

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Willows
Centre ID:	OSV-0003385
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Provider Nominee:	Shane Kenny
Lead inspector:	Anne Marie Byrne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

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
- 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 well-being 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This 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: 06 July 2017 10:10 To: 06 July 2017 18:05

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

The purpose of this unannounced inspection was to monitor the centre's on-going regulatory compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:

The inspector met with four residents, three staff members, a deputy team leader and the person in charge during the inspection. All residents had opportunities to speak and meet with the inspector if they wished on the day of the inspection.

The inspector reviewed practices and documentation, including residents' personal plans, risk registers, incidents, policies and procedures, fire management related documents and risk assessments.

Description of the service:

The centre is located on the outskirts of a town in Co. Kildare and is managed by Nua Healthcare Services. The Willows provides 24-hour care to male and female adults with disabilities from 21 years of age onwards. The centre offers care and support to adults with a range of complex needs including autism, asperger

syndrome, intellectual disabilities, chronic mental health issues and challenging behaviour. The number of residents to be accommodated within this service is four. Four male residents were residing in the centre at the time of this inspection.

The person in charge had the overall responsibility for the centre. He is supported in his role by two deputy team leaders, a regional manager and the provider. The person in charge is based full-time in the centre and has both an operational and administrative role in the service. Residents were found to be very familiar with the person in charge and with the staff working in the centre. This centre is a two-storey dwelling with access to a secure garden space and communal areas to include a kitchen and dining area, sitting room and quiet area, and each resident had their own bedroom.

Overall judgment of our findings:

Overall, the inspector found this was a very well run service that provided individualised care to the residents living there. The provider had no actions required from the previous inspection; however, some improvements were required from this inspection in relation to the management of residents' finances, social care needs and health and safety and risk management.

This inspection identified that of the eight outcomes inspected, five outcomes were found to be compliant, with one outcome substantially compliant and two outcomes in moderate non-compliance.

The findings of the inspection are detailed in the body of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. 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:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were consulted with and participated in decisions about their care and about the running of the centre. The inspector found each residents' privacy and dignity was respected. The provider had no actions in relation to this outcome from the last inspection. However, some improvement was required to procedures for the management of residents' money.

Residents' meetings were held on a regular basis and residents were involved in the scheduling of activities, menus and general routines. Residents had access to advocacy services through an external service. The inspector observed staff interacted with residents in a respectful manner. Each resident had full autonomy over what activities and social events they attended, with some residents preparing to attend a social evening on the day of inspection.

There was a complaints procedure in place for the recording, response and management of complaints. There were no active complaints being managed at the time of this inspection. An easy-to-read version of the complaints procedure was available to residents in an information pack in their bedrooms. However, the inspector observed the procedure was not prominently displayed in the centre. This was brought to the attention of the person in charge who ensured that a summary of the complaints procedure was displayed in the main hallway by the end of the inspection. A centre specific complaints form was in place and the inspector observed this allowed for the systematic recording of complaint outcomes, the satisfaction of the complainant and any actions to be implemented following the management of the complaint.

Residents were supported to manage their own finances, with each resident having a money management plan in place. Where residents' money was maintained by the centre, the centre had records in place to show all transactions and lodgements made to residents' personal accounts. Twice daily checks were completed by staff on these balances and a further weekly check was completed by the person in charge. Each resident had a bank account and bank card and the person in charge had recently registered residents for online banking. A procedure was in place to guide staff on how to support residents with their finances; however, this procedure did not guide staff on how to support residents to safely access their online banking facility.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found each resident's wellbeing and welfare was maintained, with each resident having opportunities to participate in activities that were of interest to them. There were no actions in relation to this outcome from the centre's previous inspection. However, some improvements were required upon this inspection to the recording of residents' personal goal progression.

Residents were supported to participate in a variety of activities. Day-care services were available to residents and some residents chose to attend these each week. Residents were encouraged and supported by the centre to have regular home visits, have visitors to the centre, go on holiday, shopping trips and attend various personal appointments. Social timetables were in place for each resident which detailed residents' preferred daily and social routines. Staff who spoke with the inspector were very familiar with residents' likes and dislikes and residents' preferences were well-documented in their personal plans. Each resident in the centre required one-to-one or two-to-one staff support for social activities. The inspector found that adequate staffing arrangements were in place to meet these assessed support needs. Staff informed the inspector that some residents were being supported to increase their social independence and guidelines were in place

to guide staff on how to support these residents in doing so. Three full-time vehicles were available to the centre, with an additional shared vehicle available to them if required.

An assessment of need was completed on an annual basis for all residents and personal plans were developed following this assessment process. Residents were involved in this assessment process and signed off on their personal plans following their development. If residents wished to review their personal plans at any time, they were supported to do this. A sample of residents' personal plans were reviewed by the inspector and were found to be comprehensive and within their scheduled review dates.

Each resident had a nominated key-worker, who supported them to develop and work towards their personal goals. Personal goals were reviewed annually and involved residents and their key-workers. These annual goals were then broken down into monthly outcomes with specific action plans put in place to demonstrate how residents would be supported to meet their goals. Each week, key-worker sessions were held with residents to review the progress made towards achievement. The inspector reviewed a sample of residents' personal goals and these were found to be varied and appropriate to the age and ability of the residents. Dates for review were documented on personal goal action plans; however, not all action plans were updated to demonstrate the progress being made, in accordance with the agreed dates for review.

There were no residents transitioning to or from the centre at the time of inspection.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found the health and safety of residents, staff and visitors was promoted within the centre. There were no actions required from the previous inspection; however, some improvements were required upon this inspection in relation to fire safety and risk management systems.

At the time of the inspection, the provider was implementing a new system for the assessment, management and on-going review of risk in the centre. A health and safety statement was also in place for the centre and all contractors were required to read and sign this statement upon their arrival to the centre. The person in charge demonstrated

a good knowledge and understanding of this new risk management system and showed the inspector the progress being made to mitigate risks rated as high.

Residents' specific risk assessments were in place and these were reviewed on at least an annual basis. These were found to be comprehensive and guided staff on what they were required to do to support in the management of residents' specific risks. However, the inspector observed some residents risk assessments did not accurately describe the current and additional controls in place to mitigate risk. Furthermore, some residents risk assessment ratings had not been reviewed to reflect the effectiveness of additional controls that were implemented. For example, the person in charge informed the inspector of the additional controls that were in place to mitigate the occurrence of residents' self-injurious behaviour. However, it was unclear from the risk assessments reviewed that these additional controls had been implemented. In addition, the person in charge informed the inspector that since the implementation of these measures, some residents did not have an episode of self-injurious behaviour since April 2017. However, the initial severity rating from this risk assessment had not been reviewed to reflect the effectiveness of the control measures implemented.

Four fire exits were available in the centre, which included a fire escape route for residents residing in upstairs accommodation. There was a fire panel in the centre which identified two zones in the centre to alert to the location of fire. This panel was found to be regularly maintained and was in working order on the day of the inspection. However, there was no guidance available on the fire panel to identify where these zones were. This was brought to the attention of the person in charge and a guidance document was put in place next to the panel on the day of the inspection.

Fire drills were occurring in the centre, these were observed to involve all residents and staff. Records of these drills were reviewed by the inspector, which demonstrated residents were successfully evacuated in a timely manner to the fire assembly point. The centre had recently conducted a fire drill with minimum staffing levels which showed some residents may require additional staff support during a night time evacuation. The inspector observed that revised personal evacuation plans were put in place for residents as a result of the learning from this drill.

Emergency lighting was available in each room in the centre, with emergency lighting also available at the rear and front of the centre. However, the inspector found no emergency lighting was available at the side of the centre to safely guide staff and residents exiting from the rear of the centre. In addition, no directional signage was in place to direct those exiting from the rear of the building to the fire assembly point, located at the front of the centre.

The provider had fire procedures displayed in the centre to guide staff and residents on what to do in the event of a fire. Staff who spoke with the inspector were found to be very knowledgeable of their responsibility in supporting residents residing in ground floor and upstairs accommodation in the event of an evacuation. Although the fire procedure guided on the evacuation arrangements for residents residing on ground floor accommodation, the procedure did not guide on the arrangements in place to support residents residing in upstairs accommodation to evacuate.

All staff had up-to-date fire training at the time of this inspection.

Judgment:

Non Compliant - Moderate

Outcome 08: 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 assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The provider had adequate measures to protect residents from abuse. Residents were provided with behavioural and therapeutic support that promoted a positive approach to the management of behaviour that challenges. No actions were required from the previous inspection.

Some residents in the centre presented with behaviours that challenge. Residents in the centre had the support of a behavioural support therapist for the assessment and management of these behaviours. Behavioural support plans were in place, which clearly guided staff on residents' behaviour types, environmental factors, positive programming for behaviours and residents' focused supports. The inspector observed the centre conduct a monthly review of these plans and a record of any episodes of behaviours that challenge was maintained. The person in charge told the inspector this log was used to monitor trends in residents behaviours. Staff who spoke with the inspector were aware of the behaviours that challenge within the centre and how to support these residents.

There were a number of restrictive practices in place at the time of inspection. The inspector found each restrictive practice had an up-to-date risk assessment completed with a comprehensive support plan in place. These were being reviewed regularly with the multi-disciplinary team. Staff who spoke with the inspector were aware of each restrictive practice, the appropriate application of these and of their responsibility for supporting residents when the restrictions were applied.

The person in charge informed the inspector that there was a safeguarding concern which was in the later stages of screening at the time of this inspection. The person in charge demonstrated to the inspector the additional safeguarding measures that were in

place on foot of this safeguarding concern. The centre had a safeguarding policy and procedure in place and staff, who spoke with the inspector, demonstrated a clear understanding of their role in the protection of vulnerable adults.

All staff had up-to-date training in safeguarding and in the management of behaviours that challenge at the time of this inspection.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found each resident was supported to achieve and enjoy the best health possible. No actions were required for this outcome from the previous inspection.

Residents' healthcare needs were met, with timely access to healthcare services and appropriate treatments. Residents had access to local General Practitioner's (GPs) of their choice. Residents also had access to healthcare specialists including dieticians, occupational therapists and behavioural support therapists. The centre maintained records of communication with these specialists in the management of residents' specific healthcare needs.

Where residents presented with specific healthcare needs, personal plans were in place to guide staff on the care and support required by these residents. These plans were reviewed at least annually. Staff spoken with were aware of residents' specific healthcare needs and had a clear understanding of how they were required to support these residents on a daily basis.

Residents had access to a kitchen and dining area which was fully equipped with cooking appliances. Residents were able to independently prepare their own meals, with minimal staff support available to them if they required. An additional kitchen area was available to the rear of the centre for residents to also use. On the day of the inspection, residents were observed to assist in the preparation of the evening meal.

Judgment:

Compliant

--

Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i>
--

Theme: Health and Development

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The provider had clear written operation policies in place relating to the ordering, prescribing, storage and administration of medications. No actions were required from the previous inspection. Medications were dispensed using a blister pack system and secure storage arrangements for these medications were in place. Medication records were reviewed by the inspector and these were found to be clear and informative. No gaps were found in medication administration records. Prescribing records clearly outlined the long-term and short-term medications prescribed for each resident. All staff had received up-to-date training in the safe administration of medication. No residents were self-administering their own medications at the time of this inspection. However, all residents had up-to-date self-administration assessments in place which considered their allergies, cognitive and communication skills should they wish to take responsibility for the own medications in the future.

Judgment: Compliant

Outcome 14: Governance and Management <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.</i>
--

Theme: Leadership, Governance and Management
--

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
--

Findings:

The inspector found effective management systems were in place that supported and promoted the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability. No actions were required from the previous inspection.

The person in charge had overall responsibility for the centre and supported by the provider, the regional manager and two deputy team leaders. The person in charge was found to have a good knowledge of each residents' needs and of the operational management of the centre. The person in charge held both an operational and administrative role within the centre. The person in charge told the inspector that they were provided with sufficient time and resources to carry out the administrative functions of their role.

There were management systems in place to ensure the service provided to residents was safe and consistently monitored. The person in charge held regular staff meetings in the centre, where topics specific to the operations of the centre were discussed. A weekly report was prepared by the person in charge and sent to the regional manager for review. This report detailed any resident concerns, organisational issues, outstanding work for completion and the work plan in place for up-coming weeks.

An annual review of the service and six monthly unannounced provider visits were occurring within the centre. These reports were available to inspector on the day of the inspection. Action plans were developed following each visit and review to demonstrate how the centre planned to address the areas of non-compliance identified. The person in charge demonstrated adherence to the provider's action plan deadlines. No actions were found overdue at the time of this inspection. Action plans were also in progress for recently introduced risk management activities, which were regularly reviewed by the person in charge who demonstrated to the inspector the progress being made towards the completion of these actions.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. 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.

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found there were appropriate staff numbers and skill mix in place to meet the assessed needs of residents, and residents received continuity of care. No actions were required for this outcome in the previous inspection.

The inspector found adequate staffing arrangements were in place in the centre. The person in charge informed the inspector that the centre had access to relief staff who were familiar with the centre and the residents to cover staff absenteeism. There was a planned and actual roster for the centre and this roster indicated the full names of staff members and the exact times staff commenced and finished duty. The centre was not using any agency staff at the time of the inspection.

A training matrix was maintained which demonstrated the types of staff training completed within the centre. Staff had received training and refresher training in areas such as behaviour support, manual handling, infection control, safeguarding and fire safety. All staff were found to have up-to-date training at the time of inspection.

The inspector also reviewed a sample of staff files and these were found to contain all information as set out in Schedule 2 of the regulations.

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:

Anne Marie Byrne
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:	A designated centre for people with disabilities operated by Nua Healthcare Services Unlimited Company
Centre ID:	OSV-0003385
Date of Inspection:	06 July 2017
Date of response:	15 August 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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The provider failed to ensure adequate written procedures were in place to support and guide on residents' safe use of online banking.

1. Action Required:

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

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

- Service User Finance Policy to be reviewed to include guide on residents' safe use of online banking.
- New Policy to distributed to all staff to ensure they are aware of changes to Service User finances and management of same within the Centre.

Proposed Timescale: 15/09/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

The provider failed to ensure the progress being made in relation to residents' personal goals was reviewed within agreed timescales.

2. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

- Progress being made in relation to residents' personal goals will be reviewed within agreed timescales.
- Key working sessions will incorporate Monthly targets taken from the Service Users Personal Plans and reviewed by the PIC at the monthly team meetings.
- Personal plans will be updated accordingly following progress, by the Key workers with consultation with the Service Users.
- All Personal Plan action plan dates to be reviewed and amended where necessary.

Proposed Timescale: 15/09/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The provider failed systems in place to ensure risk assessments accurately identified the additional controls in place to mitigate risks.

3. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- The PIC will review all residents Risk Assessments and Standard Operational procedures to ensure additional controls are in place to mitigate identified risks. Review to include all control measures currently in place for Risk Assessments to ensure they are suitable for risk identified.
- Centre Specific Risk Management Plan to be implemented.
- Risk Assessments will be reviewed in line Policy and Procedure for Risk Management within the Centre.

Proposed Timescale: 15/09/2017

Theme: Effective Services

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

The provider failed to ensure:

- adequate emergency lighting was provided to the side of the centre
- adequate directional signage was in place to guide from the rear of the centre to the front fire assembly point
- fire procedures adequately guided on upstairs evacuation arrangements

4. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

- Emergency lighting provided to the side of the Centre.
- Directional signage put in place to guide staff and residents from the rear of the Centre to the front fire assembly point.
- Fire evacuation plan updated and adequately guides on upstairs evacuation arrangements in place.
- All residents have individual fire evacuation plans implemented in case of an emergency.
- Fire zone panel to clearly identify areas within the home.

Proposed Timescale: Complete

Proposed Timescale: 15/08/2017

