



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

## Issued by the Chief Inspector

|                            |                       |
|----------------------------|-----------------------|
| Name of designated centre: | Praxis Care Mullingar |
| Name of provider:          | Praxis Care           |
| Address of centre:         | Westmeath             |
| Type of inspection:        | Unannounced           |
| Date of inspection:        | 26 February 2020      |
| Centre ID:                 | OSV-0001915           |
| Fieldwork ID:              | MON-0025380           |

## About the designated centre

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

The service will provide residential care to up to five residents experiencing mental ill health, learning disability, dementia or brain injury who are assessed as requiring this input to enable them to live as independently as possible in his/her own community. One bed in the centre is used on a shared placement arrangement for two residents. Staff are social care practitioners and are available 24 hours per day, seven days per week. Staffing levels are flexible to the needs of the residents. Additional therapeutic interventions are available internally and from community services. The centre comprises a two storey dormer style house situated outside a large town in County Westmeath with easy access to all services and amenities. Each resident has their own bedroom which had been decorated to the residents taste and choice.

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

|                                                |   |
|------------------------------------------------|---|
| Number of residents on the date of inspection: | 5 |
|------------------------------------------------|---|

## 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 - 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 |
|-------------------------------|-------------------------|-----------------|------|
| Wednesday 26<br>February 2020 | 10:00hrs to<br>19:00hrs | Noelene Dowling | Lead |

## What residents told us and what inspectors observed

The inspector met with three of the five residents in their home at different times during the day and observed aspects of their daily lives. Some residents required the support of staff to communicate their experience of living in the centre and it was clear that their preferences were respected and that they were comfortable and happy in their home. The inspector observed that the interactions with staff were very warm and comfortable. One resident welcomed the inspector and explained that they was very happy living in the centre, they felt safe and staff were very kind to them all.

The resident said any problems were addressed quickly and they all got on well together. All of their medical care needs were being looked after and they were happy with the outcome.

Another resident indicated that the lunch out and activities that day had been fun and looked forward to the activities later in the evening. It was observed that they liked their own rooms, decorated to their individual style and preference, and were proud of all their personal possessions. The inspector observed that they took part in and enjoyed board games and the one-to-one interaction with staff during the day but also had quiet time to do their own activities, if this was their preference.

The inspector had the opportunity to meet with a relative who expressed great satisfaction with the care provided, full confidence in the staff and management for the safety and wellbeing of the resident and was very complimentary with regard to the improvement in access to external activities and had a more meaningful life since admission. The relative said that she was always consulted with regarding decisions being made and always welcome to visit. The inspector observed that the staff were very engaged with, attentive, and responsive to the residents' communication needs and wishes during the day.

## Capacity and capability

This monitoring inspection was undertaken to ascertain the providers continued compliance with regulations. The centre was inspected in May 2018 and granted registration at that time. That inspection found a very good level of compliance overall however, issues were identified with aspects of the premises and fire safety. These are discussed in section two of this report: Quality and Safety.

This inspection found continued good practice with good management systems in

place, which supported the welfare and quality of life of the residents living in the centre. There was a newly appointed, suitably qualified and experienced person in charge of the centre who demonstrated very good knowledge of the responsibilities of the post and a commitment to the residents. The post holder was responsible for two designated centres, but the management structures were such that this arrangement was effective. There were also effective reporting and support systems evident with clear lines of accountability for various areas of service provision.

There were good systems for quality assurance implemented, which included unannounced quality and safety reviews, visits and various audits. These systems were thorough, focused on the residents' care, safety, happiness and identified various areas for improvement which were addressed by the person in charge. Additionally, a detailed and transparent annual review of the quality and safety of care for 2018/2019 had been completed.

The staffing levels and skill-mix were appropriate to the residents' assessed needs for support with a high ratio of staff available at all times with both sleep over and waking night staff available. This was further enhanced by additional day time staff for one-to-one activities and supports. Full-time nursing care was not required, but there was evidence of nursing oversight internally and via community services. These arrangements, and a small consistent core group of staff, ensured that the residents had the supports they needed to meet their individual assessed needs.

The records reviewed indicated that mandatory training was up-to-date and staff had additional training in the administration of emergency medicines and supports for behaviours that challenged or mental health. Staff confirmed the availability and benefit of this training to them. They also expressed confidence in the supports they received along with the supports they received from the managers and the other various disciplines in the organisation. From a review of a sample of personnel files, recruitment practices were safe, with all of the required documents procured and checks completed. There were good quality staff supervision systems implemented and frequent, resident focused, team meetings to ensure consistent care for the residents.

The service was sufficiently resourced to provide the service with adequate staff, suitable premises, equipment, and transport.

The inspector found that some improvements were necessary in the fire evacuation procedures and in the access from the premises for residents using wheelchairs. This was further discussed in section two of this report: Quality and Safety.

However, overall this was a well managed service which prioritised the wishes and needs of the residents.

## Regulation 14: Persons in charge

There was a newly appointed, suitably qualified and experienced person in charge of the centre who demonstrated very good knowledge of the responsibilities of the post and a commitment to the residents.

Judgment: Compliant

### Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to the residents' assessed needs for support with a high ratio of staff available at all times and both sleep over and waking night staff available. From a review of a sample of personnel files, recruitment practices were safe, with all of the required documents procured and checks completed.

Judgment: Compliant

### Regulation 16: Training and staff development

mandatory training was up-to-date and staff had additional training in the administration of emergency medicines and supports for behaviours that challenged and mental health. There was good quality staff supervision systems in place which supported the residents care.

Judgment: Compliant

### Regulation 23: Governance and management

There were good management structures in place with effective reporting and support systems evident with clear lines of accountability for various areas of service provision. These systems helped to ensure that the residents care and well being was prioritised. While there are non compliance identified in the fire evacuation procedures and some issues identified with the the premises, the provider was making efforts to address these.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was in accordance with the regulations and the care provided was in accordance with this.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector was satisfied that the provider and person in charge was submitting the required notification to The Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints process and any concerns raised were addressed appropriately.

Judgment: Compliant

## Quality and safety

There was evidence that the provider was providing a safe and person-centred service, which was based on the residents preference's as they expressed them. However, some changes were necessary regarding the fire evacuation procedures and aspects of the premises.

The residents had good access to a range of meaningful daytime and social experiences. There was variety of day-services and in-house activities available, tailored to their individual needs. These were reviewed as their needs or preferences changed. The residents participated in ordinary social and recreational activities of their own choosing and abilities, including sports, music, and art and were fully involved in the local community. They had their own individual hobbies such as swimming, horse-riding, DVDs, board games and sensory supports.

There were good systems for consultation with the residents' regarding their wishes, primarily via key worker sessions which were appropriate to the residents' abilities, to ensure that their voices were heard.

The residents also benefited from comprehensive and frequent multidisciplinary assessments, including speech and language therapy, physiotherapy, dietitians,

neurology psychiatry and medical reviews, with effective support plans implemented to ensure that their needs were being supported. Staff were very familiar with residents individual needs and were observed to be supporting them.

The annual review meetings of residents care plans were comprehensive, with the participation of the residents and in this case their representatives, which was appropriate. The residents support plans were very detailed and clearly outlined the supports necessary to achieve the goals set for the residents. These were monitored by the person in charge and there was an auditing systems in place so as to ensure they were being achieved. There was also evidence that the residents' personal and familial relationships were being nurtured and maintained.

The residents' healthcare needs (some of which were complex) were found to be very well attended to and monitored by staff, with frequent clinical reviews and evidence of follow up referrals. Staff were also very knowledgeable in regard to the residents' healthcare needs. The residents also had good communication plans implemented and were supported by staff with a large variety of pictorial images, objects and sign language which the inspector observed.

The residents were protected by the systems in place to prevent and respond to any incidents or concerns, with safeguarding plans implemented where necessary. Any legal requirements in place in relation to the residents' care and decision making were understood and adhered to by the person in charge. The provider was seen to have acted in a timely and appropriate manner when a resident raised a concern. Prompt action was taken to protect the resident and the matter was reported to the relevant statutory agency. In this instance, the investigation was not within the remit of the provider. However, the inspector found that clarity was required regarding the final outcome of investigation and the provider agreed to seek this clarification.

The high staffing levels and individualised support plans helped to mitigate any issues which may occur between, or impact on, the residents living within the centre.

There were very detailed behaviour support plans devised and implemented. There was good access to clinical supports including psychiatry for the residents. This approach, and the understanding demonstrated by the staff was seen to have a very beneficial impact for the residents' lives, and helped to support the residents with periods of stress or mental health concerns.

There were a significant number of restrictions implemented in the centre. These were however, subject to regular review, comprehensive assessment of need and very specific guidelines as to when or how they were to be implemented so as to reduce the negative impact of the restrictions. There was also evidence that the provider was committed to reducing the levels of restrictions incrementally. Medicines prescribed on a PRN (administer as required basis) for challenging behaviour were found to be administered as prescribed and monitored.

Some of the residents required significant support with personal and intimate care. The support plans available were very detailed and the residents were seen to be

fully consulted as to how this should be undertaken and who should do so, in order to fully respect their wishes. Most of the residents were also assessed as requiring support with managing their monies and medicines. Systems for oversight of the residents' finances were robust.

Medicines management systems were safe and from the records seen, it was apparent that these were reviewed regularly. Medicines audits took place regularly and any errors, which were minimal, were addressed satisfactorily.

The systems for the management of risk were balanced and proportionate, allowing for residents to take appropriate risks with the support and encouragement of the staff. Each resident had pertinent risk management plans implemented for their identified individual risks, whether falls, seizure activity or self-harm. There was a detailed risk register implemented and updated to ensure this process was effective and responsive. Systems for learning from any adverse events were also in place and effective.

There was evidence of servicing of the fire alarm, emergency lighting and extinguishers on an annual and quarterly basis as required and suitable fire and smoke containment systems. Additional in-house checks were carried out by staff.

However, the fire evacuation procedures required review as practice drills had only been undertaken with day-time staffing levels. This did not provide assurance that the residents could be safely evacuated at night time with reduced staffing levels. In addition, the records reviewed by the inspector showed that on occasions, the residents did not participate in the fire drills. While this was noted, there were no remedial actions or strategies implemented to address this, should it arise in an actual emergency. The inspector also found that each resident's evacuation plan contained a statement to the effect that should they not agree to evacuate, a strategy would be implemented and they would await the arrival of the fire service. Given the assessed needs of the residents, the capacity to agree or give informed consent to this was not considered.

Two of the residents required wheel chairs to evacuate or exit the premises. In one instance, the evacuation plan was based on tilt and turn windows as a means of exit, with the support of the fire service. This means of evacuation had not been assessed as to whether it was feasible to complete this or not. The evacuation process and exits required review by a suitably qualified person.

There was however, a suitable emergency plan devised and a signed and current health and safety statement available.

Overall the premises was suitable for purpose and very comfortable and homely. However, one bedroom and en-suite facility was not suitable for use by a current resident. This was an action required following the registration inspection of 2018. At that time, the provider had applied for funding to extend the room but this was not available. In view of this, and the continued changing needs of the resident, an alternative placement was identified. This was undertaken in full consultation with all relevant persons. However, at the time of this inspection funding for this had not been secured. The accommodation remains unsuitable. The garden area was also

not easily accessible as it was very rough and therefore difficult for the residents to access safely.

### Regulation 10: Communication

The residents had good communication plans implemented and were supported by staff with a large variety of pictorial images, objects and sign language which the inspector observed.

Judgment: Compliant

### Regulation 13: General welfare and development

The resident were supported with individually tailored access to recreation and social activities, hobbies, links to the community and according to the own wishes and capacities.

Judgment: Compliant

### Regulation 17: Premises

Overall the premises was suitable for purpose and very comfortable and homely. However, one bedroom and en-suite facility was not suitable for use by a current resident. An alternative placement was identified in full consultation with the resident but was not yet agreed. The accommodation remains unsuitable.

Two of the exit doors were not suitable for use by residents who used wheelchairs, as they had steps as opposed to ramps which made this impossible. However, work was being undertaken on these to install ramps. The garden area was also not easily accessible as it was very rough and therefore difficult for the residents to access safely.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There was a detailed risk register implemented and updated to ensure this process was effective and responsive. Systems for learning from any adverse events were

also in place and effective.

Each resident had pertinent risk management plans implemented for their identified individual risks, whether falls, seizure activity or self-harm

Judgment: Compliant

### Regulation 28: Fire precautions

Some review of the fire safety management systems was required. There was evidence of servicing of the fire alarm, emergency lighting and extinguishers on an annual and quarterly basis as required and suitable fire and smoke containment systems. Additional in-house checks were carried out by staff.

Nonetheless, practice drills had only been undertaken with day-time staffing levels. This did not provide assurance that the residents could be safely evacuated at night with reduced staffing levels. In addition, the records reviewed by the inspector showed that on occasions, the residents did not participate in the drills. While this was noted, there were no remedial actions or strategies implemented to address this, should it arise in an actual emergency. In one instance, the evacuation plan was based on tilt and turn windows as a means of exit, with the support of the fire service. This had not been assessed as to whether it was feasible to complete this or not.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines management systems were safe and from the records seen, it was apparent that these were reviewed regularly.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The residents benefited from comprehensive and frequent multidisciplinary assessments, comprehensive annual reviews and detailed individual support plans which promoted their quality of life. Their social care needs were very well supported and prioritised according to their own wishes and preferences.

Judgment: Compliant

### Regulation 6: Health care

The residents' healthcare needs, some of which were complex, were found to be very well attended to, monitored by staff, with frequent clinical review and evidence of follow up referrals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There was good access to clinical supports including psychiatry for the residents with detailed behaviour support plans implemented. Staff were very familiar with these.

There were a significant number of restrictions implemented in the centre. These were however, subject to regular review, comprehensive assessment of need and very specific guidelines

Judgment: Compliant

### Regulation 8: Protection

The residents were protected by the systems in place to prevent and respond to any incidents or allegations of abuse, with safeguarding plans implemented where this was necessary and the provider acted promptly as any such concerns occurred. The support plans for the residents intimate and personal care were detailed and respectful of the the residents own wishes.

There were robust systems for the management of the residents finances.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence that the residents' rights to make decisions with supports, have control of over the daily lives and be treated with respect and dignity was

prioritised by the provider.

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 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title                                      | Judgment                |
|-------------------------------------------------------|-------------------------|
| <b>Capacity and capability</b>                        |                         |
| Regulation 14: Persons in charge                      | Compliant               |
| Regulation 15: Staffing                               | Compliant               |
| Regulation 16: Training and staff development         | Compliant               |
| Regulation 23: Governance and management              | Compliant               |
| Regulation 3: Statement of purpose                    | Compliant               |
| Regulation 31: Notification of incidents              | Compliant               |
| Regulation 34: Complaints procedure                   | Compliant               |
| <b>Quality and safety</b>                             |                         |
| Regulation 10: Communication                          | Compliant               |
| Regulation 13: General welfare and development        | Compliant               |
| Regulation 17: Premises                               | Substantially compliant |
| Regulation 26: Risk management procedures             | Compliant               |
| Regulation 28: Fire precautions                       | Not 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               |
| Regulation 8: Protection                              | Compliant               |
| Regulation 9: Residents' rights                       | Compliant               |

# Compliance Plan for Praxis Care Mullingar OSV-0001915

Inspection ID: MON-0025380

Date of inspection: 26/02/2020

## 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 |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:<br/>           17(1) The person in charge shall ensure that after Covid-19 restrictions and Guidance from HSE that the resident due to move to an assessed alternative placement suited to their needs continues in consultation with their HSE representative, family and resident.</p> <p>The registered provider has ensured that the regulations set out are to be completed in relation to the centre with support from Head of property. The scheduled works were set to be completed the week commencing 16th March 2020 this was postponed by Head of Property due to Covid-19 restrictions. Upon restrictions been lifted by the HSE the works are to continue on the premises.</p> <p>The registered provider has committed to ensure the scheme garden works are completed and this has been highlighted with the Head of Property, the grass is to be reseeded when the ground has resettled after a new septic tank was inserted for the scheme. This work will ensure the garden is more easily accessible for service users.</p> |                         |
| Regulation 28: Fire precautions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Not Compliant           |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br/>           28 (3)(d) The person in charge will ensure minimum staff fire drills to take place in the scheme. The Person in Charge will ensure that fire drills are completed every 6 months going forward with minimum staffing levels.</p> <p>After the inspection a fire drill with minimum staffing did take place on the 27.2.2020.</p> <p>The person in charge highlighted fire safety/drills in the monthly staff meeting on 28.2.2020, to ensure the safety and wellbeing of all residents.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |

The person in Charge has also discussed fire safety in supervision with the staff team and will continue to monitor fire drill participation.

The person in Charge organised a residents meeting on 29.2.2020 where fire safety and participation in fire drills were highlighted in a resident friendly format. The person in Charge will also ensure those who do not participate in a fire drill are educated around fire safety and the fire drill will be completed again with this person.

This will be highlighted in the resident Peep plan and individualised key working sessions. The Person in Charge has amended all residents Peep plans in relation to suited strategies in place to encourage each resident to evacuate the building safely if they are declining too to ensure their safety.

Person in Charge has also liaised with the organizations Health & Safety Officer to review the evacuation process and exits in the building.

The person in Charge has made contact with the local Fire Brigade services and spoke with Noel Cassidy a fire officer to visit the premises. Fire department since issued an email to state due to Covid-19 they would not be visiting premises until further notice. At this time the Person in charge will make contact with the fire department to establish any actions within residents care plans are feasible and to visit the premises.

## 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)(a) | The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents. | Substantially Compliant | Yellow      | 31/07/2020               |
| Regulation 28(3)(d) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.   | Not Compliant           | Orange      | 31/07/2020               |