



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Marymount Care Centre
Name of provider:	Marymount Care Centre
Address of centre:	Westmanstown, Lucan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	03 February 2022
Centre ID:	OSV-0000065
Fieldwork ID:	MON-0036017

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Marymount Care Centre is located close to the village of Lucan in West Dublin, approximately 13 kilometres from Dublin city centre. It is situated in a quiet scenic rural area. Some local amenities are available including the village shops and church. It provides long term and respite general care to male and female residents over the age of 18 years. The service is nurse-led by the person in charge and delivers 24 hour care to residents with a range of low to maximum dependency needs. The centre is comprised of a two-storey, purpose-built building containing single and twin bedroom accommodation for up to 140 people, the majority of which include private en-suite toilet and shower facilities. Communal areas include spacious and homely dining and sitting rooms and multiple other rest areas, library, activity rooms, and secure external garden space.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

139

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 3 February 2022	09:00hrs to 18:35hrs	Michael Dunne	Lead
Thursday 3 February 2022	09:00hrs to 18:35hrs	Jennifer Smyth	Support

## What residents told us and what inspectors observed

From what residents told inspectors and from what was observed, it was evident that residents were happy living in Marymount Care Centre and their rights were promoted and respected. Residents who spoke with inspectors expressed great satisfaction with the staff and the service provided to them. Staff were observed to be kind and respectful of residents. Inspectors spoke with one resident who reported to be "very happy" living in the centre, they compared it to a palace. Inspectors observed the atmosphere in the home to be calm and peaceful throughout the day.

The designated centre was located in scenic countryside near Lucan in west Dublin. On arrival to the centre inspectors were met by a member of staff who guided them through an infection prevention and control procedure which included the use of hand sanitising gel, the wearing of a mask and temperature monitoring. Inspectors observed that staff were compliant with COVID-19 standard precautions and the appropriate use of personal protective equipment (PPE). Face masks were worn correctly and good hand hygiene practices were observed.

Residents' accommodation and living space was laid out over two floors which were served by three lifts and all areas were easily accessible to residents. Bedroom accommodation comprised of a mixture of single and double bedded ensuites and a number of single and double rooms without ensuites. There was also two apartments that could accommodate four residents in total. Inspectors saw that there was sufficient secure storage in residents' bedrooms and that each had a television for entertainment. Residents were supported to personalise their bedrooms, with items such as photographs, artwork, bed throws and cushions, to help them feel comfortable and at ease in the home.

There was a variety of different spaces for residents to use throughout the day. There was comfortable day and dining spaces for residents to relax on each floor. The design and layout of the home promoted free movement.

The inspectors spoke directly with five individual residents and overall feedback from residents spoken with was that the staff who delivered their care were kind and attentive. Inspectors observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly and unhurried manner. Call bells were answered in a timely manner and staff were seen knocking on bedroom doors prior to entering. Residents spoken with were highly complimentary of the service received and told inspectors that they felt safe and very well cared for living in the centre. Inspectors observed that the care staff knew the residents well and were aware of their individual needs. Staff spoken with were knowledgeable of their role and reported that they were well supervised and supported. One resident spoken with found that the centre had plenty of activities to choose from and that in particular they enjoyed the live music which had recently

recommended.

The residents expressed a high level of satisfaction with the food supplied. Fresh water was available in dispensers and jugs the centre so that residents could get a drink of fresh water as required throughout the day.

During the course of the day, inspectors observed visitors arriving to home, where they adhered to the same infection prevention and control measures as inspectors had on arrival.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

Overall, the findings of this inspection show that this was a well-governed centre which ensured that residents received high quality, safe care. The management structure was clear and the lines of authority and accountability were clearly outlined and reflected the statement of purpose. On the day of the inspection there were 139 residents living in Marymount. A vacant bed was left unoccupied as part of the designated centre's COVID -19 contingency plan.

Humar Limited is the registered provider for Marymount Care Centre. The local management team consists of the person in charge and an assistant director of nursing and each were aware of their role and responsibilities. There were clear management systems in place with regular meetings held to oversee and discuss the day to day operation of the centre. Regular audit and quality assurance systems were in place to monitor key performance areas. This ensured that the service provided was safe, consistent and effectively monitored. The provider had adequately resourced the service and had committed to upgrading areas of the designated centre. The centre's management team met regularly to discuss all areas of governance and to take appropriate actions where necessary.

Despite the existing systems that were in place to ensure positive health and social care outcomes for the residents, a number of actions were required to ensure gaps in compliance with the regulations were addressed. These areas are discussed further in the report below.

The provider had a comprehensive COVID-19 contingency plan in place and provided documents which evidenced simulated actions around a COVID-19 outbreak. An annual review report for 2021 was available to inspectors which included consultation with residents and families. However, action was required with regard to information submitted in notifications of incidences to the regulator. Notifications in relation to restrictive practice as per Schedule 4 were incomplete in the quarterly report provided to the Chief Inspector. Sensor alarms were not

recognised as environmental restraints. This is further discussed under regulation 31 notification of incidents.

Staff had access to an extensive list of mandatory and supplementary training, which included infection control, safeguarding vulnerable adults, manual handling, fire training, dementia care and wound care. On the day of inspection there was refresher training planned in infection control and safeguarding vulnerable adults, moving and handling and fire safety. Training sessions was scheduled for the full day giving staff the opportunity to attend all or required training. Records evidenced that 13 staff required up to date training in fire safety. Staff spoken with had knowledge of fire evacuation procedures, records showed fire drills had taken place. Staff demonstrated a good knowledge of the complaints and safeguarding procedures. Records evidenced that there were robust induction and appraisals systems in place.

Inspectors reviewed staff files, which contained records as set out in Schedule 2. All records were kept in a secure and accessible manner in the centre.

Residents spoken with told inspectors that they knew how to make a complaint if needed and felt supported by all staff to do so. Inspectors reviewed the complaints log which evidenced that complaints received were well managed and resolved. The documentation showed that the management team engaged with the complainant to ensure that all reasonable measures were taken to ensure a satisfactory outcome.

### Regulation 15: Staffing

On the day of the inspection there was a sufficient number of staff available, with the appropriate skills, to meet the assessed individual needs of residents, given the size and layout of the centre. Planned and actual staff rosters were available and reviewed. The rosters reviewed showed that there was at least one nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Records reviewed showed that training was mostly up to date for all staff working in the centre however at the time of the inspection a plan was in place for staff who required mandatory fire safety training. Training was regularly reviewed and planned according to the needs of the service. Staff were appropriately supervised and supported in their respective roles by the person in charge, assistant director of nursing and clinical managers. A clinical nurse manager was rostered on duty 24 hours a day, seven days per week to provide supervision.

Judgment: Compliant

### Regulation 21: Records

A sample of four personnel files were reviewed for different categories of staff members. These records had complete documentation to comply with schedule 2 of the regulations.

Judgment: Compliant

### Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and to protect their property.

Judgment: Compliant

### Regulation 23: Governance and management

Gaps in the oversight system were identified to ensure that the services provided to residents were responsive, safe and of a high quality. The areas identified on inspection were:

- The auditing system did not identify the risk of cross contamination with cleaning and sluicing facilities located in the one room.
- The oversight systems failed to ensure residents had unhindered and safe access to facilities and communal areas as a result of inappropriate storage in assisted bathrooms.
- All relevant risks were not identified with appropriate controls in place to mitigate these risks. For example the risk register did not identify the broad band network as a risk to medication administration in the centre.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Sensor alarms were not seen as environmental restraints and were not included in

the quarterly reports. As per schedule 4, any occasion where restraint is used, should be notified to the Chief Inspector and a record of such an occurrence maintained.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre. This was displayed throughout the centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints.

The centre considered all feedback received both verbal and written and there was evidence of effective management of the complaints viewed with the satisfaction of the complainant recorded.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 were in place and available to all staff in the centre. Relevant policies for the management of the COVID-19 pandemic had been developed. These included infection prevention and control, visiting and cleaning protocols.

Judgment: Compliant

## Quality and safety

Overall, residents were supported to have a good quality of life which was respectful of their wishes and preferences. There was a high standard of care intervention which ensure that residents had timely access to both health and social care supports. Residents enjoyed living in this centre and there were opportunities for residents to express their views on the quality of the service provided. Observations carried out during the inspection confirmed that residents rights were promoted and respected and that residents were actively involved in the day to day choices of care delivery. However, there were some gaps found on the inspection which required actions on behalf of the registered provider to come into full compliance with the regulations. The specific areas where actions were needed are described below.

There was a good standard of care planning overall and there was evidence that residents were consulted about how they wished to have care provided to them.

Residents had good access to both primary and specialist healthcare care services. Care records reviewed showed that residents were referred for specialist assessment and advice in a timely manner. The registered provider had systems in place to monitor residents clinical data with this information also discussed and reviewed at management oversight meetings.

The premises was clean, warm and suitable to meet the needs of the residents. The quality of fixtures and fittings were of a high standard and residents said that they enjoyed their lived environment. Residents had access to numerous communal spaces as well as access to outside garden facilities. Resident bedrooms were tastefully decorated and all provided sufficient storage space for residents to use. Inspectors observed inappropriate storage of items in one bathroom which posed a risk to residents accessing these facilities.

The centre had an up-to-date risk management policy in place, which met the requirements of the regulation. The provider had developed a risk register that identified clinical, health and safety and COVID-19 specific hazards and risks. The health and safety statement was reviewed and the emergency plan was up to date. However staff reported to inspectors they had had difficulty in the administration of medication. The medication is administered off an electronic system that depends on an internet network. Inspectors noted that the internet network had failed on one occasion in 2021 for one hour approximately and medication could not be dispensed through the electronic system in the centre. This issue was not identified or assessed in the risk register, therefore no measures or actions were in place to manage this potential risk.

The registered provider was upgrading part of the designated centre at the time of the inspection and inspectors observed some building material being stored in an area near to a fire exit. These materials were removed by the provider when this was brought to their attention. Fire drills were seen to be carried out throughout the year, however only one night time scenario was completed. The registered provider was planning to carry out more night time scenarios with a revised template to include learning and action plans if required. Despite a number of staff identified on inspection as requiring up to date mandatory fire training, those staff spoken with on the day were able to clearly describe the actions required of them in following the centres fire policy.

The registered provider had measures in place to mitigate against the spread of infection into the care centre which were set out in the comprehensive preparedness plan. Inspectors found that there was dual use of a sluice room where access to cleaning solutions were also stored. The dual function of this dirty utility area increased the risk of infection spread within the centre. Similarly inspectors found that the cleaners store did not contain a clinical sink and resulted in an increased risk of cross contamination as staff were unable to perform hand hygiene.

Residents were encourage to remain active and to engage in the activity

programme. A selection of activities available for residents to engage in including quizzes, baking, seil bleu exercise classes, daily walks and reminiscence. Residents' religious needs were also supported with services held on site and regular visits to the centre from different religious denominations. Information about key topics involving the home was shared through fortnightly newsletters and through resident meetings.

### Regulation 11: Visits

Inspectors observed the registered provider had arrangements in place for residents to receive visitors. There was evidence of effective communication between the designated centre and families regarding visiting arrangements. All visits to the designated centre were well coordinated taking into account infection prevention and control measures. Care plans detailed the arrangements in place for visits including visits that were arranged on a compassionate basis. The registered provider had made available a pod structure to facilitate visits for family members who were unvaccinated.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge had arrangements in place which facilitated residents to have easy access to their personal belongings. Residents spoken with during the inspection said they were happy with the laundry arrangements and that they did not have to wait too long for their clothes to be laundered. The inspector reviewed the systems in place regarding the holding of resident valuables and found them to be effective in ensuring that valuables were stored in a safe manner.

Judgment: Compliant

### Regulation 13: End of life

There were end of life records in place for residents which identified appropriate care and comfort interventions. There was evidence that residents and their families were consulted where appropriate to identify the religious and cultural needs of the individual. Care plans were well written and gave clear instruction regarding residents preferences. DNAR (Do not attempt resuscitation) forms were in place for residents and kept under review.

Judgment: Compliant

### Regulation 17: Premises

Inspectors observed inappropriate storage in a bathroom and sluice rooms. A number of rooms were labelled incorrectly for example, the therapy room was now been used as the office for the person in charge and a sluice room was labelled as a utility room.

Judgment: Substantially compliant

### Regulation 26: Risk management

There was a a comprehensive risk management policy in place that included the information as set out in schedule 5 of the regulations.

Judgment: Compliant

### Regulation 27: Infection control

The following issues were also observed by inspectors,

- The sluice room on one of the units contained inappropriate storage of items such as bed levers, vases, cushions and solutions to protect eyes from an eye injury.
- The mechanism for dispensing cleaning solution was located in the sluice room.
- The cleaners storage room did not contain a hand washing facility.
- A fabric sofa provided for residents was not wipeable and it was unclear how this was cleaned in between individual resident use.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider has taken adequate precautions against the risk of fire and have provided suitable fire fighting equipment and suitable building services. An adequate means of escape including emergency lighting has been provided.

Procedures to be followed are displayed in prominent places through out the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A comprehensive assessment was seen to be carried out on residents to assess their health, personal and social care needs prior to admission. Care plans were person centred to each resident and reviews were carried out at intervals not exceeding four months or as necessary. Care plans were prepared in consultation with the residents and their next of kin.

Judgment: Compliant

### Regulation 6: Health care

Residents were observed to have access to a range of medical supports including access to GP's, psychiatry, and allied health and social care professionals such as dietitians and speech and language therapist. There was a physiotherapist and a physiotherapist assistant included on the designated centre's staff team. Care records seen indicated that where medical professionals made clinical recommendations that residents care plans were amended as necessary

Judgment: Compliant

### Regulation 8: Protection

There was a safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported, or observed. The process included completing a preliminary screening to decide if there was a need for further information or to proceed to a full investigation, or whether there was no evidence that abuse had occurred.

The management team were clear on the steps to be taken when an allegation was reported. The staff team had all completed relevant training and were clear on what may be indicators of abuse and what to do if they were informed of, or suspected abuse had occurred.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider ensured that appropriate facilities for occupation and recreation were made available for residents. The design and layout of the premises promoted residents privacy and dignity. Residents were consulted about the service provided to them and those residents who expressed a view told inspectors that staff supported them to exercise choice in how they led their daily lives. A vibrant and diverse in-house activity programme was in place with residents also supported to visit local amenities.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Marymount Care Centre OSV-0000065

Inspection ID: MON-0036017

Date of inspection: 03/02/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The auditing system has been updated to facilitate the auditor to identify the risk of any cross contamination with cleaning and sluicing facilities.</p> <p>On the day of inspection there was one bathroom that had mobility equipment stored in it. This equipment was removed on the day to an appropriate storage area. The auditing system now has included a checklist to ensure that there is no inappropriate storage of equipment in assisted bathrooms</p> <p>On the day of the inspection records evidenced that 13 staff (7%) required up to date training in fire safety.</p> <p>In Marymount Care Centre Monthly Mandatory Training takes place which includes Fire Safety Training. A Training Tracker is in place to identify staff who are due to attend their training.</p> <p>Going forward any individual, who is within a 3-month period of expiring any mandatory training, will automatically receive an invite to attend. This will prevent any staff member being overdue mandatory Training.</p> <p>The Broadband network went down on one occasion in 2021. Each Resident in Marymount Care centre has an updated hardcopy of their Medication Kardex and a Mars sheet to facilitate recording of administration of medication should this reoccur. To identify the measures and controls for such an event, any incidences such as this will be entered onto the Environmental risk Register.</p>	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Marymount Care Centres restrictive practice committee monitors and reviews practices across the service. There is also a Falls Prevention Committee that audits and reviews equipment such as sensor mats. An amendment to the restrictive practice registers to capture more subtle forms of restrictive practice such as sensor mats has been made. The use of sensor mats will be notified through the Quarterly Notifications going forward.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>On the day of inspection there was one bathroom that had mobility equipment stored in it. These were removed on the day to an appropriate storage area. The auditing system has included a checklist to ensure that there is no appropriate storage of equipment in assisted bathrooms or sluice rooms.</p> <p>One room (Therapy Room) was labelled incorrectly. This room had been temporarily converted to facilitate the Assistant Director of Nursing (ADON) as an office space. This decision was made for Infection Control reasons. It facilitated the ADON to remain on one side of the house and the Director of Nursing on the other to prevent cross over of staff and promote zoning areas.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The Infection Prevention and Control Audit now includes a checklist to prevent storage of such items.</p> <p>The cleaner's storeroom has been reallocated to a room with a hand washing facility. The Fabric sofa is already on a cleaning schedule. If the sofa requires urgent or priority cleaning a maintenance request is sent for it to be cleaned.</p>	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	07/04/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/03/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	29/04/2022