

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Blackrocks Nursing Home
Centre ID:	OSV-0000321
Centre address:	Foxford, Mayo.
Telephone number:	094 925 7555
Email address:	blackrocknursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Blackrocks Nursing Home Limited
Provider Nominee:	Michael Maloney
Lead inspector:	Marie Matthews
Support inspector(s):	
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	47
Number of vacancies on the date of inspection:	3

About Dementia Care Thematic Inspections

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
20 September 2016 09:00	20 September 2016 21:30
21 September 2016 10:00	21 September 2016 18:00

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

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

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspector focused on six outcomes that had direct impact on dementia care and followed up on the actions from the previous inspection completed in January 2016. There was a positive response to the action plan and all of the actions had been addressed. The Person in Charge and the Assistant Director of Nursing were on duty and facilitated the inspection.

At the request of the Authority the provider had submitted a completed self assessment questionnaire on dementia care and submitted relevant policies and procedures. The Provider had rated the centre substantially compliant all outcomes. The inspector concurred with the providers' assessment for the one outcome and found a further two outcomes substantially compliant however; non compliances

were identified in 3 outcomes one of which was identified as a major non compliance. (Failure to ensure all staff had been appropriately vetted by an Garda Siochana.)

The inspector observed that there was significant improvement in the governance and management of the centre since the previous inspection. Staffing levels had increased and there was evidence of better supervision of residents and clinical supervision of staff on this unannounced inspection. Some further areas for improvement were identified regarding night-time nursing staff deployment and improvements to the recruitment procedures to ensure all staff were appropriately vetted prior to taking up their posts.

At the time of this inspection, there were 47 residents accommodated. The inspector tracked the journey of a number of residents with dementia within the service. An observational tool (QUIS) in which social interactions between residents and care staff are coded as positive social, positive connective care, task orientated care, neutral, protective and controlling or institutional care/controlling care was used by the the inspector. The results of this were very positive with the inspector observing very positive connective care. (This is discussed under the Outcome on Rights, Dignity and Consultation).

Residents were well known by staff and the care needs of residents with dementia were met. Two activities coordinators were employed and residents were encouraged to maintain their interests and independence. A safe enclosed garden could be access from the centre. Residents looked well cared for and told the inspector that they felt safe and were well cared for by the staff'. There was a relaxed atmosphere in the centre and residents spoken with said they had an input into how they spent their days.

Pre admission assessments were completed by the person in charge which considered the health and social needs of the potential resident. Residents had opportunities to engage in meaningful activities through group and individual therapeutics activities. General practitioners visited regularly and a physiotherapist was employed full time. A psychologist had been employed and staff demonstrated competency in managing behaviours associated with dementia. Behaviour support plans to direct care for some residents and the psychologist was in the process of completing others. Further improvements were identified in relation to care planning to ensure that care plans were person centered and residents were consulted in the process.

The premises was very well maintained but adaptations such as improved signage and use of visual cues were required to ensure the layout and design met the needs of the residents with dementia.

At the feedback meeting at the end of the inspection, the findings were discussed with the Person in Charge and the Assistant Director of Nursing. Matters requiring improvement are discussed throughout the report and set out in the action plan at the end of this report in order to comply 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.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to assessments, care planning, access to allied health professional, maintenance of records and policies supporting contemporary evidence based practice. The inspector followed the pathway of residents with dementia and tracked their journey from admission to living in the centre. The self assessment tool (SAT) completed by the provider for this outcome was rated substantially compliant. The inspector identified that some areas for improvement in care planning as some care plans which were maintained electronically were generic and required more detail to guide care and there was not always evidence of consultation with the residents in those reviewed.

There were 47 residents accommodated on the day of the inspection. 20 residents were assessed as having maximum dependency needs; nine had high dependency needs, seven had medium dependency needs and 11 were assessed as low dependency. 16 residents were identified as having dementia. A sample of residents with health care needs and associated care plans were reviewed by the inspector. The records of recently deceased residents were also reviewed.

An admission policy was available and the inspector found that this was reflected in practice. All prospective residents were visited at home or in hospital by the person in charge visited and the inspector saw that pre admission assessments were completed to identify residents' individual needs and choices. There was evidence of communication with family members and the referring agency/person.

A comprehensive assessment of the residents daily activities was completed within 48 hours of admission and this were reviewed on a four monthly basis and care plans were developed based on needs identified. In the sample reviewed by the inspector, there was evidence that care plans were updated at the required four monthly intervals or in response to a change in the residents' health condition. However; there was not always evidence of consultation with residents or their representative. Some care plans were very person centred and provided good information to ensure staff met the residents'

need but some care plans were generic or were not clearly linked to the assessments completed. For example, the inspector reviewed one resident who had grade 2 two pressure wounds. The resident had been referred to and seen by a tissue viability nurse specialist. There was evidence of regular review of the wounds but the care plan lacked detail and only referred to one wound so did not provide a comprehensive guide to care.

There were systems in place to ensure residents' nutritional needs were met. Residents' weights were checked on a monthly basis. Those at risk of weight loss were weighed weekly and were referred to the dietician. Food monitoring charts were completed comprehensively and gave an accurate picture of the residents' dietary and fluid intake. Nutritional care plans were in place that outlined the recommendations of dieticians and speech and language therapists.

Dietary information was communicated to all staff including catering staff regarding special diets including, modified consistency diets and thickened fluids, high protein, diabetic and fortified diets. Residents spoke favourably about the quality and the choice of food however there was no evidence that the menu had been nutritionally assessed by a dietician and on admission there wasn't always documentary evidence that the residents' food preferences had been requested.

Records showed that where medical treatment was needed it was provided. An out-of-hours GP service was provided by these GPs. Residents could retain their own GP if they so wished. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis. Referrals were also made to other services as required, for example, dietician, the speech and language therapist, psychiatry, or optician.

Measures were in place to avoid unnecessary admissions to hospital. The Assistant Director of Nursing had completed training in the use of a syringe driver. A former staff member had also completed training in the administration of subcutaneous fluids and the Assistant Director of Nursing stated that another staff member would be provided with this training. Where residents were transferred to hospital, a letter of transfer containing relevant information about the residents' needs was generated electronically but a copy of this letter was not maintained on the residents medical file. Where residents were transferred from hospital a copy of the hospital discharge letter was included on their file.

Each resident's mobility needs was risk assessed and any specialist equipment necessary was provided. The incidence of falls was observed to be low and there was evidence that falls prevention was appropriately managed. Manual handling assessments indicated the staff or equipment required to safely transfer residents. Where residents sustained a fall there was evidence of interventions to prevent further falls. For example, there were low-entry beds and sensor mats available to assist residents and reduce the risk of a fall. A physiotherapist was employed by the provider who reviewed all residents who sustained a fall.

The medication management policy was reviewed in response to the last inspection and had procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. The inspector observed the lunch time medication round. Medication was supplied in individual blister packs.

Nursing staff demonstrated good practice when administration of medicines. Photographic identification was in place on each chart and this was checked prior to administration. The medication trolley was securely maintained and a nurses' signature sheet was in place as described in professional guidelines. Where residents were prescribed PRN (as required) the maximum dose was indicated.

Staff provided end of life care to residents with the support of their general practitioner and the palliative care team if required. Each resident had their end of life preferences recorded and an end of life care plan in place. Care plans reflected the resident's spiritual wishes and the family members they wished to be present at end of life care.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

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 self assessment tool (SAT) completed by the provider for this outcome was rated compliant but the inspector identified some significant areas for improvement. The person in charge confirmed that there were no incidents of abuse under investigation.

There were measures in place to ensure residents were safeguarded and protected from abuse. The safeguarding policy had been updated and referenced the Health Services Executive National Policy 'Safeguarding Vulnerable Persons at risk of Abuse' (2015). The inspector reviewed staff training records which confirmed that staff had completed training on the prevention, detection and response to abuse. Staff interviewed by the inspector were aware of what to do if they suspected or were informed of an allegation of abuse. However; there was no evidence on the two staff files reviewed that new staff had been appropriately vetted by an Garda Síochána. The inspector relayed to the person in charge at the feedback meeting that was a major non compliance.

There was a policy in place to inform practice for the management of behaviours and psychological symptoms of dementia (BPSD) and some residents exhibited mild symptoms. A psychologist had been employed since the last inspection and had just taken up his post. He worked full time and was based in the centres dementia unit. He had completed a psychological profile of many of the residents. The psychologist had identified triggers that might prompt symptoms and strategies to alleviate the residents' anxiety. Prevention measures were identified to prevent an escalation of the behaviours however; this work had just commenced and was not yet included into a comprehensive care plan to help guide practice. All staff spoken to by the inspector were knowledgeable

regarding the residents in their care and the interventions that were effective in managing such behaviours including redirection and engaging with the residents.

Restraint management procedures were reviewed by the inspector. A risk assessment was completed prior to the use of the restraint and this was regularly reviewed. There were 4 residents who had bed rails in situ. Two of these were in place at the request of the resident to enable them to feel secure and the enabling function was documented in the assessment. Consent was obtained from the resident or their representative and the GP. There was evidence that other less restrictive options were considered first in the risk assessment documentation reviewed.

The provider maintained day to day expenses for one resident. Money was kept in a locked safe and all lodgements and withdrawals were documented in a ledger and a running balance was maintained. There was only one staff signature recorded for each transaction which was not best practice.

Judgment:
Non Compliant - Major

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place at three different times for intervals of 30 minutes in sitting/dining area of both the dementia unit and main sitting. The inspector spoke with residents who described being able to plan their own day within the centre. Residents told the inspector they could choose what they liked to wear and the inspector saw residents looking well dressed.

The inspector observed the interactions between residents and staff were very positive and staff were observed to chat to residents constantly while assisting them with the activities of daily living. The inspector observed that staff were respectful towards residents and that privacy and dignity were respected.

Monthly resident meetings were facilitated by the activities coordinator and the inspector

saw from the minutes that residents were consulted on the day to day organisation of the centre.

Two activities coordinators worked in the centre from Monday to Friday and a range of activities were available such as physical activity exercises, music, reminiscence, reflexology, bingo, art and reading. There were dementia specific activities included in the activity programme such as Sonas which was held twice a week. There were also one-to-one activities for residents that do not participate in group activities.

Social assessments were complete on admission and the inspector saw that a good profile of each residents interests and background was recorded. The activities coordinator had worked with residents in the dementia unit and their relatives to develop this information further and she had displayed some old family pictures of the resident taking part in their preferred hobbies and other pictures and posters about the residents areas of interests in their bedrooms to prompt discussion with the resident. A record of the activities the resident participated in was recorded twice a week which did not give a comprehensive record of the residents social activities. Daily nursing notes were clinical in nature and did not comment on the residents social or emotional care. An action has been included under outcome one requiring the person in charge to address this.

Visitors' rooms were available and residents could receive visitors in private. Advocacy services were available through a national agency and contact details were displayed in the centre.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

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 procedure was displayed in the centre which outlined the stages of the complaints investigation process. The complaints policy had been reviewed in response to the action plan from the last inspection and included details of an appeals process. As well as details for the office of the ombudsman. A summary of the complaints policy was included in the residents guide.

The complaints log was reviewed by the inspector. Five complaints were recorded since the last inspection. There was evidence that each complaint had been investigated and appropriate actions taken on foot of the complaint. The outcome and whether the

resident was satisfied was recorded and dated.

Relatives and residents to whom the inspector spoke said the person in charge and staff were open and felt they could bring issues to them and they would be resolved.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

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

Findings:

A review of the number and skill mix of staff to ensure they are appropriate to the needs of the residents was identified as required on the previous inspection. The provider had addressed this by recruiting additional nursing, health care staff and ancillary staff. The inspector reviewed the staff rota which indicated that addition to the Person in Charge and the Assistant Director of Nursing, there were two nurses on duty each day from 8am to 8pm. The number of healthcare assistants on duty between 8am and 8pm had been increased from five to six. At night there was one nurse and three care assistants on duty between the two units. The rationale for the decrease in nursing staff at night was not clear and the practical difficulties presented by only having one nurse between two units was discussed. The provider has been requested to further review night time staff deployment to ensure they are sufficient to meet the needs of residents in both units.

Two activities coordinator facilitated residents' social activities during the day. As previously, stated a psychologist had also been recruited and was working full time in the centre. A physiotherapist was also employed and worked two days each week. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Training records viewed confirmed that all staff had completed mandatory training in safeguarding, fire safety and manual handling. Other training provided, included dementia specific training including responsive behaviours/behaviours that challenge. Staff interviewed had a good understanding of fire safety and safeguarding of vulnerable adults. Good manual handling practices were observed throughout the inspection.

The Assistant Director of Nursing described a system which had been introduced where nurses championed a clinical area such as wound care, dementia care, diabetes and nutrition and developed specialist knowledge and education and then used their skills and knowledge to develop policies to support good practice in the centre.

The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity.

The inspector reviewed the files of two recently recruited staff. Nursing staff had the required up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (the Nursing and Midwifery Board of Ireland). Photographic identification, references from two past employers, an employment history and details of relevant qualifications and registrations were available for both staff member. However; there was no evidence that these staff had been appropriately vetted by an Garda Síochána. An action has been included under outcome 2 to address this.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found the centre to be well maintained and suitably decorated and to provide a comfortable warm environment for residents. The centre is laid out in three different areas on one floor. The location, design and layout were suitable for its stated purpose and met residents' individual and collective needs. A separate self contained secure 16 bedded dementia unit is provided.

Sitting and dining rooms were spacious enough with good natural lighting and were decorated in a homely and warm fashion. There were smaller communal areas for residents' use or to meet with visitors in private.

The centre was set in well maintained grounds which included a secure outdoor area. The grounds were well maintained with colourful hanging baskets, flower beds and suitable garden furniture. Considerable work had been completed by the provider since the last inspection including the construction of a 1.8m high wall surrounding the perimeter to defend the centre against the risk of flooding.

Corridors and door entrances used by residents were wide and spacious to facilitate movement and aids used and required by residents. Handrails and grab rails were provided in circulating areas and in bathrooms. Mobility aids that included remote control beds and hoists were available to promote safe moving and handling practices.

There were 26 single bedrooms and 12 twin bedrooms. All bedrooms had ensuite toilet and shower facilities. Bedrooms were spacious to accommodate personal equipment and devices required by existing residents. Privacy screening was designed in shared rooms to enable the screen to close fully around the resident's bed. The inspector observed that locks were not fitted to all ensuite bathrooms and shared bathroom doors to ensure the residents privacy.

The inspector noted that the centre had been recently repainted and as a consequence, some signage had been removed so there little to help direct the residents or to orientate them in the building. The inspector also observed that the design could be further enhanced for residents with dementia by: better use of some of the quieter areas, the use of contrasting colours schemes on handrails and walls and floors, the use of pictures other visual cues on bedroom doors to support residents to locate their rooms and aid recognition and orientation around the building. There were several clocks displayed in the dementia unit however only one showed the correct time. Other improvements discussed included improving the layout and design of the dementia unit and redeveloping the existing kitchenette in the unit to resemble a home like kitchen for residents.

Judgment:

Substantially 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:

Marie Matthews
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:	Blackrocks Nursing Home
Centre ID:	OSV-0000321
Date of inspection:	20/09/2016
Date of response:	28/10/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Some care plans were generic, some lacked sufficient information or were not clearly linked to the assessments completed.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after

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

that resident's admission to the designated centre.

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

Further training will be implemented for all staff nurses to ensure efficient and effective care planning for residents. The aim of this training is to ensure all nurses are competent in creating and completing holistic, person centred care plans for the individual's current and changing care needs.

Proposed Timescale: 30/11/2016

Theme:

Safe care and support

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

A comprehensive record of the activities the resident participated in was not maintained.

2. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

A review of the documentation used to monitor activities performed by each resident will take place. A more comprehensive document will be created to ensure the variety of activities which residents have participated in is recorded accurately.

Proposed Timescale: 30/11/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Some new staff had not been vetted by an Garda Síochána before they commenced work in the centre.

3. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

All staff currently employed and working in the centre have been vetted by an Garda Síochána. All future staff will be vetted prior to commencing employment by human

resources.

Proposed Timescale: Completed since inspection

Proposed Timescale: 28/10/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

The number and skill mix of staff at night was not found to be appropriate to the needs of the residents when assessed in accordance with Regulation 5 and the size and layout of the designated centre.

4. Action Required:

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

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

A review of the skill mix and staff at night will take place ensuring they are appropriate to needs of the residents in accordance with Regulation 5 and taking into consideration the layout and size of the centre. The current dependency levels of residents and the number of residents in the centre at any given time is also a contributing factor in this review and the allocation of staff.

Proposed Timescale: 30/11/2016

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The design should be further enhanced for residents with dementia by better use of some of the quieter areas, the use of contrasting colours schemes on handrails and walls and floors, the use of pictures other visual cues throughout the centre and on bedroom doors to support residents to locate their rooms and aid recognition and orientation around the building and improving the layout and design of the dementia unit to resemble a home like environment for residents.

5. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Work has commenced on improving colour schemes for residents, hand rails are being painted in darker colours to separate them from the walls and lower panels. Signs have been ordered to identify different areas of the home enabling residents to maintain independence and orientate residents with dementia. Each bedroom door has an identification sign with the resident's name. The smaller quieter rooms are used for smaller groups of residents to enjoy quiet time and for Sonas sessions. Residents are always given the option of where they would like to spend their time during the day and this includes the quiet areas of the home.

Proposed Timescale: 16/12/2016