



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

## Issued by the Chief Inspector

Name of designated centre:	St Camillus Nursing Centre
Name of provider:	Order of St Camillus
Address of centre:	Killucan, Westmeath
Type of inspection:	Unannounced
Date of inspection:	16 March 2022
Centre ID:	OSV-0000098
Fieldwork ID:	MON-0035204

## About the designated centre

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

St. Camillus Nursing Centre was established in 1976 and is registered for a maximum capacity of 57 residents, providing continuing, convalescent, dementia, respite and palliative care to male and female residents primarily over 65 years with low to high dependency needs. The centre is located on the outskirts of Killucan in Co. Westmeath close to where four counties meet. All accommodation and facilities are at ground floor level and are well maintained. A variety of communal facilities for residents use are available. A number of sitting rooms, a quiet room, visitor's room and seated areas are available. Two dining rooms are located at the front of the building, with one adjoining the main kitchen. The layout and design of both dining rooms provided good outlook and views to well maintained gardens and the main driveway. A smoking room, hairdressing room and laundry facility are included in the facilities within the centre. Residents' bedroom accommodation consists of a mixture of 42 single and eight twin rooms. An end of life single room for those sharing a bedroom is included in the layout and two single bedrooms are dedicated to residents with palliative care needs. Some bedrooms have en-suite facilities while others share communal bathrooms. The centre is connected by a corridor to a splendid chapel where mass is celebrated daily and where the wider community come to meet residents. The service aims to create a caring, safe and supportive environment where residents feel secure, have meaningful activity and are encouraged to live life to the full while having their needs met. Family involvement is supported and encouraged. Staff will have appropriate training and the necessary skills to ensure care is tailored to each individual during their stay and up to the end of life.

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

Number of residents on the date of inspection:	46
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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
Wednesday 16 March 2022	09:00hrs to 17:00hrs	Claire McGinley	Lead
Wednesday 16 March 2022	09:00hrs to 17:00hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

Residents and staff welcomed inspectors into the centre. Residents spoke openly to inspectors about how life was in the centre and the feedback was overwhelmingly positive. During conversations with inspectors staff were described as 'excellent'. No resident spoken with had ever made a complaint as they were very happy with the service received. The centre had experienced an outbreak of COVID-19 in the centre and had been through a difficult time. Despite the challenges faced by the centre through the national pandemic, every resident who communicated with the inspectors had a positive outlook to the future and expressed confidence in the service and supports available to them.

Staff guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, disclosure of medical wellness, hand hygiene, face covering and temperature checks.

Throughout the day residents were observed to be moving about as they wished. On entering the building there is a large reception area where residents can sit and relax or receive visitors. The centre has a variety of spacious communal rooms available for resident use. In addition there is open access to an enclosed garden area that was well maintained. Resident bedrooms were personalised and residents spoken with confirmed that they felt their bedrooms were their own private space and they could move items around to suit their own needs.

On the day of inspection, inspectors observed that a variety of group activities were taking place. One activity observed was an exercise session. The staff member who was in attendance actively involved all residents and there was a lot of laughter coming from the group. In addition, inspectors observed a sing along session. Residents were seen to enjoy this singsong, with some residents joining in, playing along with the beat of the music with tambourines. There was a large church where a religious service was held daily. On the morning of inspection multiple residents were seen attending this service. Inspectors observed that the residents walked down to the church in small groups accompanied by staff and that the conversation was flowing, chatting about subjects of interest to the residents. Inspectors observed that residents were not rushed.

As previously stated, there was a variety of communal areas available for residents use. On the day of inspection inspectors observed that a number of residents sat in small groups at different locations throughout the centre. Inspectors observed that these communal areas were not supervised by staff and that call bells were not available for residents to call for assistance. This meant that residents relied on a staff member walking past to call for assistance if required.

Residents reported that the food was very good and that they were happy with the

choice and variety of food offered.

The inspectors observed some areas of the premises were cleaned to an acceptable standard, however inspectors observed that other areas required further cleaning, and some resident equipment was visibly soiled.

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

## Capacity and capability

This was an unannounced risk inspection to monitor the designated centres compliance with the Health Act 2007 (Care and welfare of Residents in Designated Centres for Older People) 2013 as amended. Inspectors followed up on actions taken to address the findings of the previous inspection on 20 October 2020 and on unsolicited information received by the Chief Inspector.

At the time of this inspection, inspectors found that the overall governance and management structure of the centre needed to be strengthened in order to ensure effective monitoring and oversight of the service received by the residents. There were sufficient resources available to ensure the effective delivery of care in accordance with the centre's statement of purpose.

The registered provider was the Order of St Camillus. The inspectors were not assured that the provider had a clear management structure in place that identified the lines of authority and responsibility. The person in charge was supported by the registered provider and engaged regularly with the representative of the provider.

Inspectors found that communication systems in relation to the overall management of the centre were poor. Inspectors were informed that regular governance meetings took place, however, minutes of these meetings were not maintained. Furthermore, details in relation to regular governance meetings with the management team, quality and safety meetings, staff meetings were not available for review.

Within the centre the person in charge was supported by an assistant director of nursing, a team of nurses and care staff, activities coordinators, catering, housekeeping and administration. Individual roles were clearly set out and staff were aware of their individual responsibilities and lines of reporting. Residents were familiar with the staffing structure within in the centre and told inspectors they knew who to speak to if they had a concern or a complaint.

The number and skill mix of staff was observed to be appropriate to meet the care

needs of the residents . There was one clinical nurse manager, two staff nurses and eight carers on duty the morning of inspection, with two staff nurse and two carers on night duty. Activities staff were available seven days per week to provide meaningful recreational opportunities with the residents.

There were systems in place to review the safety and quality of the services provided for residents. These included clinical audits and reviews of serious incidents and complaints. However, there was no audit schedule in place for 2021/2022 and the audits completed for 2021 reviewed on inspection identified limited actions to drive improvement.

Risk management also required improvement. On the day of inspection, cracks were observed in the glass of some of the fire doors. Assurance was required to ensure that the doors would be effective in the containment of smoke and fire in the event of an emergency.

Overall, inspectors found that governance and oversight in a number of key areas such as communication systems, risk identification and audit was not robust.

A review of a sample of staff files found that the files did not provide evidence of an induction programme at the commencement of employment and the files reviewed also identified gaps in employment history and qualifications of some staff members. There were significant gaps in staff training records such as fire safety and managing behaviours that challenge.

Inspectors reviewed the complaint log and found the record contained details of each complaint, investigation carried out and follow up communication with the resident and family as required. There was evidence that the outcome of complaints was documented and this included the complainants level of satisfaction. The complaints procedure was observed to be on display with in the centre. Residents reported feeling comfortable speaking to any staff member if they had a concern.

The inspectors acknowledge how challenging a time it had been for residents and for staff who had worked additional hours in responding to residents' increased clinical needs. The inspector also acknowledges that staff working in the centre have been through a challenging time. However, improvement and focus is now required under management systems to ensure that the quality and safety of care delivered to residents achieves regulatory compliance.

## Regulation 15: Staffing

A review of the roster found that staffing numbers and skill mix were appropriate to meet the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

## Regulation 16: Training and staff development

A review of staff training records found significant gaps in fire training and training in the management of responsive behaviours.

The system of staff induction and supervision was not sufficiently robust. For example, the staff files reviewed found no evidence of the supervision of new staff on induction.

Judgment: Substantially compliant

## Regulation 21: Records

A sample of staff files was reviewed and gaps in employment without a satisfactory history were identified.

A record of the current registration of professional staff subject to registration was not available in some of the records reviewed as set out in Schedule 2(4) of the regulation.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Inspectors found that the management systems were not robust resulting in inadequate monitoring and oversight of the service received by the residents. For example:

- Inspectors were informed that regular meetings occurred with the registered provider, the person in charge and the management team, however, minutes of meetings were provided for the 3 June 2021, 15 November 2021 and 17 February 2021. Inspectors were informed that the person in charge met with staff daily however minutes of staff meetings were not recorded.
- An audit schedule was not in place to inform the ongoing development of quality care for residents. Four audits were completed in 2021 on topics including Meals, Sleep, Mattresses and Quality of Life, with limited action plans and learning occurring from these audits.
- An Annual review was not completed for 2020 or 2021, in addition the consultation processes with residents on the operating of the centre were not in line with the centres statement of purpose.



Judgment: Substantially compliant

### Regulation 31: Notification of incidents

All notifications were submitted to the office of the Chief Inspector as required under Regulation 31.

Judgment: Compliant

### Regulation 34: Complaints procedure

Records of complaints reviewed contained details on the nature of the complaint, investigation carried out and follow up communication with the resident and family as required. There was evidence that the outcome of a complaint was documented and this included the complainant's level of satisfaction with the result.

Judgment: Compliant

## Quality and safety

Residents' lives had been significantly impacted by the COVID-19 restrictions. However, inspectors found that overall the care and support residents received was of a good quality and ensured that residents were safe and well-supported. Residents' medical and health care needs were met. A review of residents care notes found that improvement was required to ensure compliance with regulation 5.

The inspectors found that staff displayed good knowledge of the national infection prevention and HPSC (health protection surveillance centre) guidance. The provider had a COVID-19 folder that contained all up-to-date guidance documents on the management of a COVID-19 outbreak. Staff received daily updates in standard precautions, including hand hygiene and respiratory and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment (PPE).

However, inspectors found that further monitoring and oversights of the cleaning procedure was required. The inspectors observed some areas of the centre that was not amenable to cleaning. Further findings are discussed under Regulation 27: Infection control.

Care planning documentation was available for each resident in the centre. A pre-

admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. In the main, care plans reviewed were personalised and updated regularly. Staff demonstrated a good knowledge of the residents needs and preferences. There was evidence of on-going discussion and consultation with the families in relation to care plans. However, the residents specific care needs were not consistently documented. These issues are further outlined under Regulation 5: Individual assessment and care plan.

Residents had a choice of general practitioner (GP). The inspectors found that the system in place to record the medical resuscitation status of residents was accurate. This information was retrievable in a timely manner to ensure best outcome for residents.

Residents told inspectors that staff had worked tirelessly to keep resident's safe and well-looked after. Residents spoken with were happy living in the centre. Resident meeting were facilitated by the activities coordinator every two months.

The activities coordinator was seen to encourage participation and stimulate conversation. Residents told the inspectors that the activities were important to them and they enjoyed each others company. The observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident.

## Regulation 11: Visits

There were arrangements in place for residents to receive their visitors in the designated centre. Visiting for residents was encouraged with appropriate practical precautions to manage the risk of introduction of COVID-19 with protective measures. Visitors were asked to complete a COVID-19 declaration that they have no symptoms and underwent a temperature check before entering the centre.

Judgment: Compliant

## Regulation 27: Infection control

A number of issues were identified which are not consistent with effective infection prevention and control measure during the course of the inspection and are detailed below;

- paint chippings and exposed plaster on walls
- laminate on lockers worn leaving exposed wood
- lounge floor exposed wood where varnish has worn
- gaps between the wall and skirting which are not amenable to cleaning

- multiple hand hygiene gel dispensers were visibly unclean.
- a shower tray was unclean with layers of dust and dirt and debris
- resident equipment was not cleaned appropriately, for example two raised toilet seats were visibly soiled
- the trolleys used by the housekeeping staff were not visibly clean
- the system of cleaning identified that the water is not changed after cleaning each room due to the distance to the cleaners room

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

A review of a sample of resident identified that that the assessed needs of the resident was reflected in care plan in order to consistently direct care . For example;

- Residents displaying responsive behaviours was not detailed in the care plan. This meant that the known triggers which cause a resident distress and what steps should be followed to support the resident were not documented for staff.
- Residents that could not use a call bell due to their advanced dementia did not have this detail in care plans guiding staff on how to ensure the residents were appropriately monitored.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were provided with timely access to medical and allied health professional services as necessary. In addition, there was good evidence that advice received was followed which had a positive impact on the resident.

Judgment: Compliant

### Regulation 9: Residents' rights

The following observations were made on the day of inspection that impacted negatively on individual residents;

- there was a supply of communal resident undergarments in the centre.
- inspectors observed multiple residents that were in their bedrooms that did

not have access to a call bell. Inspectors were informed that staff monitored the residents, however this meant that residents were reliant on staff checking them or on their ability to call out to get help.

Judgment: Substantially 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	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St Camillus Nursing Centre OSV-0000098

Inspection ID: MON-0035204

Date of inspection: 17/03/2022

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff Induction: New staff now have an induction period with a Buddy and a skills checklist to follow. Nurses and Senior Cares will supervise them. A review will be made at the end of the induction period to identify areas that need further training.</p> <p>Responsive Behaviour training has commenced and will be on-going, being completed by 17/06/22.</p> <p>Fire Training has commenced by all staff and will be completed by 23/05/22.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The administrator has identified the list of documentation from the Health Act that needs to be held for each employee and will maintain these documents. All NMBI certificates are up to date and a record held. All documents that are missing are being sourced from staff members.</p>	
Regulation 23: Governance and	Substantially Compliant

management	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Minutes will be maintained for all Management Team and staff Meetings.</p> <p>The structure of each Management Team meeting will follow a set format plus A.O.B. current items. The format includes the following: Financial Report; Staffing Levels (Recruitment and Retention); Any Staff disciplinary issues; Complaints; Accidents; Incidents &amp; Risk Assessments; Audits &amp; Staff Meetings; Resident Meetings.</p> <p>Daily IPC updates continue before each shift for staff.</p> <p>Daily Care Staff Meetings have continued and the minutes are now recorded.</p> <p>Meeting Templates have been developed and are in use for each area to ensure that minutes are recorded and issues addressed in a timely fashion.</p> <p>Audits – We are actively seeking information in regard to changing our auditing system to ensure that we capture information to enable the Management Team to identify gaps in the care provided and rectify them.</p> <p>The Statement of Purpose has been amended to outline specific roles for each member of the Management Team in relation their role in the provision of care; each member is aware of their responsibility. All Management Meetings will be minuted.</p> <p>An Annual Review for 2021 will be completed by early June. Going forward, the Annual Review each year will be completed in a timely fashion.</p> <p>Resident Meetings have now returned to being held on a monthly basis, in accordance with the Statement of Purpose. These meetings had been pushed out to every two months during periods of high community incidence of COVID-19 and local Public Health advice on group gatherings.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A refurbishment plan is in place and works have started to ensure that surfaces, chipped paintwork, plaster etc. are cleanable. Added to this, rooms will be repainted when they become vacant if required. Furnishings that are worn are being replaced and areas in the building that are not amenable to cleaning are being repaired.</p> <p>The area of unvarnished wood on the sitting room floor is being varnished as part of the</p>	



painting programme.

A meeting with the housekeeping staff has taken place. The Cleaning schedule will be revised to include all areas and surfaces, including the drip-trays of the hand gel dispensers; raised toilet seats.

The cleaning staff will now change the water between rooms and a new hopper will be put in place to give each side an independent facility to aid changing the water and also to make separating the building in the event of a COVID-19 outbreak easier.

The shower tray, noted on inspection, which has a particularly awkward slatted grid-cover has been examined and it has now been made accessible for cleaning.

Cleaning Trolleys are now being cleaned every day, at the end of the shifts, and the cleaning staff are aware not to hoard items on the trolleys or in the cleaning room.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

In regard to the Care Plans of residents who have known responsive behaviour, the existing ones have been updated and new ones written for residents who didn't have one. Triggers, if known, and methods to support the resident have been added.

All residents are observed a minimum of hourly – day & night; we have changed the documentation to capture the real-time at which residents are seen every hour.

Care Plans of residents who are unable to use a call-bell have been reviewed and reflect this and the measures in place to ensure the residents safety.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: We have met with the laundry staff. They are aware that if clothing items are not marked, they are to make every effort to find their owner. Then, to be retained for a reasonable time in case their owner is found and then, if not claimed, discarded. No unidentified clothes will be offered to residents. If items of clothing are missing the Nursing Centre will replace them.

All staff, including housekeeping and dining room staff as they move around the building, are aware to observe residents and to listen for residents seeking help, and to alert care and nursing staff if residents need assistance. Routine hourly checks are made on all the residents, day & night, and are recorded in real time. Staff discuss with residents who can use a call bell but cannot move independently if they mind sitting near a call bell when in communal areas. A member of staff is always present in the chapel when residents attend services.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	17/06/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	10/05/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/06/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and	Not Compliant	Orange	10/05/2022

	details responsibilities for all areas of care provision.			
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	10/05/2022
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	06/06/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are	Not Compliant	Orange	30/06/2022

	implemented by staff.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	25/05/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	10/05/2022