

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Tignish House
<b>Centre ID:</b>	OSV-0004262
<b>Centre county:</b>	Wicklow
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services Unlimited Company
<b>Provider Nominee:</b>	Shane Kenny
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	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 inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 07 September 2017 09:00 To: 07 September 2017 17:00

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 06: Safe and suitable premises
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 inspection:

This was an announced inspection to inform a renewal of registration decision after an application to the Health Information and Quality Authority (HIQA) by NUA Healthcare (the provider) to continue with the registration of this centre.

The centre was previously inspected in May 2017 where a number of major and moderate non compliances was found in Risk Management, Residents Rights, Premises, Safeguarding, Healthcare Needs, Social Care Needs and Governance and Management.

Since that inspection the centre had addressed (or were in the process) of addressing most of the concerns as raised by HIQA. However, the centre remained challenged by the number of residents living there.

The provider acknowledged in their last action plan submitted to HIQA that the centre was not of an adequate size to meet some of the assessed needs of five residents and had agreed to reduce the occupancy level to four. However, by the time of this inspection this issue had not been addressed and five residents remained

living in the centre.

That said, the inspector observed that the quality of care provided to the residents was to a good standard, their health and social care needs were being provided for, residents appeared very happy living in the house and appeared very relaxed in the company of staff members. It was also noted that the provider had a plan in progress to support a reduction in numbers.

Of the nine outcomes assessed six were found to be compliant, two were found to be substantially complaint and one was found to be moderately non compliant.

How we gathered our evidence:

The inspectors met with six staff members and interviewed one of them about the service being provided. The person in charge and the deputy team leader were also spoken with at length over the course of this inspection.

The inspector also met with all five of the residents and had the opportunity to chat directly with one of them about the house. This resident reported that they were very happy living there, they liked the meals and liked going on holidays. The inspector also got to sit and chat with one of the residents while they were engaging in literacy activities. The resident appeared very happy and relaxed in the centre.

Two family members were also spoken with as part of this inspection. One spoke with the inspector as they were in the house on the day of the inspection and the other family member spoke with the inspector over the phone.

Both family members expressed very high levels of satisfaction with the care and support being provided to the residents and made comments such as 'the care is second to none', 'my relative loves living here', 'the staff are brilliant' 'it's such a homely environment' and 'I have no concerns whatsoever'.

A sample of documentation was also viewed such as health and social care plans, safeguarding plans, minutes of meetings, audits and the admissions policy and procedures.

### Description of the Service

The centre was a five bedroom bungalow providing accommodation to five residents. It was found to be bright, clean and homely on the day of the inspection. It was in close proximity to a nearby town and transport was provided so as residents could access amenities such as shops, hotels, barbers, pubs, cafes, health clubs and restaurants.

However, as already identified above the centre was not of an adequate size to meet some of the needs of five residents. In turn, this impacted on the level of compliance across a number of outcomes.

### Overall Findings

Of the nine outcomes assessed six were found to be compliant including Admissions, Healthcare Needs, Social Care Needs and Workforce. Residents Rights, Medication Management and Governance and Management were found to be substantially compliant while Premises were assessed as having a moderate non compliance.

Overall it was found that the quality of care being provided to the residents was to a good standard and residents appeared very happy living in the centre. Family members also spoke very highly of management, staff and of the quality and safety of care delivered to the residents.

This is further discussed in the main body of the report and in the action plan at the end.

**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):**

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

**Findings:**

The last inspection found that residents' privacy and rights were compromised and while some issues remained, the centre had made significant progress in this addressing some of the areas of concern as highlighted in that inspection

As per the last inspection there were policies and procedures in place for the receipt and management of complaints. Systems were also in place to log and deal with complaints however, no complaints made since the last inspection.

Both family members spoken with informed the inspector that they have never had any reason to complain about any aspect of the service to date and their relatives were very happy living in the house. Of the staff spoken with the inspector was assured that if they had any concerns for the residents they would ensure to report them to management.

There were systems in place on how to access independent advocacy services and contact details of an independent advocate were on each residents file.

The last inspection found that due to the number of residents living in the centre their privacy and dignity could be compromised at times. This situation remained the same at the time of this inspection however, a new TV area in the kitchen and the development of a newly decorated sensory room had helped alleviate this situation.

The last inspection found that there were systems in place for the management of residents' personal finances. Inspectors found that the system promoted accountability

and safety.

Residents took part in a variety of activities in line with their interests and skills, which included attending health clubs, going to various day activation services, attending work and engaging in learning activities.

Over the course of this inspection the inspector observed that staff treated residents with dignity and respect and at all times and residents appeared very happy in the company of all staff members.

**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):**

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

**Findings:**

Each resident had a personal plan in place and the inspector saw the centre had made significant progress in ensuring those plans were supporting residents to engage in meaningful activities. The issue with regard to multi-disciplinary input identified in the last inspection had been addressed.

The inspector observed that residents had a range of day service options made available to them and these services offered a range of meaning activities for residents to engage in. The inspector spoke with one resident and they reported that they liked their day service and the activities on offer such as outings, arts and crafts.

Other residents were supported to have jobs in nearby such as in the local shops and/or supermarkets.

Since the last inspection personal plans had been reviewed (or were in the process of being reviewed) and the inspector observed that residents were being supported to develop their skills through the process of using task analysis and with the support from staff.

Residents were also supported to go on holidays as part of their social goals and on the day of this inspection some of them were returning from a holiday in Cork. Residents reported to the inspector that they loved their holiday, the meals out, the drives and dancing.

Of the family members spoken with they also reported that their relatives had a great social life and had regular access to the local community.

It was also observed that there was input from multi-disciplinary professionals into the personal planning process since the last inspection.

**Judgment:**

Compliant

**Outcome 06: 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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

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

**Findings:**

The inspector identified that improvements had continued to be made to the premises since the last two inspections and these improvements had a positive impact on the quality of service delivered to the residents. This included an additional TV space being provided in the kitchen area and the development of a brand new fully functioning sensory room.

However, and as found in the last inspection, taking into account the size and layout of the premises and the needs of the residents, inspectors found that the centre was not of an adequate size to meet the needs of 5 residents.

The centre consisted of 6 bedrooms, a kitchen, a living room and a relaxation room. There was also a staff office, a bathroom and a small utility room (which was now separate to the main house). Two of the bedrooms were en suite.

Inspectors observed the corridors to be narrow and did not facilitate more than one person at a time to walk down them. Due to the supports residents required, there could be up to eight staff working in the centre for the majority of the day.

Inspectors observed this resulted in a crowded environment, with the kitchen or living room being unable to adequately facilitate this number of people

Since the last inspection the main bathroom had been completely revamped and a roster was developed to ensure the house was clean and tidy.

There were generous external grounds for use by residents, suitable facilities for the disposal of waste and adequate car parking facilities to the front and side of the centre.

**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):**

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

**Findings:**

The inspector found that systems in place for the assessment and management of risk had improved significantly, reviews of individual incidents were now being monitored for intensity and frequency levels and the number of adverse incidents occurring in the centre had reduced (including the severity of incidents).

The centre had a risk register in place and each resident had individual risk assessments on their files. Since the last inspection the centre had regular support and input from a behavioural support specialist and the number and frequency of adverse incidents occurring in the centre had reduced steadily since May 2017.

This in itself had reduced the level of risk associated with behaviours of concern. Staff also reported to the inspector they felt better equipped to manage adverse incidents occurring in the centre

There were fire management systems in place. The centre had a fire alarm, fire extinguishers, emergency lighting and fire doors. Records demonstrated that the fire alarm and fire extinguishers were serviced at appropriate intervals and the issue regarding the emergency lighting had been addressed since the last inspection. (They had been serviced and bulbs replaced). It was also observed that an issue regarding a fire door had been resolved.

Fire drills occurred in the centre and where required personal emergency evacuation plans had been updated to take into account any issues occurring during a fire drill.

Staff were aware of the emergency evacuation procedure and had received training in the prevention and management of fire.

There were policies and procedures in place for the prevention of healthcare associated infections.

**Judgment:**

Compliant

**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):**

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

**Findings:**

There were policies and procedures in place for the protection of vulnerable adults. Staff had received training in this procedure and were aware of what constitutes abuse. Since the last inspection it was also found that the number of adverse incidents occurring in the centre had reduced.

The centre now had the support of a behavioural support therapist who was in the centre at least twice a week and was available to staff via telephone. Two residents had their multi-element behavioural support plans updated during this time and a third residents was in the process of having theirs updated.

Since this input the frequency and severity of adverse incidents occurring in the centre had reduced. Staff had also received training from this therapist and they reported to the inspector that they felt more confident in supporting residents to manage their behaviour.

Where required, safeguarding plans were also in place. It was found that staff were knowledgeable of both multi-element behavioural support plans and safeguarding plans.

While some restrictive practices remained in place, the centre had reviewed the use of restriction across the centre since the last inspection. This had resulted in the number of restriction in use reducing. For example, some presses were no longer locked and some

protective covering for windows was removed.

The person in charge assured the inspector that there would be on-going reviews of the remaining restrictive practices in use and that they remained in use for the moment to ensure residents privacy, dignity and safety.

**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):**

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

**Findings:**

The inspector was assured that the healthcare needs of the residents was being supported and promoted and since the last inspection where required healthcare needs were being monitored and oversight of nutritional intake was being facilitated.

A sample of documentation viewed by the inspector informed that residents were seen by their GP as and when required. Residents were also seen by a range of other allied healthcare professionals such as audiologists, opticians, dentists, occupational therapists, dieticians and chiropodists.

Positive mental health was also provided for and where required residents were seen and reviewed by a behavioural support specialist, psychologist and psychiatrist.

Comprehensive care plans were in place to support residents with conditions such as anxiety and epilepsy and the inspector found that these plans were supported with the input of relevant healthcare professionals.

Where required, monitoring documentation was also being kept. It was observed that a care plan for the management and monitoring of a resident with high blood pressure did not contain sufficient detail so as to inform staff what course of action to take if the daily recordings were not as they should be. However, when this was brought to the attention of the person in charge he had the issue addressed prior to the close of the inspection.

Of the family members spoken with, they were very complimentary of the healthcare provided to their relatives. If an issue or concern was raised with regard to the healthcare needs of the residents the centre followed up on this as a priority.

Residents nutritional needs were being supported and met in the centre and residents were supported to make healthy lifestyle choices in line with their assessed needs and individual choice.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

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

**Findings:**

There were policies and procedures in place for the prescribing, storage, administering and disposing of medication. Inspectors observed that medication was stored in a secure location. Staff had also received training in the safe administration of medication.

The inspector reviewed a sample of prescription records and identified that they contained the necessary information for the safe administration of medication. Administration records confirmed that medication was administered at the times it was prescribed for.

The last inspection found that while there were guidelines in place for the administration of PRN medicines (medicines only taken as the need arises) in some instances the guidance was generic and not reflective of the exact medication prescribed to the resident. While staff spoken with were aware of the protocols and procedures for administering medication, the documentation guiding this practice required review.

Audits were being carried out on medications and the inspector was satisfied that where required, corrective action would be taken should a medication error occur. For example, it would be recorded, discussed with the relevant staff member and also discussed at team meeting to ensure shared learning and reduce the risk of an error re-occurring.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*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.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector found that the governance and management systems in place had improved since the last inspection and there were systems in place to monitor and review the quality of care delivered to the residents.

There was a clear management structure in place in the centre. The person in charge worked full time in the centre, was a qualified social care professional and was supernumerary in their role. He was supported by two deputy team leaders who were also qualified social care professionals.

The person in charge reported to the regional manager, who in turn reported to the Director of Operations. The Director of Operations was the person nominated on behalf of the provider for the purposes of engaging with HIQA.

Unannounced visits had been conducted in the centre and reports generated on the findings. There were systems in place for the monitoring and auditing of the centre and the inspector observed that these audits were bringing about positive changes.

For example, a recent audit identified that some personal plans required updating and that the allocation of staffing hours for one resident required review. Both these issues had been addressed by the time of this inspection.

The centre had undertaken an annual review of the quality and safety of care and the inspector saw that this was a comprehensive document and review. However, the timelines allocated to addressing some of the deficits identified required review.

There was an on-call system in place to provide staff with advice and support should the need arise.

**Judgment:**

Substantially Compliant

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**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):**

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

**Findings:**

Overall the inspector found that there was sufficient staff with the right skill mix and knowledge to meet the needs of residents.

The inspector observed that staff interacted with the residents in a warm and dignified manner. They were very attentive to the needs of the residents and created a homely environment in the house. Of the family members spoken with they were extremely complimentary of both management and staff

Staff were supervised on a regular basis on a formal basis. The last inspection found that additional staff training was required and by the time of this inspection staff had received training in the management of positive behavioural support and care planning.

On the last inspection the inspectors reviewed a sample of staff files and found they contained all of the information as required by Schedule 2 of the regulations.

**Judgment:**

Compliant

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**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:**

Raymond Lynch  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare Services Unlimited Company
<b>Centre ID:</b>	OSV-0004262
<b>Date of Inspection:</b>	07 September 2017
<b>Date of response:</b>	05 October 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The living space provided was not of an adequate size to sufficiently meet some of the needs of the five residents. Because of this issue their personal living space could be compromised at times.

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

**1. Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

1. One Resident in the Centre is to be discharged in a planned manner as agreed with the resident's representatives.
2. Admissions team has undertaken an assessment with resident and PIC. The purpose of this is to locate a suitable placement for the resident. Family of the resident have been consulted and are supportive of the move.
3. A meeting is scheduled to take place on 16/10/2016, which will be attended by the Person in Charge, MDT team, HSE Representative, Resident's family and resident. At this meeting planned transition and supports for the resident's transition will be discussed.
4. The Residents Transition Plan will be developed to support the discharge of the resident in a safe and planned manner.
5. Once the resident is discharged a Vary of Condition will be submitted to the Authority for consideration to reduce the number of residents in the Centre from 5 to 4 as Max Capacity.
6. Once the Resident is safely discharged the Centre plans to convert the fifth bedroom into a second living area for the remaining residents.

Proposed Timescale: On Completion of Discharge of the 5th Resident

**Proposed Timescale:****Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The centre was not suitable to meet the needs of 5 residents

**2. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

1. One Resident in the Centre is to be discharged in a planned manner as agreed with the resident's representatives.
2. Admissions team has undertaken an assessment with resident and PIC. The purpose of this is to locate a suitable placement for the resident. Family of the resident have been consulted and are supportive of the move.
3. A meeting is scheduled to take place on 16/10/2016, which will be attended by the Person in Charge, MDT team, HSE Representative, Resident's family and resident. At

this meeting planned transition and supports for the resident's transition will be discussed.

4. Once the resident is discharged a Vary of Condition will be submitted to the Authority for consideration to reduce the number of residents in the Centre from 5 to 4 as Max Capacity.

5. Once the Resident is safely discharged the Centre plans to convert the fifth bedroom into a second living area for the remaining residents.

Proposed Timescale: On Completion of Discharge of the 5th Resident

**Proposed Timescale:**

### **Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The timelines allocated to addressing some deficits identified in the annual review required review

#### **3. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

1. A Review of timelines to address deficits identified in the annual review has been undertaken and any areas identified will be rectified.

**Proposed Timescale:** 31/10/2017