



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Cairdeas
Name of provider:	Health Service Executive
Address of centre:	Leitrim
Type of inspection:	Announced
Date of inspection:	11 April 2025
Centre ID:	OSV-0007244
Fieldwork ID:	MON-0038277

About the designated centre

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

Cairdeas is a full-time residential service, which is run by the Health Service Executive. Cairdeas meets the care needs of four adult residents with an intellectual disability who require support with their social, medical and mental health needs. The residents of the centre are supported by a defined compliment of nursing and care staff. Residents receive support on a 24 hour basis with day and waking night staff supporting them each day. The centre comprises of one bungalow located in a residential area on the outskirts of a town in Co. Leitrim and has access to amenities such as restaurants, shops and religious services. All residents have their own bedroom and two residents have their own bathrooms. A living room and sitting room is available for entertainment, activities, relaxation and socialising. The centre has a large kitchen/dining area where residents can prepare and enjoy meals and snacks.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Friday 11 April 2025	00:00hrs to 16:00hrs	Mary McCann	Lead
Friday 11 April 2025	00:00hrs to hrs	Mary McCann	Lead
Friday 11 April 2025	10:00hrs to 16:00hrs	Mary McCann	Lead

What residents told us and what inspectors observed

The inspector found that Cairdeas provided a very good homely service to residents service. The inspector reviewed the staffing rosters from the 31 March 2025 to 20th April 2025. The staffing levels were consistent with the staffing levels on the day of inspection which the inspector noted were adequate to provide a good person centred service to residents. The inspector reviewed three residents files and found that residents had access to the community on a daily basis and the four residents who lived in the centre spoke with the inspector and all indicated that they were very happy living in the centre.

On arrival at the centre, the inspector was welcomed by the three staff on duty and the person in charge and offered tea. One resident was having tea at the dining room table and the inspector joined them. They chatted with the inspector and confirmed that they enjoyed a better life in Cairdeas than when they were in an institutional setting prior to moving to Cairdeas. They told the inspector that they accessed the community on a daily basis, liked their home, the the food was good and they could get a cup of tea at any time. Three residents who lived in the centre had moved into the centre from an institutional setting, these residents knew each other for many years prior to moving into Cairdeas. Two staff had worked for many years with the residents in the service prior to moving into this service. The inspector spoke with both these staff who stated confirmed that residents who never or very rarely assessed the community were 'now requesting to go out into the local community', 'they were brighter, 'there was less behaviours of concern' and they were happier now One resident had transferred from another community dwelling last year and knew one of the residents who lived in Cairdeas prior to moving in. The inspector reviewed the transitional plan for this resident and it detailed a gradual admission process where the voice of the resident and their decision to move into the centre was respected. This is discussed further under regulation 25 further in in this report . This resident told the inspector that they were happy living in Cairdeas and staff confirmed they had settled well into the centre.

Staff displayed a good knowledge of this resident and staff were seen to assist this resident at their request with a jigsaw and go go for a walk. All residents looked very well and seemed very happy and content in the centre. Staff informed the inspector that all residents get on well together and there was a nice calm relaxed atmosphere in the centre. This assisted residents to feel secure, allay anxiety enjoy life, and relax in the company of staff and fellow residents. The dining room table was the hub of the centre and the inspector joined the residents and some staff at the kitchen table at lunch time. Residents chatted about places that had been to and services they access in the local community for example the hairdressers, visiting local scenic areas, having meals or snacks out, going to the cinema and going to concerts and walks and the sea side, doing jigsaws, helping with the flowers around their home. One of the residents had sadly passed away last year and the centre had a lovely memory item of them displayed in the sitting room. Staff told the

inspector that the residents family visited the house for tea after a mass had occurred for the resident. Residents had also attended for refreshments with the family after another mass for the resident. Staff spoke warmly regarding residents and stated 'they are like my family,' 'they really are lovely', 'they all like a bit of fun and it is great to see resident's happy and enjoying life.

The inspector observed that residents were all doing their own thing and chatting with staff as they were assisted by staff. One resident showed the inspector their bedroom and talked about how they had chosen the furniture and decor which was specific to their taste. Staff had assisted the resident to order some of the decor online and the resident was delighted to explain that she loved her bedroom. the inspector saw that another resident went to the hairdressers, they told the inspector that they go to the hairdressers fortnightly as they like to keep their hair well styled. They also told the inspector 'I am very happy in my new home and I do not have any wishes to live anywhere else'. Another resident was in the sitting room and as the inspector walked through the sitting room, this resident used LAMH to assist them with communicating. They communicated assisted by staff and told the inspector they were going to the shop, later on. The inspector observed they were delighted when they came back from the shop and indicated they had bought a drink. Later on in the afternoon the resident indicated to the inspector that they had been to the sea side and had some ice-cream and been to a church and lit a candle. Staff explained that they brought him to a rural church that he had a connection with in the past as he preferred this church to the local church and as they enjoyed it they brought him regularly.

Residents confirmed that the food was good and home cooked. Staff stated the butcher did a delivery to the centre weekly and residents and staff did the shopping locally for all other items.

The centre consisted of a large bungalow located in a rural town. The house was warm, bright and welcoming. It was clean, tidy, and in most parts was in good decorative order. Some areas that require painting and refurbishment of the premises are described under regulation 17 further on in this report. Each resident had their own bedroom which they had personalised to their own taste. Two bedrooms had a sink and toilet and there were two additional shared bathrooms with level access showers. A large kitchen-dining room, sitting room and sun room was also available for residents use. These were nicely and comfortably furnished. The homeliness of the centre was enhanced by personal items of residents which were on display in throughout the house. The gardens around the house and the patio area to the back were well maintained with patio furniture available. Residents assisted by staff had planted flowers in a raised border to the side of the house. Each resident was supported by staff to complete questionnaires sent to them by the office of the chief inspector in advance of the inspection titled "Tell us what it is like to live in your home". There were positive responses in the questionnaires to all questions asked. Staff explained that one resident smiled when the names of the residents they share a house with were read to them and they made a LAMH sign for friend, another resident smiled when staff's names were read to them and another resident stated they liked their bedroom. All comments were complimentary of staff and their experience of living in the centre, comments included, I like the

food, the staff help me make a call, and I am happy here.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service and quality of life of residents.

Capacity and capability

The inspector found that there were good governance systems in place which contributed to the delivery of safe quality service to residents. This inspection was carried out to monitor compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. and the inspector found that this centre was in compliance with all of the regulations assessed except the premises where it was rated substantially compliant due to some aspects of the centre requiring re-decoration.

The inspector spoke with staff and the person in charge. Most staff had worked with the residents for many years and could described what the residents liked and disliked. The staff team told the inspector that they were happy working together and the person in charge was supportive to them and attended the centre at a minimum of twice weekly and was freely available on the phone for advice. Staff also spoke of the good will of all staff and the culture in the service of ensuring the rights of residents were upheld and the importance of ensuring residents were safe and happy. The management structure in the centre was clearly defined with associated responsibilities and lines of authority. When the person in charge was not available a nurse was on duty during the day and senior care staff were also available. The person in charge had been a person in charge for many years and had extensive experience of working in disability services. Documentation was very well managed with good systems in place to access information swiftly, with all files colour code and an indexed.

The Inspector reviewed a governance and compliance folder and found that registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six monthly unannounced visits where a written report was prepared on the on the safety and quality of care and support provided in the centre plus a suite of audits had been carried out in the centre. These are discussed further under regulation 23 Governance.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed the information submitted to apply for the registration renewal of this centre and found all of the required documentation to support the

application to renew the registration of Cairdeas has been submitted.
Judgment: Compliant
Regulation 14: Persons in charge
<p>The inspector reviewed the documents submitted in relation to the person in charge as part of the application to renew the registration of the centre. This showed the person in charge worked full-time and was responsible for two other designated centres which were located approximately 30 minutes drive away. The person in charge was a registered nurse in disabilities and had completed relevant academic training in management. This gave them the required knowledge and experience to fulfil the post of person in charge and to meet the requirements of regulation 14. The inspector spoke to the person in charge who displayed a good knowledge of the process and procedures in place to run a safe quality service. This enhanced the provider's governance in the centre.</p>
Judgment: Compliant
Regulation 15: Staffing
<p>The inspector reviewed the actual and planned rota from the 31st March 2025 to the 20th April 2025 and found that the number and skill mix of staff was suitable to meet the needs of the residents at the time of this inspection.</p> <p>The inspector observed that residents could do individual activities with a staff member, for example going to the shop and another staff was doing a gig saw with a resident. The rota had a colour coding system in place and was easy to follow, for example red was for staff on night duty. An on call out of hours support and advisory service was available to staff when the person in charge was off duty. The person in charge was complimentary of the staff and the care and support they provided to residents. They stated there was great flexibility and good will between the staff team which assisted where changes had to be made to the rota. They also confirmed if they had a special event for example a day trip extra staff would be sanctioned. There were two waking staff on night duty.</p>
Judgment: Compliant
Regulation 16: Training and staff development

<p>The inspector reviewed the training records from March 2024 to March 2025 and noted that all mandatory training for staff was up to date. Where refresher training was required, this was planned and completed according to the providers policy, relevant legislation and best practice. For example, all social care staff had completed safe medication management training. There was also a commitment to the provision of training to meet the specialist needs of residents, for example moving and handling training and safe nutritional care. This meant that staff had the competencies to meet the needs of residents living in this centre which contributed to the well being of residents. Staff spoken with were knowledgeable of the processes in place regarding reporting safeguarding and best practices in positive behaviour support. The person in charge provided support and formal supervision to staff working in the and the inspector found that they had ensured that all of their staff had completed mandatory training and specific training to assist them in caring for and supporting residents.</p>
Judgment: Compliant
Regulation 19: Directory of residents
<p>The inspector reviewed the directory of residents for Cairdeas and found that it was up to date and included the information required under Schedule 3 of regulation 19.</p>
Judgment: Compliant
Regulation 22: Insurance
<p>The inspector reviewed the current insurance for this centre as part of the application for renewal of registration to renew the registration of this centre and found that it was current and in compliance with the regulations.</p>
Judgment: Compliant
Regulation 23: Governance and management
<p>Overall, the inspector found there were good governance and management systems in place, and these contributed to the safe running of the service ensuring residents' needs were met.</p> <p>The inspector reviewed the previous two unannounced visits of the centre by a person nominated by the registered provider. These visits were carried out by an</p>

area manager who was independent of the centre on the 13 June 2024 and the 18 December 2024. The inspector found that an action plan was developed to address areas identified for improvement; for example ensuring mandatory training for all staff is up to date and supervision of staff should include long term agency staff. These actions were completed by the person in charge at the time of this inspection. The inspector reviewed the Annual review of the quality and safety of care and support delivered to residents which had been completed by the person in charge on the 26 November 2024. This report showed that the person in charge had consulted with residents and an easy to read version was available to residents.

The inspector reviewed the auditing systems in place in the centre. An auditing calendar was in place which included audits of infection prevention and control, medication management and accident and incidents. This oversight was important in making sure that procedures were in compliance with best practice, the right action was taken to identify trends and learn from adverse events. This meant that residents were protected from harm and there was less likelihood of re-occurrence. The last inspection of this centre was carried out on the 19 May 2022 and was an announced inspection to monitor compliance with the care and support of residents in designated centres for persons (children and Adults with disabilities) regulations 2013. The inspector reviewed the compliance plan from this report. One action was required post this inspection relating to ensuring training for all staff was up to date. The inspector found this had been addressed at the time of this inspection. The inspector reviewed the minutes of the fortnightly meetings attended by the person in charge with other local persons in charge for the 5 March 2025, 19 March 2025 and 2 April 2025. These minutes detailed that Inspection and corresponding compliance plans where relevant were discussed. staffing issues were also discussed . The person in charge told the inspector that these meetings were good for shared learning. and compliance plans, any regulatory changes and any issues of concern in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed three residents' contracts of care and found they were up to date, included fees to be paid, and services to be delivered and were signed. This meant that there was a clear and transparent process in place and residents knew what they were to be charged. There were no vacancies at the time of this inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose which had been submitted by the registered provider as part of the application to renew the registration of this centre. This reflected the ethos and service provided and contained all of the information as required by regulation 3 and schedule 1 of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed a sample of policies for example, the medication policy, the safeguarding policy and the risk management policy. All of these had been reviewed in the previous three years. These policies support staff to keep their knowledge up to date and are centre specific to Cairdeas . The person in charge provider two folders on policies to the inspector. these policies were the mandatory Schedule 5 policies as required by regulation 4 of the regulations. An index was available which detailed the name of all of the required policies.

Judgment: Compliant

Quality and safety

From the inspector's observations and conversations with residents and staff, it was clear that residents had a good quality of life in this centre and were supported to do the things they enjoyed and wanted to do. One area that required review related to painting the interior of the house, renewing the tiles that were damaged in the bathroom and a seal was broken on a worktop in the utility room which did not comply with infection prevention and control best practice as you could not clean it properly.

Residents attended their annual review meetings. Goals for the year were devised at these meetings based on what residents wanted to achieve in the coming year. Progression of goals was recorded to make sure these were achieved. All residents seemed very happy with their current day to day life and goals covered included maintaining the lives they were living and activities they were currently engaging in and maintaining connections with family and friends, and engaging in the wider community. The residents' health care formed part of their overall plan. Each resident had a comprehensive health assessment and any health need that was identified had a corresponding care plan. These plans were reviewed throughout the year and updated as required. The plans gave clear guidance to staff on how to support residents manage their health needs. There was evidence of input from a

variety of health and social care professionals including their general practitioner.

Residents were engaged in some household chores and these enhanced independence, for example assisting with their personal laundry. Residents reported that the staff were kind and looked after them well and that they could tell the staff if they had any worries or complaints. The inspector noted that staff were quick to respond when residents asked for help. Staff respected residents' privacy. They knocked and asked permission before entering residents' bedrooms and asked residents for their consent for the inspector to see their bedrooms.

Regulation 17: Premises

As described above the premises provided a pleasant home to residents. however there were aspects of the premises required review. The tiles in one of the large bathrooms were badly marked and the seal was broken on some of them. There were some areas where the walls were scuffed and there were marks on the walls. The The seal was broken on a worktop in the utility room which posed an infection and control issue as it cant be properly cleaned.

Judgment: Substantially compliant

Regulation 20: Information for residents

The inspector reviewed the resident's guide which was submitted by the provider as part of the application to renew the registration of Cairdeas This included the care and support residents would receive , the process for making a complaint and how to access inspection reports about the centre. It was available in an easy to read, version to assist with resident understanding this document.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The inspector reviewed the transitional plan for a resident who was admitted to the centre four months ago. This plan was comprehensive , person centred and ensured the resident's admission to the centre was managed in a planned and safe manner. The transition occurred over a three month period The resident visited Cairdeas a few times in advance , came for tea with Cairdeas residents and the family were also involved.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed fire safety procedures in the centre. The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the Exits were clearly identified. Fire extinguishers were serviced annually. All staff had training in fire safety. The inspector reviewed the personal emergency evacuation plans (PEEPS) for all four residents and found these were easy to read and understand. The inspector spoke with staff regarding the fire drills that were occurring regularly. Staff spoken with confirmed that they were confident they would be able to safely evacuate at any time if required. Records of fire drills including simulated night time drills were available for review. The effectiveness of the PEEP for each resident was reviewed after each fire drill. Having these systems in place meant that residents' needs were assessed to enable them to be safely evacuated in the event of a fire in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medication management arrangements with the person in charge and the nurse on duty. A comprehensive medication policy was in place and this was also reviewed by the inspector. Medication was ordered in a blister pack system from the pharmacy. Staff told the inspector that the pharmacist and the general practitioner were supportive of them. The inspector reviewed the medication records for three residents and found that there here was a signed prescription for each medication that was detailed in the blister pack. Having these processes in place ensured staff's knowledge was up to date and staff administered medication as prescribed in a safe manner, thereby protecting residents. The inspector noted in three the case files reviewed that a risk assessment for residents to self-medicate was completed but none of the residents were managing their own medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' personal plans. Goals were identified annually and provided a good assessment of resident's needs and annual reviews were occurring. Personal plans ensured residents' choices were highlighted and staff facilitated them to access activities of their choosing and achieve their goals. This

enhanced residents enjoyment in life and gave them a sense of achievement. The inspector could see from observing staff on inspection and talking with residents and from daily records of residents activities that residents had access to meaningful activities and had a good quality of life.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed the medical records relating to three residents and found that the health needs of residents were well managed. There was good access to a range of health and social care specialist advice. Good person centred health assessments were completed for example nutritional care. Records of attendance at the general practitioner was recorded and the rationale for same was well documented. Regular blood analysis was completed by the general practitioner Each resident had a comprehensive annual medical completed by their general practitioner. Residents were facilitated and supported to avail of health screening programmes appropriate to their age, for example breast screening or bowel screening.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the three behaviour support plans that were in place at the time of this inspection. The inspector observed that there were no episodes of behaviors that challenge throughout the inspection. The inspector spoke with the person in charge regarding the management of positive behavioural support plans. There was access to a behaviour specialist and psychology services. Plans reviewed were person and included antecedent triggers to responsive behaviour and how best to manage any expressed behaviours of concern. There were no restrictive practices in place at the time of this inspection.

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Cairdeas OSV-0007244

Inspection ID: MON-0038277

Date of inspection: 11/04/2025

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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• The Person in Charge has been approved to progress the replacement of the tiling in the bathroom. Completion Date 31/07/2025.• The Person in Charge will ensure that all inside walls will be painted to remove scuff marks on the walls. Completion Date 30/06/2025.• The Person in Charge will ensure the replacement of the worktop in the utility room. Completion Date 30/06/2025.	

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(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/07/2025