

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Abbeygale House
Centre ID:	OSV-0000743
Centre address:	Farnogue, Old Hospital Road, Wexford.
Telephone number:	053 912 4002
Email address:	barbara.murphy@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Barbara Murphy
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 15 March 2016 10:15 To: 15 March 2016 17:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

Abbeygale House is a centre under the management of the Health Services Executive. It was a purpose built unit which was bright spacious and well maintained. The inspector met residents and staff and observed practice. Documents were also reviewed such as policies, procedures, training records, care plans, medication management charts and minutes of residents' meetings. This inspection was announced and carried out in response to an application from the provider to renew registration of the centre. The last inspection of the centre was completed on 06 and 07 October 2015 in response to an application to vary the centre's conditions of registration from a maximum occupancy of 21 to 30 places. The centre was found to be substantially compliant with legislation on that inspection and the application to vary conditions of registration was granted. Six action plans were generated as a result of that inspection. The inspector reviewed these actions on this inspection and found that they had been completed.

For the purpose of this inspection the provider had applied to register 30 places. 21 places were allocated to long stay care and nine beds were to accommodate short stay/respite residents only. On this inspection the inspector assessed 13 outcomes which were found to be compliant with legislation. The fitness of the provider representative and the person in charge was determined by interview during previous inspections and on going regulatory work, including subsequent inspections of the centre. The person in charge and the provider representative who was available throughout the inspection demonstrated an adequate working knowledge of the legislation throughout the inspection process.

Overall, the inspector found that the person in charge ensured that residents' medical and nursing needs were met to an adequate standard. Residents looked well cared for, engaged readily with the inspector and provided positive feedback on the staff, care and services provided. The inspector found evidence of good practice across all outcomes inspected. Staff interacted with residents in a respectful, warm and friendly manner and demonstrated a thorough knowledge of residents' needs, likes, dislikes and preferences.

There were no action plans generated from this inspection.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that the statement of purpose had been revised prior to the inspection; it contained all of the information as required by the Regulations. The provider had made a copy available to residents. This clearly described the range of needs that the designated centre intended to meet and it accurately reflected the services provided.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

As on the previous inspection there was a clearly defined management structure that identified the lines of authority and accountability at a senior level within the centre. This included a nominated provider, person in charge and a clinical nurse manager. The nominated provider and person in charge had not changed since the previous inspection. There was also a group director of nursing who had remit over two centres

of the Health Service Executive in this area.

This director of nursing was an additional support to the person in charge and she was also listed as a person participating in the management of this centre (PPIM). Appropriate resources were allocated to meet residents' needs. These included appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses.

The person in charge and person participating in management demonstrated sufficient clinical knowledge to ensure suitable and safe care to residents. They demonstrated a sufficient knowledge of the legislation and their statutory responsibilities according to the Regulations. The person in charge was actively engaged in the governance, operational management and administration of this centre on a daily basis.

The clinical nurse manager worked on the floor both day and night supervising staff and directly in the delivery of care to residents. The inspectors viewed audits completed by the person in charge which included medication management, nutrition, restraint, hygiene, and food satisfaction surveys. There was an adequate level of compliance found throughout the audits and corrective actions were recorded for any issues were highlighted in the audits.

Consultation with residents/relatives in relation to the existing systems of monitoring quality of care was available. An annual review of the quality and safety of care delivered to residents had taken place. Inspectors saw that a quality improvement plan as a result of the annual review had been developed for 2015 which included action plans, responsible persons and dedicated timeframes.

Judgment:
Compliant

Outcome 03: Information for residents

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

Theme:
Governance, Leadership and Management

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

Findings:
A comprehensive Resident's Guide detailing a summary of the services provided was available. The inspector viewed a sample of contracts of care issued to residents and found that there was an agreed written contract in place which included details of the services to be provided to the resident, the fee payable by the resident and any charges made for additional services.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had not changed since the time of the last inspection. The current person in charge has worked in the service for many years and is full-time in this role. She was suitably qualified and experienced with the authority, accountability and responsibility for the provision of the service. There was a clearly defined management structure in place to support the person in charge.

The inspector spoke with staff and residents, and found that there was a clear reporting mechanism and management structure in place. The inspector was satisfied that the management arrangements in place ensured that the assessed needs of residents were being met and monitored.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Appropriate arrangements were in place for the management of the centre in the absence of the person in charge. A clinical nurse manager who worked full-time deputised in the absence of the person in charge.

She was not on duty during this inspection but had been interviewed during the last

inspection and was present during subsequent inspections of the centre.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

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

Findings:

Staff who spoke with the inspector were knowledgeable regarding what constituted abuse and how to respond to suspicions or any allegation of abuse. Measures including policies to protect residents from being harmed or suffering abuse were in place and residents spoken with confirmed they felt safe and some knew who they would speak too if they were concerned. The Trust in Care procedures and the Safeguarding Vulnerable Persons at Risk of Abuse documents were available and accessible to staff.

Staff spoken to confirmed that they had received recent training on 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. Staff confirmed that there were no barriers to raising issues of concern.

The use of restraint was in line with the national policy on restraint. The rationale for use was clearly documented. The inspectors saw that assessments for the use of bedrails were being completed on residents and some alternatives to restraint had been tried. These assessments were reviewed on a regular basis and there was evidence that residents were being checked and these checks were documented. There was a restraint register in place. Inspectors saw that regular audits on restraint were being completed by the person in charge.

There was a positive approach to the management of behaviours and psychological symptoms associated with dementia. Efforts were made to identify and alleviate the underlying causes of any behaviours that may challenge. The inspector noted that there were multi-disciplinary support meetings taking place, where considerable efforts were made to identify the cause of increased patterns of behaviour for residents who presented with such challenges.

Family involvement was well documented and meetings minuted. Clear strategies were outlined to support residents to manage behaviour that challenges or that focussed on a proactive and positive approach. Throughout the inspection, inspectors observed that staff interacted with residents in a kind, caring, respectful and patient manner. The inspector observed that the quality of interactions indicated that the majority of interactions demonstrated positive connective care between residents and staff.

The inspector reviewed the system in place to manage residents' money and found that reasonable measures were in place and implemented to ensure resident's finances were fully safeguarded.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
As on the previous inspection the inspectors found that there were good systems in place in relation to promoting the health and safety of residents, staff and visitors. The inspector saw that the risk management policies which were developed in line with the Regulations and guided practice. This included the policies on violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff. There was a risk register in place which was reviewed on a regular basis by the management team. The inspector saw that accidents and incidents were reviewed by the management team and then discussed at staff meetings.

There was a strategy in place to prevent falls whilst also promoting residents' independence. An evidence-based assessment tool was used to assess residents' risk of falls on admission and at least every three months thereafter. Falls and incidents reported were reviewed and satisfactory measures were in place to mitigate all risks associated and identified further to incidents which took place. For example, residents assessed at high risk of falling had appropriate supervision in place, and the inspector saw that communal sitting rooms were well supervised. Equipment used for moving and handling such as hoists were available and were serviced regularly. The provider has contracts in place for the regular servicing of all equipment and the inspector viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs.

The inspector found that there were measures in place to control and prevent infection. Staff were knowledgeable in infection control. Staff had access to supplies of gloves and

disposable aprons and they were observed using the alcohol hand gels which were available discretely throughout the centre.

Fire precautions were prominently displayed throughout the centre. Service records showed that the emergency lighting, fire alarm system and fire fighting equipment were serviced and fully maintained. The inspector noted that the means of escape and exits, which had daily checks, were unobstructed. All staff had attended fire training and those spoken with were knowledgeable of the procedure to follow in the event of a fire. Regular fire drills had taken place and the fire alarm was tested and serviced on a regular basis.

There was a centre-specific health and safety statement in place which had been reviewed in January 2015. There was a centre-specific emergency plan that took into account all emergency situations. Clinical risk assessments are undertaken, including falls risk assessment, assessments for dependency, restraint, continence, moving and handling.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
The inspector found that overall there were safe systems in place for the management of medication. There were no actions required from the previous inspection. There was a clinical storage room where medication supplies and trolleys were secured. The area were noted to be clean and well organised

As on the previous inspection the inspector was satisfied that each resident was protected by the designated centre's policies and procedures for medication management. The inspector saw that practice was supported by a comprehensive medication management policy.

The inspector reviewed a sample of medication administration charts. All items had been individually prescribed and signed by the doctor. There was photographic identification on the sample of charts examined. The inspector saw that medication charts were printed and were easy to decipher. All prescriptions were signed by the relevant general practitioner (GP) and were reviewed at the required three month intervals

Medication was found to be suitably and safety stored. Medications requiring strict

controls were appropriately stored and managed. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre's medication policy. Secure refrigerated storage was provided for medication that required specific temperature control and its temperature was monitored daily.

Judgment:
Compliant

Outcome 10: Notification of Incidents

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

Theme:
Safe care and support

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

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

Findings:

The inspector reviewed the notifications supplied to the Authority and the accidents and incidents that had occurred in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspector found that the person in charge adhered to the legislative requirement to submit relevant notifications to the Chief Inspector.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

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

Theme:
Effective care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that resident's healthcare needs were met to a good standard and that each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. There was evidence that timely access to health care services was facilitated for residents. The person in charge confirmed that a GP was attending to the needs of all residents. The inspector spoke

with the GP during inspection and found that he delivered a person centered service to all residents.

The person in charge told inspectors that an "out of hours" GP service was rarely used as the same GP would often visit residents out of hours when required. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had on going access to allied healthcare professionals including physiotherapy, podiatry, dietetics, speech and language, psychiatry of old age and dental.

The inspector reviewed a selection of care plans. There was evidence of a pre-assessment undertaken prior to admission for residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. There was evidence of a range of assessment tools being used and on going monitoring of falls, weight, mobilisation and, where appropriate, pain. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and for the most part was reviewed no less frequently than at three-monthly intervals. Daily notes were being recorded in line with professional guidelines.

There was a strategy in place to prevent falls whilst also promoting residents' independence. An evidence-based assessment tool was used to assess residents' risk of falls on admission and was reviewed on a regular basis. This was augmented by an enhanced falls risk assessment where appropriate. Care plans were developed based on these assessments. Preventative measures, such as hip protectors and regular environmental checks, were implemented.

The inspector was satisfied that residents' social care needs were being met within the designated centre. There were two full time staff dedicated to running activities and meeting the social needs of residents. The inspector found that each resident had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their individual interests and preferences. The inspectors saw a number of life stories for individual residents which detailed important memories and milestones in their lives.

The person in charge and staff demonstrated an in-depth knowledge of the residents and their needs were reflected in the person-centred plans for residents'. The inspector found that the interventions to meet residents' needs were specific and informative and addressed all resident needs as assessed.

Judgment:
Compliant

Outcome 13: Complaints procedures

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

Theme: Person-centred care and support
Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
Findings: A complaints process was in place to ensure the complaints of residents, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints policy which was displayed met the regulatory requirements. Some residents spoken to could tell the inspector who they would bring a complaint too. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.
Judgment: Compliant

<i>Outcome 16: Residents' Rights, Dignity and Consultation</i> <i>Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.</i>
Theme: Person-centred care and support
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The inspector observed that residents' rights, privacy and dignity was respected. There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends in the communal areas which were bright and spacious. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. The inspector observed staff interacting with residents in a friendly and courteous manner. During the day residents were able to move around the centre freely. Residents were facilitated to exercise their civil, political and religious rights. The inspector was told that residents were enabled to vote in national referenda and elections with the centre registered to enable polling. Inspectors observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. Inspectors observed that some residents were spending time in their own rooms, watching TV, or taking a nap. Other

residents were seen to be spending time in the various communal areas of the centre. Newspapers and magazines were available as observed by inspectors.

During lunch time staff were observed to offer assistance in a respectful and dignified manner. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves with minimal assistance to improve and maintain their functional capacity. Overall, staff were observed to make eye contact, use touch and gentle encouragement in low key moderate and supportive tone of voice.

Residents' meetings took place within the centre and the inspector read the minutes of the last meeting. The person in charge told the inspector that any issues raised by residents for example, in relation to food or laundry were addressed at local level. There were notice boards available providing information to residents and visitors. Staff informed inspectors that every effort was made to provide each resident with the freedom to exercise their choice in relation to their daily activities. External advocacy services were available to residents.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

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

Findings:

The inspector examined the staff duty rota for a two week period. This described the staff complement on duty over each 24-hour period. The inspector noted that the planned staff rota matched the staffing levels on duty. The inspector was satisfied that the number and skill mix deployed was adequate to meet the needs of residents. The staffing levels reflected an increase in nursing, healthcare assistant, household and catering hours to meet residents' needs since the additional nine beds were granted through the application to vary on the previous inspection.

Good supervision practices were in place with the senior nurse visible on the floor providing guidance to staff and monitoring the care delivered to residents. The person in charge was also noted to be involved on a daily basis and clear directional leadership and support was noted to be provided to care and ancillary staff by the management team.

The inspector observed good interactions between staff and residents who chatted with each other in a relaxed manner. The inspector noted that residents were supervised in communal areas at all times during the inspection and there was adequate staff in the dining room at lunch time to ensure residents were assisted in a timely fashion.

The inspector saw and staff confirmed that regular staff meetings occurred. Staff whom inspectors spoke with displayed an appropriate knowledge of policies and procedures, for example the prevention of abuse, prevention of healthcare acquired infection and fire. Staff spoken with on this inspection were knowledgeable regarding residents' needs. All staff had up to date training in the mandatory topics-adult protection and moving and handling and fire training. A staff training matrix was also maintained and recorded staff attendance at training to support their professional development and evidence based best practice in a number of areas.

Policies in relation to staff recruitment and volunteering were in operation in the centre. The inspector reviewed a sample of staff and volunteer files and found that all were in accordance with the Regulations. All staff and volunteers had been subject to Garda vetting while the registration details of nursing staff were also available.

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:

Ide Cronin
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:	Abbeygale House
Centre ID:	OSV-0000743
Date of inspection:	15/03/2016
Date of response:	05/04/2016

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.

Theme:

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

1. Action Required:

Under Regulation you are required to:

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

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

Proposed Timescale: