<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Brookhaven Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000207</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Donaghmore, Ballyraggett, Kilkenny.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>056 883 0777</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@brookhaven.ie">info@brookhaven.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Brookhaven Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Gearoid (Gerard) Brennan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Noelene Dowling</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>52</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 15 October 2015 09:30
To: 15 October 2015 19:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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</table>

Summary of findings from this inspection
This inspection of Brookhaven Nursing Home by the Health Information and Quality Authority (The Authority) was undertaken to inform the decision of the Authority in relation to the application by the provider to vary the conditions of registration and increase the number of beds from 55 to 71. All documentation required for the variation of the registration was provided including a revised statement of purpose, evidence of compliance with the statutory fire authority and the planning authority.

The Inspection was also informed by information received by the Authority in relation to nursing staff levels in the centre. Following observation, discussion with the management team and review of documentation the inspector was satisfied that the information received by the Authority was not supported.

The inspector also reviewed the action required from the registration inspection which took place in 2014 which was in relation to the levels of consultation with residents and relatives and found that this had been satisfactorily addressed. The centre was granted registration without restrictive conditions in 2014.

The inspector observed practices and reviewed documentation including care plans,
management of complaints, medical records, staff training records, audits, minutes of meetings, policies and procedures and spoke with resident’s relatives and staff. On the day of inspection there were 52 residents living in the centre.

The inspector reviewed the level of compliance of the provider with nine of the outcomes required by the regulations. The extension to the premises was found to be suitable for purpose and had been completed to a high standard. All of the premises including the fifteen new bedrooms were very well designed, spacious, well maintained and suitable to meet the needs of all residents.

There were robust and effective governance systems in place, safeguarding systems were evident and risk management procedures were satisfactory. Good practice and compliance was also found in health care and in medication management systems. A number of issues in relation to documentation of care plans and assessments for residents were identified and these are actioned at the end of this report.

The staffing number and skill mix was found to be satisfactory with suitable arrangements made for the incremental increase in staff as the numbers of residents increased with the extension. The inspector was informed by the residents during the inspection that they felt very much at home in the centre, had significant choice in their daily routines were consulted regarding their healthcare and preferences and that staff were very attentive to them.
Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Governance arrangements were found to be satisfactory. The person in charge was supported by the provider and a suitably qualified and experienced assistant director on nursing. Roles and responsibilities were clearly defined and reporting structures were evident and effective. Resources including staffing levels were well utilised to ensure the safe and effective delivery of care.

Although an annual report had not yet been compiled a detailed review of the quality and safety of care had been undertaken based on a process of auditing of practices, seeking of residents and relatives views, and observations by the provider and the person in charge who are fully engaged with the governance of the service. It was apparent that the feedback from the residents informed practice.

Audits undertaken included medication, complaints, falls, nutrition, infection risk and accident and incidents. Findings were analysed and actions taken to address any trends identified. The inspector found that there was significant management oversight of the care delivered. Sufficient resources were available.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge was suitably qualified in both general and psychiatric nursing. She had attended mandatory training required by the regulations in fire evacuation, safe moving and handling of residents and adult protection.

She was engaged full-time with the governance, management and administration of the centre. Both residents and staff were very familiar with her. It was apparent from observation and conversation that she was very familiar with the residents and their needs. She was also familiar with the requirements of the regulations and standards and with other legislation and evidenced based practice. The reporting arrangements were clear.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that the records in relation to residents including assessments, care plans, risk management strategies were not sufficiently detailed or completed to provide information and to guide care delivery.

Judgment:
Non Compliant - Moderate

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place
and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that resident’s safety and welfare was prioritised. A review of a sample of financial records indicated that systems were transparent and detailed and undertaken with the resident's consent. All of the required documents were in place. Residents could at any time be given a record of their finances and payments to the provider. There was a policy on the management of resident's finances.

The inspector reviewed the policy and procedures on the prevention, detection and reporting of abuse and found that it required some amendments in order to comply with the revised Health Service Executive on the protection of vulnerable adults. The person in charge and the provider demonstrated an awareness of their safeguarding function and the roles of other statutory bodies in relation to this. Records demonstrated that all staff had received updated training in the prevention, detection and response to abuse carried out by an external agency. There was also an external advocate available to the residents.

Staff spoken with demonstrated an understanding of their own responsibilities in relation to the protection of residents and signs and symptoms of abuse which would indicate concern. They expressed their confidence in the person in charge to act on any concerns which may arise.

The inspector reviewed documentation in relation to a report of misconduct by staff. The person in charge had acted promptly and responsibly in addressing this and contracted an external person to screen and investigate the matter. From the documentation available and speaking with the person in charge the inspector was satisfied that the provider had taken the appropriate steps promptly to protect the residents. Residents informed inspectors that they felt very safe and well cared for in the centre.

There was a comprehensive policy on the management of challenging behaviours and the inspector found that while such behaviours were not feature of the service when they did occur they were managed in a sensitive and supportive manner. Access to mental health specialists was evident. Staff demonstrated their understanding of the residents' psychosocial needs and how best to support them. There was evidence of multidisciplinary review from psychiatry of old age and mental health specialists where this was required. Care plans however were not consistently detailed or documented to inform the practice. This is actioned under Outcome 5 Documentation to be kept at the designated centre.
Methods of restraint or restrictive practices were not used as a matter of course. From discussion with staff and from observations alternatives to bedrails such as low low beds, crash mats and censor alarms were used. There were documented checks on and release of the restrictions. Assessments were undertaken prior to the use of bedrails. The assessment documentation seen by the inspector indicated that the use of the restrictions was carefully considered and the safety and risk of their usage was also considered.

From a review of a sample number of medication charts the inspector was satisfied that Pro-re-nata (as required) medication was not used to manage behaviours and all such medication was carefully reviewed by the prescribing clinicians.

**Judgment:**
Compliant

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**Outcome 08: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that resident’s safety was prioritised with a balanced approach taken to risk management and the resident’s right to make choices and remain independent and autonomous.

A risk management policy was in place and implemented throughout the designated centre. The policy covered the identification assessment and management of risks. It included all of the elements required by the regulations and the process for learning and review. The comprehensive safety statement was current. Records seen by the inspector showed that attention was paid to identifying any areas requiring action, risk assessments and controls were implemented.

There was an emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be necessary. Emergency phone numbers were available to staff. The risk register was also comprehensive and included environmental and clinical risks pertinent to the residents. The provider stated that this will be updated to reflect the environment changes and the use of the extension.

Residents had individual risk assessments undertaken to promote safety in relation to falls, dependency levels or risks of developing pressure areas. In practice, risks
identified were responded to with appropriate actions taken including door alarms and observation by staff.

Core safety features including safe flooring, hand rails, falls alarms, working call bells, unobstructed corridors and exits were evident. Sluice rooms, treatment rooms and exits were fitted with key pad locks. There was evidence of learning and review from any accidents or incidents.

Training records demonstrated that staff had undergone training in moving and transporting residents and in first aid. Good practice in manual handling was observed. Where falls or other incidents had occurred the inspector found that appropriate medical review was sought promptly and the incidents reviewed to prevent re-occurrences.

Policy on the prevention and control of infection was satisfactory and staff were knowledgeable on the procedures to be used on a daily basis and in the event of any specific infection related concern. Staff were observed taking appropriate precautions and using personal protective equipment.

Fire safety management systems were found to be satisfactory. All staff had undergone fire safety training annually and detailed fire drills were held circa four monthly. The fire procedure was clearly displayed and staff spoken with were knowledgeable on the procedures to be used in such an event including the use of the compartments and emergency contact systems. Residents had personal evacuation plans in place. However, these were stored on the electronic system and not easily accessible to emergency services. The person in charge agreed to rectify this.

Documentation confirmed that the fire alarm and emergency lighting was serviced quarterly and other equipment serviced annually as required. Daily checks on the exit doors and the fire panel were recorded. The extension had been fitted with suitable fire management systems and the provider forwarded the commissioning certificates following the inspection. Further scheduled fire training and drills were planned to ensure staff were familiar with the new layout and the procedures for the extension prior to its opening.

**Judgment:**
Compliant

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**Outcome 09: Medication Management**

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
Policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the prescribing, receipt of, management, administration, storage and accounting for medication were satisfactory. There were appropriate documented procedures for the handling, disposal of and return of medication.

There was evidence on records that medication was reviewed three monthly or more often for individual residents. Staff were prompt in monitoring and reporting any adverse affects. A number of medication audits had been undertaken in 2014.

Handling and storage of controlled drugs was safe and in accordance with current legislation. Actions required from the previous inspection included the maximum dosage of medications administered on a PRN (‘as required’) basis and this was satisfactorily resolved. The prescription sheets contained a photograph of the resident and the signature of the prescriber was present when medications were discontinued.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector was satisfied that the residents' health and care needs were identified supported and met to a good standard with improvements required in the documentation used to outline the care to be provided. There was evidence that residents were consulted with and supported in relation to all of their needs. There were a small number of general practitioners (GPs) attending residents. Two of the GPs visited the centre twice weekly or more often as required.

There was evidence of regular referral and frequent access to allied services such as chiropody, dentistry, ophthalmic care, mental health specialists, tissue viability specialists, dieticians and physiotherapy.

The interventions of these clinicians informed the care plans and care delivery.
Residents and relatives informed the inspector that they were very satisfied with the health care provided to them and there was evidence that they were consulted and involved in decisions regarding the care. There was sufficient and easily accessible information available if residents had to transfer to other services such as acute care.

A number of evidenced based assessment tools were used prior to and following admission to identify the resident’s needs including their social, psychological and health care needs. Monitoring of resident’s weights, nutritional status and pressure area risk was evident. Wound care documentation reviewed by the inspector indicated that appropriate expertise was sought and the progress was monitored by recognised assessment tools.

Preventative measures such as pressure reliving mattresses, cushions and nutritional supplements were also evident and observed by the inspector. Residents were supported to maintain their health and independence by access to appropriate vaccinations and the use of walking aids.

However, the pro-forma documentation used as part of the computerised care planning system did not lend itself to ease of retrieval of information or guidance for staff. While a number of the plans reviewed were very detailed and person-centred this was not a consistent finding. Some of the documentation was not specific to the individual resident, for example, where a resident needed a specific care plan for catheter care or the risk of absconding this was not consistently available.

However, from interviews with staff, the assistant director of nursing, observation and a review of the daily nursing records for a number of residents the inspector was satisfied that this was a documentary deficit and that the care required was delivered to the residents including those at end of life.

While this inspection did not focus on the social and recreational aspects of the care provided there was a full time activity co-ordinator available. While some group activates took place there was an emphasis on support and intervention for the individual residents who could not participate in such activities and this was observed.

**Judgment:**
Compliant

**Outcome 12: Safe and Suitable Premises**

The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre is a purpose-built single story building comprised of three wings and is suitable for purpose.

With the addition of the 15 new bedrooms the accommodation now consists of 61 single bedrooms and five double bedrooms all en suite with suitably adapted and assisted toilets and showers. Room dimensions and layout provide optimum space to enable access for or use of equipment if needed. The en suites are also very large, and can accommodate equipment needed for the residents. The design and layout of the single and double bedrooms provides ample space for privacy and bedroom furniture for each resident.

An additional dining room has been provided with both dining areas now within ease of access to the kitchen. An additional day room is available and the previous smoking room will revert for use as a conservatory. A new smoking room has been provided which is suitable for it purpose. There are two visitor’s rooms, activities room and an oratory. An additional clinical room and nurses station has been included in the extension. A new and suitably sized and equipped laundry room and extension to the kitchen was also provided. There is a nurses station in each wing. Four additional accessible toilets have been included with ease of access from day and dining areas.

There were suitable facilities available for staff which included a staff learning centre which was well resourced and a staff dining room.

There are now five enclosed easily accessable courtyards with seating available for residents. The premises and grounds were well-maintained. A maintenance person was employed. There was appropriate assistive equipment available to meet the needs of the residents, such as electric beds, hoists, pressure-relieving mattresses, wheelchairs and walking frames. Hoists and other equipment were all maintained and service records viewed by the inspector were up-to-date. All beds in the extension are low–low. Call bells, lighting and heating have been installed and were in working order. It was decorated and finished to a good standard and the layout means residents have suitable areas in the corridors to walk and to sit for quite time if they wish.

There is more than adequate storage for residents’ possessions and there is also lockable storage in each room. Fail safe devices have been fitted in the water system to prevent risks from scalding.

The centre was observed to be bright, furnished to a high standard and very clean throughout. The provider employed a maintenance person who responded to all the day-to-day maintenance of the centre, grounds and equipment.

Judgment:
Compliant
Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that current staffing arrangements and skill mix was satisfactory. In order to ensure this remains so, with the increase in the number of residents, the provider forwarded details of an incremental increase in nursing and care assistant hours during the day and at night time. There are currently two nurses on duty each day and at night. This will increase to three nurses at optimum times during the day and additional care assistants overnight as numbers increase.

The dependency levels of the residents was high and a number had complex needs. The inspector was satisfied that the provider had considered the size and layout of the premises and the dependency levels of the residents in making these staffing plans. Activity hours and personnel will also be increased.

The staffing ratio is supported by the fact that the person in charge and the assistant director of nursing are available regularly and support the nursing staff. The assistant director of nursing will increase managerial hours to support the person in charge.

There were policies and practices in place for the recruitment, induction and training of staff. From a review of a sample of staff files the inspector was satisfied that all the required documentation including references, curriculum vitae, photo identification, An Garda Síochána vetting was procured and all references were verified.

There was evidence of a continued commitment to both mandatory and other training pertinent to the resident needs. All mandatory training including fire safety, the protection of vulnerable adults and manual handling was found to be updated for all staff. Other training available from internal and external sources included medication management, infection control, challenging behaviours and care of persons with dementia and end of life care.
A significant number of the health care assistants had been supported to undertake Further Education and Training Awards Council (FETAC) Level 5 award.

There were documented ongoing staff supervision systems in place and a detailed appraisal and induction programme. From a review of these records and those of the regular team meetings the inspector found that the focus was on the needs of the residents and developing the staff group to meet these needs. On a day-to-day basis it was also apparent that there was supervision of the care delivered and staff were found to be kind respectful and committed to their roles.

**Judgment:**

Compliant

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Noelene Dowling  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
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<tbody>
<tr>
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<td>OSV-0000207</td>
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<tr>
<td>Date of inspection:</td>
<td>15/10/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>06/11/2015</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that records in relation to residents care needs were sufficiently detailed or completed to guide practice.

1. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
1. Audit and review of all existing assessments, care plans & risk management strategies have commenced.

2. Further training for all Nurses regarding assessments, care planning & risk management strategies has also commenced.

3. Further training of all Nurses with particular emphasis on ensuring that the documentation (care plans particularly) more specifically reflect the person centred care which is being delivered to Brookhaven Residents.

**Proposed Timescale:** 31/12/2015