors reviewed a number of end of life care plans that outlined the physical, psychological and spiritual needs of the residents, including residents' preferences regarding their preferred setting for delivery of care. The person in charge outlined how religious and cultural practices were facilitated within the centre. Inspectors noted that the administration of IV antibiotics and subcutaneous fluids to treat dehydration were some of the measures in place to avoid unnecessary hospital admissions.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and weekly when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists were appropriate. Nutritional and fluid intake records when required were appropriately maintained. Inspectors joined residents having their lunch in the dining room, and saw that a choice of meals was offered. Staff were observed providing assistance to residents in a timely professional manner, staff sat and talked with residents during the meal. The assistance offered to a resident with a visual impairment was sensitive and person centred. There was a list of residents available to all staff including catering staff outlining residents who were on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids. Residents received the correct diet and modified meals were attractively served. Mealtimes in the dining room were social occasions with attractive table settings and the use of large good quality napkins promoted the dignity of residents.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. Staff were observed to follow appropriate administration practices. Areas of non compliance at the previous inspection relating to prescriptions were found to be fully addressed

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Training records indicated that all staff had attended training on the prevention, detection and response to abuse.

Staff who spoke with inspectors were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place. There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Inspectors observed that the person in charge ensured that residents with dementia had their concerns addressed appropriately. The person in charge was well known to residents and relatives and staff confirmed that there were no barriers to raising issues of concern. The policy had not been updated to reference the National Policy 'Safeguarding Vulnerable Persons at risk of Abuse (2015)'. However the provider subsequently revised the policy to reflect the National Policy and this was confirmed by inspectors.

There was a policy and procedures in place for the prevention, detection and response to abuse, and residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia (BPSD).

Inspectors found that a restraint free environment was promoted in line with the national policy. Inspectors observed that restraint was not in use during the day and alternatives such as low-low beds, crash mats and motion alarms were used. 50% of the residents used bedrails; some were used to enable residents to move in bed, whilst others were used to promote safety. The Authority was notified about residents who used bedrails when quarterly notifications were submitted.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents with dementia were consulted with and participated in the organisation of the

centre. Residents' privacy and dignity was respected, and residents were supported to make choices and be independent. There were opportunities for most of the residents to participate in activities that suited their interests. Social support for residents with advanced dementia was an area for improvement.

Inspectors read the minutes of residents meetings, which were attended by residents and relatives and found evidence that issues raised by the residents at these meetings were followed up by management and implemented. In addition there was resident representation at the meetings organised to discuss the seasonal menu changes.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. They were satisfied with opportunities for religious practices, voting arrangements and freedom to move around the communal areas and unrestricted access to the secure gardens. Residents' wishes were prioritised when planning activities and excursions. Some residents were disappointed that a planned trip to the Zoo was postponed on the day of inspection due to inclement weather. There were no restrictions on visitors and there were a number of areas where residents could meet visitors in private. On the day of inspection visitors were observed spending time with residents in the main day room in the afternoon and a relative was observed supporting a resident to participate in the morning activity.

There was a variety of activities available to residents in the centre, organised and facilitated by the activities co-ordinator. The weekly activity schedule included activities arranged for the mornings and afternoons and included music, board games, arts and crafts, gardening, Sonas, exercise and time with visiting dogs. Residents also had access to holistic therapies such as aromatherapy, provided by an external therapist. The activities co-ordinator also informed the inspector that 1 to 1 time was scheduled for residents with more severe dementia or cognitive impairment who could not participate in the group activities. Life stories were documented and each resident's participation in activities was recorded and used to plan future activities. Other related records included details of the resident's individual interests, level of communication, enjoyment and mood. Residents were also observed to spend time in their bedrooms watching TV, but TV viewing was not overused to occupy residents with dementia.

Residents had opportunities for outside activities. Mobile residents with dementia had free access to a secure well maintained garden. Thoughtful planting ensured a range textures, colours and fragrances to stimulate the senses. Residents did not have access to a therapeutic kitchen but domestic activities were encouraged. Residents were seen setting the table and they told inspectors that they had made a cake the day before the inspection.

Each resident with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors, and privacy locks were in place on all bedroom, bathroom and toilet doors. Inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well. Residents had a section in their care plan that covered communication needs, and there was a detailed communication policy in place that included strategies to effectively communicate with residents who have dementia.

Positive interactions between staff and residents was observed during the inspection but these interactions occurred while a task was being undertaken and there was very little evidence that staff availed of opportunities to socially engage with residents. The catering staff member engaged with residents as he offered them beverages as they arrived in the day room. Inspectors observed that the activity co-ordinator was responsible for meeting the social needs of residents in both day rooms. Residents were seated around the perimeter of the main day room and many of the more dependent residents were not stimulated or engaged. Inspectors used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the two day rooms. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). For 50% of the observation period (total observation period is 150 minutes), the quality of interaction score was 0 (neutral care), because there were no staff present to interact with residents and staff who passed through the room, with few exceptions, did not interact with the residents seated there. Seven scores of +1 were awarded when either the activity facilitator or the person offering drinks engaged with residents. There was a thirty minute period during a group activity, when meaningful human connections were evident. This positive connective care merited a score of +2. The facilitator addressed each resident individually as they participated in the activities, less able residents were supported to participate while some residents watched others performing and the majority of residents were socially engaged. The inspector noted that residents joined the group and in the end there were up to 14 residents in the group which was too many for one facilitator.

Some residents with end stage dementia did not have their social needs met on the morning of inspection. A group of six residents with high support needs, who were seated at the distal part of the room had no interaction with staff and were not stimulated or engaged for prolonged periods. During the fifty minutes when this group were observed, the overall score was zero. There was no evidence of positive engagement between staff and residents and one score of -1 was awarded when staff made no effort to reassure a resident who was upset following a hoist transfer. In addition the facilitator tried to engage two of these residents in the group activity and left the main group unattended for a period. In the afternoon staff were allocated to the supervision of residents in the day room and relatives also visited in the afternoon. However the supervision of residents in both day rooms and role of health care staff in relation to meeting the social needs of residents especially residents with end stage dementia required review.

Inspectors checked public notices and saw that residents were provided with contact information for independent advocacy services. The person in charge informed the inspectors that a trained independent advocate visited the centre, to meet with a particular resident and was available to other residents. There was evidence that issues raised by the advocate were progressed.

Overall inspectors found there were systems and fora in place to support residents with dementia and their representatives where appropriate to participate in the assessments, care plans and the organisation of the centre. Staff respected the privacy and dignity of residents. While the social needs of many residents were met, health care staff did not

appear to interact or engage socially with residents and there was an overreliance on the activity facilitator to meet the social needs of residents in the morning. Residents with advanced dementia and less able residents were observed to be disengaged and lacking in social contact for prolonged periods in the morning.

Judgment:

Non Compliant - Moderate

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a system in place to ensure that the complaints of residents with dementia or their representative were listened to and acted upon, and they had access to an appeals procedure.

There was a complaints policy in place, and the complaints procedure was displayed prominently in the centre, and summarised in the residents guide book. Throughout the inspection it was clear that residents were familiar with the person in charge, and would find the person in charge easy to approach with any concerns or complaints. The inspectors reviewed the three complaints records on file since Jan 2015 and details were maintained about each complaint, details of any investigation into the complaint and whether or not the complainant was satisfied with the outcome. There was a nominated person from another nursing home within the group appointed to review complaints to ensure complaints were appropriately managed in line with the policy.

Residents had a locked drawer in their rooms for money and valuables and the person in charge managed the finances for some residents. The inspectors reviewed the system in place to manage residents' money, and found that it was sufficiently comprehensive to ensure transparency and security. Residents financial transaction records were signed and witnessed by two and the monies held when checked corresponded with their financial records.

There was a policy in place for behaviours that challenge, (also known as responsive behaviours and behaviours and psychological symptoms of dementia (BPSD)) and staff had received training on understanding and managing responsive behaviour as part of dementia care training. Inspectors observed that very few residents presented with behaviours and psychological symptoms of dementia (BPSD) and it was evident when the care of individual residents was tracked, that residents with issues relating to behaviours had been assessed and managed appropriately. Staff interviewed, including relief staff were very knowledgeable regarding interventions that addressed the

underlying cause of the behaviour and they described therapeutic interventions they used such as distraction techniques and doll therapy to prevent the escalation of behaviours. Positive behaviour care plans we developed and consistently implemented. Residents had been regularly reviewed by their GP, and referred to mental health of later life for further specialist input.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

There was a stable workforce in the centre and many of the staff were long term employees. The recruitment procedures in place met the regulatory requirements, and included Garda vetting. The orientation programme for new staff supported them in their roles. Staff, including relief staff, told inspectors that the mentoring and orientation programme equipped them for their role in providing care for residents, including those with dementia. Staff were supervised appropriate to their role, and regular appraisals were also conducted.

Volunteers, including transition year students, visited residents in the centre from time to time. There was a contract detailing the volunteer's role and responsibilities. Garda clearance was sought for all volunteers and appropriate arrangements were in place for the supervision of volunteers. Management confirmed that the person who provided entertainment in the day room on the afternoon of inspection was the only volunteer in the centre.

Staff turnover and absenteeism rates were low. Continuity of care was supported with the use of existing staff and staff from the centre's panel of relief staff to provide cover for planned and unplanned leave. There was a planned staff roster in place, with any changes clearly indicated. The staffing in place on the day of inspection was reflected in this roster. Review of the staff rosters indicated that there were two nurses on duty at all times, and the person in charge also worked full time within the centre. There was an effective system to ensure that all staff attended mandatory training and refresher training. Interviews and training records confirmed that staff had up to date mandatory training. Staff also had training on dementia care and the management of behaviours that challenge. Training was also provided on other aspects relevant to dementia care such as end of life care, the use of incontinence wear, nutrition and dysphagia. The implementation of training was not consistently monitored and inspectors observed a number of staff using unsafe techniques when assisting residents to transfer from a

wheelchair in day room. This issue was also highlighted in a previous inspection.

Inspectors attended the morning handover meeting with nurses and a separate meeting afterwards between the person in charge and care assistants. Staff were given updates on the specific needs of residents, for example those who required two hourly fluids. Staff were allocated to various teams and named staff were allocated to laundry duties and supervision duties in the day room after midday. Staff who spoke with inspectors had knowledge of all the residents because they rotated to different teams on a daily basis. The allocation of staff did not provide for adequate staffing arrangements to supervise and meet the social needs of residents who were in the sitting room as detailed in Outcome 3.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

This nursing home was not purpose built, and there was no dementia specific unit within this nursing home. Over 50% of the residents had dementia and areas for improvement were identified which would optimise the functioning of people with dementia.

The design and layout of the centre was in line with the statement of purpose. The communal spaces and toilet and bathroom facilities met the requirements as set out in the standards. Inspectors observed that the day room on the lower floor was largely unoccupied and the main day room on the ground floor was very crowded. Residents had their dinner and evening meal in the dining room. Some residents who required full assistance with eating and those who preferred to eat in a more peaceful environment had their meal in the day room. The dining experience for these residents could be enhanced with a dining table place settings and the social aspect of sharing a meal.

The bedrooms which were either single or twin rooms were personalised with photographs and soft furnishings. Each room had an accessible functioning call bell. The floor coverings throughout the centre had a matt sheen which was appropriate for people with dementia. Noise levels were controlled in the dining rooms during mealtimes and appropriate background music played in the main day room. Inspectors found that the announcements over the intercom detracted from an otherwise peaceful environment. There was no use of contrasting colours to benefit people with dementia and residents with visual impairments.

As already stated residents had free access to a well maintained secure furnished garden. The premises and grounds were clean and well maintained and a programme for redecoration was in progress. Signage had been provided within the centre using words and pictures to identify toilets and direct residents towards various parts of the centre. Inspectors discussed the possibility of developing this further with unique identifying features on bedroom doors, and the use of contrasting colours to make toilets and bathrooms more easily identifiable to residents with dementia or visual impairment.

Residents had access to assistive equipment such as hoists and pressure relieving mattresses. Servicing records showed that equipment was regularly serviced and maintained. Grab rails were installed in communal areas and providers had installed grab rails following the previous inspection.

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:

Valerie McLoughlin
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:	St. Gladys Nursing Home
Centre ID:	OSV-0000686
Date of inspection:	19/08/2015
Date of response:	23/06/2016

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 03: 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:

Observational tool findings indicated that the social needs of residents, especially, less able residents and those with end stage dementia were not consistently met.

1. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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:

In the centre we have 2 activities co-ordinators (as well as external activities personnel) who work with other staff to ensure that all residents social needs are met in accordance with their interests and capabilities. There are residents who like to participate in group activities and those who prefer 1 on 1 and indeed those who do not like to frequent interventions and staff get to know the residents' preferences. In light of the inspectors' observations, however, we have reviewed this to ensure that we are fulfilling the needs of all our residents.

Proposed Timescale: 23/06/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

The allocation of staff did not provide consistent supervision of vulnerable residents in the sitting room.

Staff were not available to meet the social needs of less able residents in the mornings.

2. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

This also refers to action point 3. In addition, our supervision levels are determined by the ability and mix of residents and adjusted according to their changing needs. As stated above we have reviewed this in light of the inspectors' comments.

Proposed Timescale: 23/06/2016

Theme:

Workforce

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

The implementation of training was not consistently monitored. Inspectors observed a number of staff using unsafe techniques when assisting residents to transfer.

3. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

Staff have been informed of the inspectors' observations and it has been reiterated to staff that it is imperative that they adhere to the manual handling techniques they received at training. This will be monitored on an ongoing basis to ensure compliance.

Proposed Timescale: 23/06/2016