

**Learning Disability  
Inspection (unannounced)  
Abertawe Bro Morgannwg  
University Health Board,  
Assessment and  
Treatment Unit, Hafod y  
Wenol**

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In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone:** 0300 062 8163  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Hafod y Wennol Assessment and Treatment Unit, Pontyclun on 28 and 29 June 2016. Our team for the inspection comprised of an HIW inspection manager (inspection lead), an HIW assistant inspection manager and a clinical peer reviewer.

HIW explored how the learning disability service met the standards of care set out in the Health and Care Standards (April 2015).

Inspections of learning disability services are unannounced and we consider and review the following areas:

- Quality of the patient experience - We speak to patients, their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect
- Delivery of safe and effective care - We consider the extent to which, services provide high quality, safe and reliable care centred on the person
- Quality of management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

## 2. Context

Hafod y Wennol is an assessment and treatment unit providing care for up to eight patients. The unit forms part of learning disability services provided within the geographical area known as Abertawe Bro Morgannwg University Health Board (ABMUHB).

The staff team includes a unit nurse manager and a deputy (both registered nurses), registered nurses, healthcare support workers and housekeeping staff. At the time of our inspection student nurses were also working on the unit (on training placements) as part of their training. The team works closely with other members of the multi-disciplinary team involved in patients' care.

The service sits within the Mental Health and Learning Disabilities Service Delivery Unit within ABMUHB.

### 3. Summary

Overall, we found evidence that the service provided person centred care that was safe and effective.

This is what we found the service did well:

- We saw staff treating patients with respect and kindness.
- The staff team worked hard with other members of the multidisciplinary team so that patients were supported in their usual homes as far as possible.
- We found effective leadership and management of the service.
- There was a committed staff team who appeared to have a good understanding of the patients' care needs. All patients appeared well cared for

This is what we recommend the service could improve:

- Observation panels in bedroom doors need to be reviewed so that they can be closed to protect patients' privacy and dignity.
- Deprivation of Liberty Safeguards (DoLS) authorisations need to be reviewed in a timely manner in accordance with the DoLS arrangements.
- Ligature audits should be conducted annually and action taken as appropriate to prevent avoidable harm to patients.
- Staff must be supported to update their training on cardiopulmonary resuscitation (CPR) and fire safety as a matter of priority.

## 4. Findings

### *Quality of patient experience*

**Patients were helped to stay healthy and staff helped them take part in activities according to their needs and wishes. We saw that staff treated patients with respect and kindness. Patients' care plans were person centred.**

**We identified that improvement was needed around the observation panels for some rooms. The health board also need to make improvements to the system for reviewing Deprivation of Liberty Safeguards (DoLS) authorisations.**

### **Staying healthy**

*People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manager their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities. (Standard 1.1)*

Patients at the unit were helped to stay healthy and take part in activities according to their needs and wishes to promote their wellbeing.

Senior nursing staff told us that patients at the unit were registered with their usual GP and would continue to see their usual dentist and optician according to their needs. Doctors based at the unit would contact the patients' own GPs where necessary to obtain information about previous care and treatment. Patients could have an annual health check<sup>1</sup> whilst at the unit where necessary. Patients that required 'out of hours' general medical care would be referred to healthcare staff within the out of hours GP service covering the locality.

Senior nursing staff told us that staff helped patients to use the facilities at the unit and in the local area. One patient we spoke to confirmed this.

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<sup>1</sup> The Welsh annual health check for adults with learning disabilities was specifically introduced in Wales in April 2006 to promote early detection and treatment of health problems in people with learning disabilities.

## **Dignified care**

*People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical psychological, social, cultural, language and spiritual needs. (Standard 4.1-Dignified Care)*

We saw that patients were treated with dignity, respect and compassion. We also found that staff respected patients' right to privacy. The observation panels in the doors of some bedrooms could not be closed, which may compromise patients' privacy and dignity.

We saw that staff had a friendly, yet professional, approach towards patients and treated them with respect and kindness. Staff appeared to have a good understanding of the patients' individual likes and dislikes and helped them according to their assessed needs. All patients appeared well cared for. We found staff respecting patients' privacy. A patient we spoke to also told us this.

All patients had their own bedroom. Patients were able to lock their bedroom doors if this was their choice. There were observation panels in bedroom doors so staff could observe that patients were safe. Not all the panels, however, could be closed. This meant there was a permanent window into some bedrooms that could compromise patients' privacy and dignity. In addition some observation panels could not be operated from within the bedrooms.

### ***Improvement Needed***

***The health board must ensure that where observation panels are used, they can be effectively closed and be operated both from outside and within bedrooms. Observation panels should be kept closed unless there is a need for staff to observe patients.***

Patients could use a number of smaller rooms in addition to the main lounge area. This meant they could choose to spend time away from other patients according to their wishes and need for privacy.

## **Timely care**

*All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff (Standard 5.1)*



We found that the staff team made considerable efforts to ensure that a patient's admission to the unit was appropriate. The staff team appeared to have a good understanding of the patients' care needs

Senior nursing staff explained that staff at the unit worked with other members of the multidisciplinary team (MDT) with the aim of preventing patients being inappropriately admitted to the unit. There was a focus on helping patients to be as independent as possible in their usual homes. Within the sample of care records we saw that healthcare professionals involved in patients' care prior to admission continued to be involved following admission.

### **Individual care**

*Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being. (Standard 6.1 Planning Care to Promote Independence)*

We found a well defined process for patient assessment, care and treatment planning. The care records we saw had been reviewed regularly. We found that staff had made efforts to involve patients when planning their care.

Each patient had their own written care records. We looked at the care records for two patients. These described what patients could do for themselves and what help and support they needed from staff. We also saw that individual risk assessments had been completed to help keep patients safe and these were up to date.

Nursing staff explained that patients were invited to be involved in planning their care. We were told that patients were invited and supported to attend multidisciplinary team (MDT) meetings about their care. Patients' care is reviewed at these meetings to ensure that care is planned to meet their ongoing care needs.

Patients also had care and treatment plans as required under law (The Mental Health (Wales) Measure 2010)<sup>2</sup>. Information within one patient's plan needed

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<sup>2</sup> The Mental Health (Wales) Measure 2010 is a law made by the Welsh Government which will help people with mental health problems in four different ways.

<http://gov.wales/topics/health/nhswales/mental-health-services/measure/?lang=en>

reviewing and updating. Senior nursing staff had already identified this and had organised a meeting with relevant healthcare staff to review the plan.

*Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.( Standard 6.2 Peoples Rights)*

Care and treatment for patients at the unit were provided in ways to ensure their human rights were upheld.

We saw staff respecting patients' privacy and allowing them choice in their daily routines. Staff told us that patients were helped to keep in contact with their families. We saw two family members visiting during our inspection.

We looked at the care records of a patient whose choices were restricted. We saw that a Deprivation of Liberty Safeguards<sup>3</sup> (DoLS) authorisation had been obtained in accordance with the DoLS arrangements. The date on the paperwork we saw, however, indicated that the authorisation had expired. We discussed our findings with senior nursing staff and managers. They were aware of the situation and had already taken action to have the authorisation reviewed. They had identified that improvement was needed to ensure effective communication between the unit and the DoLS team.

### ***Improvement Needed***

***The health board must ensure that Deprivation of Liberty Safeguards (DoLS) authorisations are reviewed in a manner to fully comply with the DoLS arrangements.***

Staff training records showed that staff were up to date with their training on the Mental Capacity Act and DoLS.

Staff told us independent advocacy support could be arranged for patients. We were told that this is explained to patients when they are admitted. Also, where

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<sup>3</sup> The Deprivation of Liberty Safeguards is a framework of safeguards for people who need to be deprived of their liberty in a hospital or care home in their best interests for care or treatment and who lack the capacity to consent to the arrangements made for their care or treatment.

staff assess patients as not having capacity we were told that unit staff would make a referral for advocacy support as appropriate.

*People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health Services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback. (Standard 6.3-Listening and Learning from Feedback)*

Patients and/or their families could provide feedback on the service provided by the unit. We were able to obtain the views of one patient and two family members. They confirmed that they were very pleased with the care provided at the unit.

We saw questionnaires were readily available for patients and their families to complete and return. The questionnaire was presented in an easy read format including the use of pictures. This meant that people who have difficulty reading or difficulty understanding words would be helped to provide their views.

Senior nursing staff explained that the unit had recently changed the system for obtaining feedback. Patients and/or their families would be asked to complete a questionnaire when patients were discharged and a staff member had been given responsibility to oversee this. In addition we were told that the health board was looking to introduce an electronic based survey, again in an easy read format, to obtain views from patients and/or their families.

## ***Delivery of safe and effective care***

**We found that patients received safe and effective care. We did identify some improvement was needed around training for staff in cardiopulmonary resuscitation (CPR) and fire safety.**

**The health board should consider conducting annual ligature point audits to support existing risk assessments to keep patients safe.**

**Staff appeared to have a good understanding of the patients' care needs and we saw staff helping patients to be safe.**

### **Safe care**

*People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented. (Standard 2.1-Managing Risk and Promoting Health and Safety)*

We found that patients' health, safety and welfare were protected.

The unit was visibly secure against unauthorised access. Staff were vigilant to ensure that patients' safety was maintained. Areas were free from visible trip hazards.

Staff told us that risks to patient safety were assessed and that action was taken to reduce these risks as far as possible. Within the sample of care records we saw risk assessments had been completed with the aim of keeping patients safe.

Audits to identify potential ligature points were not being conducted regularly. Senior nursing staff explained that patients were individually assessed to identify if they were at risk of harm associated with ligatures. Care would then be planned to reduce any risk of harm identified. The health board should arrange for ligature audits to be done at least annually. This will strengthen the existing system of risk assessment and help patients to remain safe.

### ***Improvement Needed***

***The health board should make arrangements to ensure audits to identify potential ligature points are conducted at least annually. The health board should then take action as appropriate to reduce and prevent, as far as possible, avoidable harm to patients.***

We were told that it sometimes took a long time to get things repaired and were provided with details of work that was required. At the time of the inspection, we identified that overgrown nettles in the garden needed to be cut back or removed and some window blinds needed to be repaired or replaced. We were also told of a longstanding issue with the floorcovering in one of the bathrooms. We informed senior managers of this and they told us they were looking at ways to improve this, both at the unit, and across the other learning disability services within the health board.

***Improvement Needed***

***The health board must make suitable arrangements to complete outstanding repairs and maintenance work at the unit. In addition, any future work must be completed in a timely manner.***

We saw that staff had access to resuscitation equipment in the event of a patient emergency (collapse). Records we saw showed that staff checked this regularly to ensure it was safe to use should it be needed to be used. Senior nursing staff told that all staff were expected to attend cardiopulmonary resuscitation (CPR) training. We were told, however, that since April 2016 training places for staff had not been available. We informed senior managers of our findings and were told that training for staff was being reviewed.

***Improvement Needed***

***The health board must provide HIW with an update on how staff will be adequately trained to respond to a patient emergency (collapse).***

We also saw that some staff required update fire safety training. We informed senior managers of this who agreed to address this.

***Improvement Needed***

***The health board must support staff to attend suitable fire safety training.***

*People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury. (Standard 2.5 Nutrition and Hydration)*

We found that patients at the unit were helped to eat and drink depending on their individual needs.

Within the sample of care records we saw that nutritional risk assessments had been completed by staff to identify help and support required by patients. The records also included details of any special diets patients needed.

Meals were prepared and delivered to the unit for staff to reheat. A two week menu cycle was in place and offered a choice of two options per meal. Due to the system in place, patients staying at the unit for more than a month may find the menu repetitive. We discussed this with senior managers and recommended that the menu cycle be reviewed to allow for a greater amount of choice, especially for patients who may be at the unit for a longer period. They agreed to explore this. We were told that snacks and drinks were available throughout the day and that patients could choose to have a take away meal taking into account their assessed needs and choice.

*People receive medication for the correct reason, the right medication at the right dose and at the right time. (Standard 2.6 Medicines Management)*

We found that people's medication was managed safely at the unit.

A designated room was used for storing medication used at the unit. We saw that this was locked when not being used to prevent people, who were not allowed to, from entering. The room offered ample work surface space for staff to prepare medicines for administration to patients.

Medicines were stored in locked cupboards for safety. A lockable fridge was available should this be needed. We saw that fridge temperatures had been recorded regularly to show it was working properly to store medicines safely. No Controlled Drugs (CDs) were being used. However, if needed, a suitable lockable cupboard was available to store them securely. Whilst we were told that sometimes there could be delays in obtaining medicines, staff did not identify this as a frequent or significant problem.

Staff told us that patients' medicines were reviewed regularly to make sure they were still needed.

*Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time. (Standard 2.7- Safeguarding Children and Safeguarding Adults at Risk)*

Staff had access to information on what to do to protect the welfare and safety of patients at the unit.

Senior nursing staff showed a good knowledge of the process to follow should a safeguarding issue be identified. This was in keeping with the All Wales Vulnerable Adult procedure and included reporting referrals to the lead person

within the health board. We were told that there were no safeguarding issues at the time of our inspection.

We saw training records that showed staff were up to date with training on safeguarding adults.

### **Effective care**

*Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs. (Standard 3.1-Safe and Clinically Effective Care)*

We saw that patients at the unit had their own written care records that identified the care, treatment and support they needed.

We saw that the use of positive behavioural support was well embedded and plans developed in accordance with best practice. These help staff identify when patients need help to manage behaviour that other people may find challenging. We also saw that evidence based nursing assessment tools had been completed by staff to identify patients' physical healthcare needs and to inform individual plans of care.

Staff appeared to have a good understanding of the patients' needs and we saw them helping patients to be safe and reduce any anxiety they were showing. We found that patients were encouraged to use their own rooms or other quiet areas when they needed their own space away from other patients so that their well being was maintained.

Senior nursing staff explained that a health board project group had developed an Assessment and Treatment Outcome Report (ATOR) template. This was completed by staff and aimed to provide useful information for the multidisciplinary team. When completed, it included information about a patient's care and treatment, together with details of what had been planned to promote a patient's safe and effective discharge from the unit.

*In communicating with people health services proactively meet individual language and communication needs. (Standard 3.2-Communicating Effectively)*

The communication needs of patients were recorded within their individual care records.

Patients had different communication needs and we observed staff adapting their approach to effectively identify what patients wanted and to explain their care.

### **Record keeping**

*Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance. (Standard 3.5-Record Keeping)*

Records used at the unit were stored securely to prevent unauthorised people from reading them. Overall, records were complete and up to date.

A copy of the health board's record keeping policy was kept in each of the patients' records we saw. This showed staff how notes should be made to meet the health board's standards.

As described earlier, patients had their own care records. We did find some documentation that was not dated and that did not include the name of the person who had completed it. This related to documentation transferred with a patient on admission to the unit. We recommended to senior managers and nursing staff that this information be checked and when received a record made to demonstrate when it was received and from whom. They agreed to do this.



## *Quality of management and leadership*

**Effective leadership and management of the unit with clear lines of reporting and accountability were described and demonstrated. Staff told us they felt supported by their managers.**

**We saw a friendly and committed staff team who appeared to have a good understanding of the needs of the patients.**

### **Governance, leadership and accountability**

*Effective governance, leadership, and accountability in-keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.*

A nurse manager was responsible for the day to day management of the unit and was supported by a deputy. We saw strong and effective leadership being provided by the unit nurse manager who we found led by example.

The health board's values were clearly displayed for staff to see and we were told that all staff had a copy of the health board's values and behaviours. This meant that staff had easy access to information on how the health board expected them to act and behave at work.

A team of senior managers was in place and the unit nurse manager felt confident in contacting senior managers with work related queries and requests. Clear lines of reporting and accountability were described. We were told that the unit nurse manager attended monthly meetings with the senior nurse together with nurse managers of other units within the health board. These meetings provided an opportunity for discussion and to provide updates on issues affecting the service.

Senior nursing staff described that clinical audits were completed and they described a process to share information from audit findings with senior managers for monitoring purposes.

Senior staff described suitable arrangements for reporting and investigating patient safety incidents. We were told that learning from incidents that had happened at the unit was shared with the staff team.

## **Staff and resources**

*Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need. (Standard 7.1-Workforce)*

There appeared to be enough staff working with the right skills to meet the needs of patients at the unit. Staff appeared to have a good understanding of the needs of the patients.

We invited staff to provide their views on working at the unit. We did this by speaking to staff and asking them to complete a HIW questionnaire.

Staff told us that they had attended training and this had helped them in their day to day work. As previously described, we identified that some staff required update training in cardiopulmonary resuscitation and fire safety.

We were told there was usually enough staff on duty for them to do their jobs properly. All staff felt satisfied with the care they provided to patients. Staff also told us that they felt well supported in their roles and felt they worked well as a team. Comments we received indicated the unit provided an effective learning environment for student nurses.

Staff we spoke to were aware of how to raise concerns and felt able to report unsafe practice. Staff told us they felt confident that their concerns would be acted upon by senior staff.

Senior nursing staff described the process for staff to have an annual appraisal of their work and we saw records confirming that these were up to date. Staff we spoke to also confirmed that they had received an appraisal of their work during the last year.

## 5. Next steps

This inspection has resulted in the need for the learning disability service to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at learning disability service will be addressed, including timescales.

The action(s) taken by the service in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the service improvement plan remain outstanding and/or in progress, the service should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be evaluated and published on HIW's website.

## 6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections in the NHS in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

**Figure 1: Health and Care Standards**



During the inspection we reviewed documentation and information from a number of sources including:

- Information held to date by HIW
- Conversations with patients and interviews of staff including doctors, nurses and administrative staff
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures

- Exploration of the arrangements in place with regard to clinical governance.

These inspections capture a *snapshot* of the standards of care within learning disability services.

We provide an overview of our main findings to representatives of the service at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the service and the local health board via an immediate action letter and these findings (where they apply) are detailed within Appendix A of the inspection report.

## Appendix A

**Learning Disability Service: Improvement Plan**

**Service: Hafod y Wennol Assessment and Treatment Unit**

**Date of Inspection: 28 & 29 June 2016**

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
<b>Quality of the patient experience</b>					
6	The health board must ensure that where observation panels are used, they can be effectively closed and be operated both from outside and within bedrooms. Observation panels should be kept closed unless there is a need for staff to observe patients.	Standard 4.1	Unit manager to arrange with the estates department to review the current vision panels in all bedrooms to make them fit for purpose.	Unit Manager / Lead Manager for Assessment Units	31 <sup>st</sup> Oct 2016
8	The health board must ensure that Deprivation of Liberty Safeguards (DoLS) authorisations are reviewed in a manner to fully comply with the DoLS arrangements.	Standard 6.2	The Delivery Unit will work with the DoLS Supervisory Body to ensure that all urgent and standard DoLS applications are managed within appropriate timescales.	Interim Assistant General Manager	30 <sup>th</sup> Sept 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
<b>Delivery of safe and effective care</b>					
10	The health board should make arrangements to ensure audits to identify potential ligature points are conducted at least annually. Action to be taken as appropriate to reduce and prevent, as far as possible, avoidable harm to patients.	Standard 2.1	The unit will complete an initial ligature assessment of the complete environment and then an annual review. This will take into consideration the level of risk identified from individual patients risk assessments who reside within the unit in relation to self harm.	Unit Manager / Lead Manager for Assessment Units	31 <sup>st</sup> Oct 2016
11	The health board must make suitable arrangements to complete outstanding repairs and maintenance work at the unit. In addition, any future work must be completed in a timely manner.	Standard 2.1	Develop an escalation plan for all maintenance requests and prioritise requests against appropriate budgets.	Interim Assistant General Manager	completed
11	The health board must provide HIW with an update on how staff will be adequately trained to respond to a patient emergency (collapse).	Standard 2.1 and 7.1	Meeting has been held with the Health Boards Resuscitation trainer on the 21 <sup>st</sup> July 2016 to establish what is required for all units within the service.  Details of the agreed specification for equipment and training requirements have been sent to all unit managers to put in place.	Unit Manager / Lead Manager for Assessment Units	30 <sup>th</sup> Nov 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			Unit manager will ensure all staff receive the level of training that has now been specified by the Health Boards Resuscitation Trainer.		
11	The health board must support staff to attend suitable fire safety training.	Standard 2.1 and 7.1	Unit Manager will ensure that all staff have the appropriate level of fire safety training.	Unit Manager / Lead Manager for Assessment Units	30 Nov 2016
<b>Quality of management and leadership</b>					
-	No improvement plan required.				

**Service representative:**

**Name (print): Dermot Nolan**

**Title: Interim Assistant General Manager**

**Date: 15/8/16**