

Unannounced Care Inspection Report 02 June 2016



Binnian Lodge Resource Centre

Type of Service: Day Care Setting
Address: Manse Road, Kilkeel, BT34 4BN
Tel No: 02841765473
Inspector: Priscilla Clayton

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Binnian Lodge Resource Centre took place on 02 June 2016 from 10.00 to 16.00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were good examples that the centre was providing safe care. These included for example; appropriate staffing, staff induction, staff training, supervision and appraisal, infection prevention and control, competency and capability assessments, risk management systems and processes and positive feedback from staff, service users and relatives within completed questionnaires returned to RQIA.

Three areas identified for improvement included; recording of the registered manager's time spent working in Binnian Lodge within the duty roster; making a record within the fire risk assessment when recommendations were addressed and review and revision of the adult safeguarding policy in light of new DHSSPS guidelines.

Is care effective?

There was supporting evidence that the care provided in the day care centre was effective with positive feedback from service users and staff and relatives. Audits and satisfaction survey undertaken resulted in improvement in the provision of therapeutic activities, including gardening and library visits.

Two recommendations were made. Firstly, one recommendation was reiterated from the previous inspection as the care plan of one service user did not reflect choice or preferences. Secondly, the minutes of three care management reviews, held during 2015, were not forwarded to the centre.

Is care compassionate?

No requirements or recommendations were made in respect of compassionate care. There were several examples of good practice found throughout the inspection in relation to culture and ethos of the day care centre, listening to and valuing residents and to taking into account the views of service users and their relatives.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, ongoing quality assurance programmes, monthly monitoring and good working relationships within the team.

Two recommendations for improvement were made in respect of the well led domain. One recommendation was made in respect of review of policies procedures as review should be undertaken every three years. Some policies were dated 2008 and 2011. One recommendation was made in respect of amendment to the statement of purpose to reflect organisational changes.

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007, the Day Care Setting Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	8

Details of the QIP within this report were discussed with Carmel McGrath, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation / registered provider: Southern Health and Social Care Trust / Mr. Francis Rice. (Awaiting application for registration person with RQIA.)	Registered manager: Ms Carmel McGrath
Person in charge of the day care setting at the time of inspection: Carmel McGrath	Date manager registered: 21 June 2013
Number of service users in attendance on day of inspection: 4	Number of registered places: 10

3.0 Methods/processes

Prior to inspection following records were analysed:

- Registration status of the setting
- Review of previous inspection report/QIP dated 16 October 2015
- Check of notifications of accidents/incidents – none required
- Written and verbal communication received since the previous care inspection did not reveal any concerns.

During the inspection the inspector met with four service users, two care staff and the registered manager. No professionals or service users' visitors/representatives visited the centre during the inspection.

A total of 15 satisfaction questionnaires were provided for distribution to staff, service users and representatives for completion and return to RQIA on or before 15 June 2016.

The following records were examined during the inspection:

- Statement of Purpose
- Service user Guide
- Policies/Procedures relating to Standard 5 and 8
- Three service users care records
- Complaints records which did not contain any record of complaints made.
- Accident/incident records
- Service User meetings
- Staff meetings
- Staff training records
- Supervision/appraisal records
- Equipment records
- Fire risk assessment
- Monthly visits made on behalf of the registered provider
- Audits
- Service user individual agreements
- Activities programme.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection 16 October 2015

The most recent inspection of the day centre was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection Dated 16 October 2015

Last inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5 Stated: Second time	The registered manager should make appropriate arrangements for staff to review the content of the care plan with the service users in Binnian and add in service user's preferences and choices. Particular attention should be given to continence promotion.	Partially Met
	Action taken as confirmed during the inspection: Examination of three care plans evidenced that two reflected service user choice and preferences. Inclusion of continence needs was noted in the three care plans. Further work in regard to ensuring service user's preferences and choice is reflected within all care plans.	
Recommendation 2 Ref: Standard 15.6 Stated: First time	The registered manager should make appropriate arrangements for staff to keep a note on individual service user's files regarding the outcome of the latest review. This should ensure the day care information is the most up to date; and the care plan can be amended as necessary, in lieu of the review report and minute.	Met
	Action taken as confirmed during the inspection: The senior care assistant explained that note taking has commenced and care plans amended. Official care management review minutes from the SHSC Trust social worker were not received despite requests via e-mails and telephone contact from the senior care worker. This matter is to be followed up by the registered manager	

4.3 Is care safe?

On the day of inspection staff on duty included the registered manager, one senior care assistant and one care assistant.

The registered manager and senior care staff confirmed that staffing levels for the centre were satisfactory and that these were subject to regular review to ensure the assessed needs of the service users were met. The registered manager explained that she works within Binnian Lodge at least two days each month and also within for four other day care centres within the SHSC Trust where she is also registered manager. The registered manager's deputy manager is rostered to spend one day each week within Binnian Lodge as reflected within the duty roster.

The senior care worker is in charge on remaining days. The centre is open Monday to Friday, excluding Wednesday each week.

Staff on duty each day was reflected within duty roster. One recommendation made related to the ensuring that the time spent on duty in Binnian by the registered manager is recorded within the duty roster.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period of time in the absence of the manager; records of competency and capability assessments were retained. A review of a sample of staff competency and capability assessments were undertaken showing assessment indicators were achieved.

Review of staff induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff satisfaction questionnaires confirmed that mandatory training and other professional development training was provided. Staff felt they were well supported in their role and responsibilities by the provision of three monthly individual staff supervision and annual appraisal.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b); Schedule 2 of The Day Care Setting Care Regulations (Northern Ireland) 2007 and that records were retained at the organisation's personnel department.

Enhanced Access NI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

The registered manager confirmed that the registration status of staff was monitored to ensure all staff were registered with the Northern Ireland Health and Social Care Council (NISCC). It is recommended that a record is retained within the centre.

The SHSC Trust corporate policy/procedure entitled Adult Safe Guarding policy was dated September 2014. It was recommended that this policy/procedure is reviewed and revised to include the new regional adult safeguarding guidance entitled Adult Safeguarding Prevention Protection in Partnership (July 2015) and identified named champion.

Discussion with staff confirmed that they were knowledgeable and had a good understanding of the principles of adult safeguarding and aware of their obligations to raise concerns about poor practice and to whistleblowing.

Discussion with the registered manager and senior care worker regarding accident and incidents, and complaints evidenced appropriate management. The registered manager and senior care worker demonstrated good knowledge of the procedure to follow if a suspected, alleged or actual incident of abuse is received and that prompt referral to the relevant persons and agencies for investigation would take place; written records would be retained.

The centre had a copy of the regional infection prevention and control guidelines. Various procedures in regard to infection prevention and control were retained in separate format which staff can access electronically via SHSC Trust intranet. Staff training records confirmed that all staff had received training in Infection Prevention and Control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels.

Hand hygiene was a priority for the centre and efforts were applied to promoting high standards of hand hygiene among service users, staff and visitors. Notices promoting good hand hygiene were displayed.

A general inspection of the centre including all facilities was undertaken. All areas were observed to be clean, tidy, organised and fresh smelling throughout. No visual hazards were observed.

Staff confirmed that there were risk management procedures in place relating to the safety of individual service users. Discussion with staff identified that the centre did not accommodate any individuals whose needs could not be met. Review of care records identified that care needs assessment were complemented with risk assessments, care plans developed and evaluations recorded. Care needs assessments and risk assessments, for example manual handling and falls were reviewed and updated on a regular basis or as changes occurred.

Staff confirmed that no areas of restrictive practice were employed within the centre. No obvious restrictive practices were observed to be in use.

The senior care worker confirmed that there were risk management policy and procedures relating to assessment of risks. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly, for example COSHH, fire safety etc.

The registered manager confirmed that equipment in use in the centre was well maintained and regularly serviced. Records were maintained.

Inspection of the internal and external environment identified that the centre and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of service users.

The fire safety risk assessment dated, 03 April 2015, identified that two recommendations were made. The senior care worker stated that both had been addressed. However, this was not recorded within the assessment outcome of the fire risk assessment. One recommendation was made in this regard. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked as required and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Discussions with service user in respect of the provision of safe care evidenced that they were very satisfied and described the care as very good. No issues or concerns were raised or indicated.

Satisfaction questionnaires returned to RQIA following the inspection from staff, service users and relatives. Positive responses were received. No issues or concerns were recorded.

Areas for improvement

Three areas were identified for improvement from inspection of the safe care domain included:

- Ensure the registered manager's time spent on duty in the day centre is recorded within the duty roster
- Ensure that a record is made in the fire risk assessment with action taken to address recommendations made
- Ensure that the adult safeguarding policy/procedure is reviewed and revised to include the new regional guidance entitled Adult Safeguarding Prevention Protection in Partnership (July 2015) and identification of a named champion.

Number of requirements	0	Number of recommendations:	3
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4.4 Is care effective?

Discussion with the registered manager established that the service responded appropriately to and met the assessed needs of the service users.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care records were updated regularly to reflect changing needs. Service users and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Assessments and care plans were signed by the service user or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

One reiterated recommendation made from the previous inspection dated 16 October 2015 related to ensuring that the choice and preferences of service users are reflected within care plans as one of the three care plans examined did not include this detail.

The care records reflected multi-professional input into the service users' health and social care needs. However the care management review minutes of three service users held during 2015 were not on file. The senior care worker advised that these had been requested on several occasions but to date these had not been forwarded as requested. The registered manager is to address this matter with the SHSC Trust designated social worker.

An individual agreement setting out the terms of attendance and the agreement was appropriately signed.

Care records were observed to be stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Audits of medication, fire safety, cleaning, food temperatures, and care records including needs assessments, risk assessments, care plans and care review were undertaken. Annual service user satisfaction surveys are undertaken and analysed with action taken to address any issues. Ongoing audits were undertaken by the deputy manager who works in the centre one day each week. Improvements made as a result of ongoing audit and analysis of satisfaction survey has resulted in improved transport arrangements and wider choice of therapeutic activity including use of local library and gardening. Service users confirmed that they were really pleased with the action taken by staff; described as very attentive and always listened to them and acted on any suggestions made. Further evidence of audits and service user experience was reflected within the monthly monitoring visits reports and annual quality report.

Service users meeting are held monthly with minutes recorded. Minutes evidenced of involvement of service users in the running of the centre.

Staff meetings are held on a regular basis with notes recorded and retained.

Satisfaction questionnaires returned to RQIA following the inspection from staff, service users and relatives. Positive responses were received. No issues or concerns were recorded.

Areas for improvement

Two recommendations made from inspection of this domain included:

- One reiterated recommendation made from the previous inspection related to ensuring that the choice and preferences of service users are reflected within care plans as one of the three care plans examined did not include this detail. This information is necessary so that staff ensure that the care planned and provided is in keeping with the service user choice.
- The registered manager should request that care management review minutes for three service users are forwarded to ensure that staff are fully informed of the care to be provided and care plans reviewed and revised in accordance with recorded minutes.

Number of requirements	0	Number of recommendations:	2
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4.5 Is care compassionate?

The registered manager and staff confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager, service users confirmed that consent was sought in relation to care and treatment. Service users, staff and observation of interactions demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected, for example and as observed, when matters are being discussed with a service user about their care this is undertaken in a private room; assistance with personal care is also provided in a private room.

Discussion with staff, service users and observation of practice and review of care records confirmed that service users were enabled and supported to engage and participate in meaningful activities.

The registered manager confirmed that service users were listened to, valued and communicated with in an appropriate manner. Discussion with staff, service users and observation of practice confirmed that service users’ needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that service users were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their planned day care.

There were systems in place to ensure that the views and opinions of service users, and or their representatives, were sought and taken into account in all matters affecting them. For example consultations recorded within care records, recorded consent, reviews, and monthly monitoring reports.

Service users confirmed that their views and opinions were taken into account in all matters affecting them. Completed satisfaction questionnaires returned to RQIA from service users and relatives indicated positive responses in the “compassionate care” domain.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were good governance systems and processes in place to meet the needs of service users.

The registered manager described the organisational structure and all staff was aware of their roles, responsibility and accountability. One recommendation made related to review and revision of the statement of purpose to include the new organisational structure. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Service users were aware of the roles of staff within the day centre and who to speak with if they wanted advice or had any issues or concerns.

The health and social care needs of service users were being met in accordance with the centre’s statement of purpose.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. One recommendation made related to review of policies as several hard copies were dated 2008 and 2011. These should be systematically reviewed every three years or more frequently should changes occur.

The centre had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Service users and their representatives were made aware of the process of how to make a complaint by way of the service user guide. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from service users and any other interested parties. No complaints had been received since the previous inspection. Templates retained for recording complaints received were available and included sections for investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

The registered manager confirmed the day care centre had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Staff confirmed no accidents or incidents had occurred since the previous inspection.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of service users.

Monthly monitoring visits were being undertaken in accordance with Regulation 28 of The Day Setting Regulations (Northern Ireland) 2007; reports were produced and made available for service users, their representatives, staff, trust representatives and RQIA.

The registered manager confirmed that the centre operated in accordance with the regulatory framework. Inspection of the premises confirmed that the centres certificate of registration and was displayed.

Review of records and discussion with the senior care worker confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place.

The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Completion and return of the RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner.

Service users gave positive feedback in regard to management of the service and commended the relaxed friendly way in which the service was managed. Analysis of satisfaction

questionnaires returned to RQIA reflected positive responses from service users and their relatives gave. Positive responses were made in this domain.

Areas for improvement

Two recommendations for improvement were made from inspection of this domain included:

- Review of policies/procedures is necessary as several hard copies were dated 2008 and 2011. These should be systematically reviewed every three years or more frequently should changes occur.
- Review and revision of the statement of purpose is necessary to include the new organisational structure.

Number of requirements	0	Number of recommendations:	2
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Carmel McGrath, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Day Care Setting Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Day.Care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 5</p> <p>Stated: Second time</p> <p>To be completed by: 31 July 2016.</p>	<p>The registered person should make appropriate arrangements for staff to review the content of the care plan with the service users in Binnian and add in service user's preferences and choices.</p> <p>(This detail was recorded within two of the three care plans examined.) Further work in this regard is necessary.</p> <p>Response by registered person detailing the actions taken: Care plan for this new service user has been reviewed and identified preferences and choices have been recorded. Completed 08/07/16</p>
<p>Recommendation 2</p> <p>Ref: Standard 15.6</p> <p>Stated: Second time</p> <p>To be completed by: 31 July 2016</p>	<p>The registered manager should ensure that the policy/procedure on Adult Safeguarding is reviewed and revised to reflect the new DHSSPS regional guidance entitled Adult Safeguarding Prevention Protection in Partnership.(July 2015) and identification of the named champion. Staff training in this regard will be necessary.</p> <p>Response by registered person detailing the actions taken: On the date of the inspection the centre was actively implementing the Trust Adult Safeguarding Procedures. Advice has been sought from the Trusts Adult Safeguarding Team on 24/06/16 and again on 14/07/16 and the advice given is that whilst the Policy has been approved, the procedures are still in draft and the advice from Trust Senior Management is that we continue to follow our current procedures until the new procedures relating to DHSSPS regional guidance is compiled and staff training provided. A copy of the new regional guidance is in site within the daycentre and staff are familiar with same.</p>
<p>Recommendation: 3</p> <p>Ref: Standard: 13.7</p> <p>To be completed by: 30 September 2016</p> <p>Stated: Once</p>	<p>The registered manager should record in the fire risk assessment action taken to address recommendations, date and sign.</p> <p>Response by registered person detailing the actions taken: All recommendations in the Fire Risk Assessment had been completed and are now signed and authorised by the Fire Safety Manager and Registered Manager. Completed 10/06/16</p>
<p>Recommendation 4</p> <p>Ref: Standard: 5.6</p> <p>To be completed by: 31 July 2016</p> <p>Stated: Once</p>	<p>The registered manager should request the designated social worker to forward minutes of care management reviews held during 2015 so that staff are aware of any agreed changes to the planned care. Copies of reviews should be retained within care records.</p> <p>Response by registered person detailing the actions taken: Designated Social Worker and Team Leader for Physical Disability Team has been contacted and outstanding care reviews are now on file for 2015 & 2106 are now complete as of 15/07/16.</p>

<p>Recommendation 5</p> <p>Ref: Standard18.5</p> <p>To be completed by: 30 September 2016.</p> <p>Stated: Once</p>	<p>The registered manager should ensure that a review of policies/ procedures is undertaken as several hard copies were dated 2008 and 2011. These should be systematically reviewed every three years or more frequently should changes occur...</p> <p>Response by registered person detailing the actions taken: A review of all policies and procedures within daycare has now been completed - 01/07/16. The Registered Manager has advised the Assistant Director of Human Resources of outcomes and a coordinated review of all relevant policies / procedures will be completed by relevant Trust Departments in line with Standard 18.5. Completion date to be confirmed.</p>
<p>Recommendation 6</p> <p>Ref: Section 2. Part 1</p> <p>To be completed by: 31 July 2016.</p> <p>Stated: Once</p>	<p>The registered manager should undertake review and revision of the statement of purpose to include changes in the organisational structure.</p> <p>Response by registered person detailing the actions taken: Statement of Purpose has been updated to reflect changes to organisational structure. Completed 03/06/16.</p>
<p>Recommendation 7</p> <p>Ref: Standard: 23.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the time spent by the registered manager in the day care centre is recorded within the staff duty roster.</p> <p>Response by registered person detailing the actions taken: Registered manager has been included on staff rota and timespent within the facility will be recorded, this had previously been recorded in the centres 'sign in' book. Completed 06/06/16.</p>
<p>Recommendation: 8</p> <p>Standard15.3</p> <p>Stated: First time</p>	<p>The registered manager should request that minutes of care management review for three service users are forwarded to ensure that staff are fully informed and can check that the care to be provided and recorded in care plans is in accordance with the formal record of minutes.</p> <p>Response by registered person detailing the actions taken: Designated Social Worker has been contacted and we are awaiting return of outstanding care management reviews. It is anticipated that these would be forwarded by 15/07/16</p>

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