**Health Information and Quality Authority Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Fairy Hill Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005681</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Kennel Hill, Annabelle, Mallow, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>022 53361</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:fairyhillnursinghome@yahoo.com">fairyhillnursinghome@yahoo.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Fairy Hill Nursing Home Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>18</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
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 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 to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 11 March 2019 09:50  
To: 11 March 2019 18:00  
From: 12 March 2019 09:30  
To: 12 March 2019 13:40

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

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<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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<tbody>
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<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centers for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
During this inspection the inspector focused on the care of residents with a dementia in the centre. The inspection also considered progress on some findings following the last inspection carried out on in April 2018 and to monitor progress on the actions required arising from that inspection. The inspector met with residents, relatives, and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire and policies which were submitted prior to inspection.

The centre did not have a dementia specific unit however, at the time of inspection there were nine of the 18 residents residing in the centre with a formal diagnosis of dementia. With two further residents suspected of having dementia. The inspector observed that a few of the residents required a good level of assistance and monitoring due to the complexity of their individual needs but also observed that many residents functioned at high levels of independence. Overall, the inspector found the person in charge; staff team and the provider were very committed to providing a high quality service for residents with dementia and with all residents in their care.

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The inspector found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. All staff fulfilled a role in meeting the social needs of residents and one staff was allocated as an activity co-coordinator for the afternoon. The inspector observed that staff connected with residents as individuals and found that residents appeared to be very well cared for. Residents and visitors gave very positive feedback regarding all aspects of life and care in the centre.

The person in charge and provider had carried out on-going improvements to create an environment where residents with dementia could flourish. The overall atmosphere was homely, comfortable and in keeping with the assessed needs of the residents who lived there. A number of bedrooms were seen to be much personalised. The inspector found the residents were enabled to move around as they wished. Signs and pictures had been used in the centre to support residents to be orientated to where they were.

The person in charge had submitted a completed self assessment tool on dementia care to the office of the chief inspector with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self assessment tool and the findings and judgments of the inspector concurred with the centers judgments with the exception of staffing which the inspector found non-compliant due to gaps in staff training. Overall the majority of the required improvements identified on the inspection in April 2018 were completed however one non-compliance was again evident on this inspection in relation to staff training. This is discussed throughout the report and the Action Plan at the end of this report identifies areas where improvements are required to comply with the
Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2016 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

### Outcome 01: Health and Social Care Needs

**Theme:**
Safe care and support

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

**Findings:**
This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 18 residents in the centre on the day of this inspection, nine residents had assessed high dependency needs, seven residents had medium dependency needs and two residents had low dependency needs. Nine residents had a formal diagnosis of dementia with two further residents suspected of having dementia.

Residents had a choice of General Practitioner (GP) but the majority of residents received care from a local GP who visited the centre weekly and more frequently as required. Residents also had access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, podiatry and ophthalmology services. The physiotherapist visited the centre every two weeks seeing residents individually as required and providing an exercise group for residents.

The inspector focused on the experience of residents with dementia in the centre on this inspection and tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, wound care and end of life care in relation to other residents.

The inspector saw that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Each resident’s needs were determined by comprehensive assessment with care plans developed based on identified needs. Care plans were updated in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. The person in charge told the inspector that the nursing team supported by residents’ GPs were developing their practice to include care procedures that would prevent unnecessary hospital admissions. She stated that discussion and planning for the end stage of life had prevented unnecessary transfers of residents to the acute hospital and allowed them to die with dignity in the centre.
The inspector saw that residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of a variety of validated tools to assess each resident’s risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. There was evidence that non-verbal residents experiencing pain had a pain assessment completed using a validated assessment tool. Pain charts in use reflected appropriate pain management procedures. Each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There were care plans in place that detailed the interventions necessary by staff to meet residents’ assessed healthcare needs. They contained the required information to guide the care and were regularly reviewed and updated to reflect residents’ changing needs. There was evidence that residents and their family, where appropriate participated in care plan reviews. The inspector found that the care plans guided care and were person centred and individualised. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

Nursing staff told the inspector that a detailed hospital transfer letter was completed when a resident was transferred to hospital. Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. Nursing staff advised the inspector that there were no residents with pressure sores or major wounds at the time of inspection. Staff had access to support from the tissue viability nurse if required.

There were systems in place to ensure residents' nutritional needs were met, and that they residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes in the dining room was observed by the inspector to be a social occasion. Staff sat with residents while providing encouragement or assistance with their meal. Nursing staff told the inspector that if there was a change in a resident’s weight, staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls.

There were written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents. The pharmacist supplying the centre attended regularly, completed medication audits and was involved in staff education. A list of
medications which cannot be crushed formed part of their medication management protocol. There was evidence on the medication prescription sheets of regular review of medications by the GP’s.

**Judgment:**
Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe 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 there were general measures in place to safeguard residents and protect them from abuse. The inspector reviewed the centre’s policy on suspected or actual abuse and reviewed staff training records and saw evidence that most staff had received up to date mandatory training on detection and prevention of elder abuse. However there were a number of new staff who did not have this training and the action for that will be under staffing. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to.

The centre maintained day to day expenses for a number of residents and the inspector saw evidence that improvements as required from the previous inspection had been implemented and complete financial records were maintained. The inspectors reviewed the systems in place to safeguard resident’s finances which included a review of a sample of records of monies handed in for safekeeping. Signatures for lodgements and withdrawals were clearly documented and there was a rolling balance. the centre did not act as a pension agent for any resident. This system was found to be sufficiently robust to protect residents and staff.

A policy on managing responsive behaviours was in place. The inspector saw training records and staff confirmed that they had received training in responsive behaviours which included dementia training however as identified above new staff needed to undertake this training. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. The records of residents who presented with responsive behaviours were reviewed by the inspector who found that these were managed in a very dignified and person centred way by the staff using effective de-escalation methods.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. There were three resident using bedrails at the time of the inspection. The inspector noted
that signed consent in relation to the use of restraint had been obtained from residents, were possible. Review of use of restraints was ongoing. The person in charge demonstrated documentation which detailed assessments for residents requiring restraint and the inspector saw that alternatives such as low low beds, crash mats and bed alarms were in use for a number of residents. Regular checks of all residents were being completed and documented.

**Judgment:**
Compliant

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### Outcome 03: Residents’ Rights, Dignity and Consultation

**Theme:**
Person-centred care and support

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

**Findings:**
Residents’ religious preferences are facilitated through regular visits by clergy to the centre. Residents were facilitated to exercise their civil, political and religious rights. The inspector observed that residents’ choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal room. Whilst the majority of residents were up and about the inspector observed that some residents were spending time in their own rooms, watching television, or taking a nap.

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in twin bedrooms to protect the resident’s privacy. Staff were observed communicating appropriated with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans. Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear and staff assisted with the accessories. The hairdresser visited regularly and some residents told the inspector how important this service was to them.

Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome and that there were plenty areas in the centre to visit in private if they wished to. They said that if they any concerns they could identify them to the person in charge or provider representative and
Residents had access to the daily newspaper and several residents were observed enjoying the paper both mornings of inspection. Residents had access to radio, television, and information on local events. There was a varied and interesting programme of activities available to residents which included arts and crafts, bingo, music, sing-songs, exercise fit for life sessions religious activities and other more individualised activities. There was a staff member assigned as an activity co-ordinator who worked in the afternoons. The inspector noted that all staff assisted in the provision of social stimulation for the residents and a variety of activity equipment and games were available for use in the day room. The inspector observed bowling, darts and a music session with a visiting musician during the inspection. Residents and relatives told the inspector how much they enjoyed the activities. Further training for staff particularly in dementia specific activities would be beneficial to ensure all residents’ social needs were met.

There was a residents’ committee which met regularly. Minutes from these meetings demonstrated that there was good attendances at the meetings and a variety of topics were discussed including activities and food choices. There was evidence that residents with dementia were consulted with and actively participated in the committee. Overall the inspector found the management style of the centre maximised residents’ capacity to exercise personal autonomy and choice.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during the early morning, prior to, and after lunch and in the afternoon. These observations took place in the communal room. Overall, observations of the quality of interactions between residents and staff in the communal area for a selected period of time indicated that the majority of interactions were of a positive nature with good interactions seen between staff and residents.

**Judgment:**
Compliant

**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

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

**Findings:**
On the previous inspection the centre did not have a complaint log to record complaints. On this inspection the inspector found the complaints process was in place to ensure the
complaints of residents, their families or next of kin including those with dementia were listened to and acted upon. The process included an appeals procedure. The complaints policy, which was prominently displayed, met the regulatory requirements. Residents and relatives all said that they had easy access to the person in charge who was identified as the named complaints officer to whom they could openly report any concerns and were assured issues would be dealt with. The person in charge stated that she monitored complaints or any issues raised by being readily available and regularly speaking to residents, visitors and staff. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was seen by the inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to the residents.
An actual and planned roster was maintained in the centre. During the two days of inspection the number and skill-mix of staff working was observed to be appropriate to meet the needs of the current residents. Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge and provider representative. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents’ needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations. Staff provided good supervision and interaction with the residents and there was a staff allocated to be in the day room at all times residents were there. The inspector saw this staff member taking on the role of activities and social stimulation with the residents and providing and encouraging extra fluid intake.

There was evidence of good induction and probationary meetings with new staff and evidence of good staff supervision.
Mandatory training was provided and staff had received up to date training in fire safety, safe moving and handling, safeguarding vulnerable persons and responsive behaviours from external trainers. The person in charge also provided training in house on areas of dementia care, infection control and policy implementation. However there were a number of new staff that had not received mandatory training and the provision of up to date mandatory training was identified as non compliant on the last inspection also. The person in charge provided assurances to the inspector that mandatory training was scheduled and would take place within the next few months.

On the previous inspection documents maintained under Schedule 2, staff files required improvement, on this inspection the inspector reviewed a sample of staff files which included the information required under Schedule 2 of the Regulations. Registration details with An Bord Altranais for 2019 for nursing staff were seen by the inspector.

**Judgment:**
Non Compliant - Moderate

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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

**Findings:**
Fairy hill nursing home is a relatively new centre registered in December 2017 and it is registered to provide care to 20 residents. The centre is a single story building situated on the outskirts of Mallow town and close to all local amenities. It is set in well maintained grounds and has an enclosed courtyard with plants and garden furniture for residents use. The premises met the needs of residents in a homely and comfortable way. Bedrooms were generally spacious and many were much personalised with resident’s pictures, furnishings and memorabilia from home. Residents had a choice of two sitting rooms and a conservatory to relax in during the day and the dining room was spacious to facilitate all the residents dining requirements. There was access to televisions and radio and print material. Plenty of outdoor space was provided around the centre and access to private areas for visiting were readily available. There were three large shower rooms and numerous toilets for residents use. A cleaner’s room and adequate sluice facilities were in place and the centre was seen to be clean and well maintained. The inspector noted that the centre was homely and residents and relatives were very satisfied with all aspects of life and care in the centre as expressed to the inspector.

The corridors were generally wide and bright and allowed for freedom of movement. There was a selection of resident’s photographs and art work displayed along the
corridors. There were clocks and calendars available in the centre to assist residents particular residents with dementia, to remain orientated in time. Access to and from the centre was secure. Since the last inspection improvements in relation to signage and cues was evident. For example many residents’ bedroom doors contained memorable photographs at eye level and there were signs erected at various locations to assist and orient residents with perceptual difficulties. For example, toilets, bedroom doors, lounges and dining rooms had pictures and signage used to assist residents to locate facilities independently. Signage throughout the centre had text and pictures to help residents to identify communal rooms and to support way finding. Circulation areas, toilets and bathrooms were adequately equipped with handrails and grab-rails. Staff confirmed the suitable use of personal protective equipment such as latex gloves and plastic aprons. There was a homely atmosphere and the décor was warm and comfortable and in keeping with the period of this building.

The centre had ample specialist equipment to meet the needs of the current residents and the person in charge told the inspector they were investing in new equipment as required to meet resident’s needs. The inspector saw that contracts were in place for the testing of fire safety equipment, the servicing of hoists, beds, wheelchairs and other specialist equipment. Certification for the testing of the fire alarm and emergency lighting on a quarterly basis was in place. The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and appropriate fire safety practices were generally followed. An emergency plan had been developed an appropriate response was in place for all emergency situations.

**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:**

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report¹

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<th>Fairy Hill Nursing Home</th>
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<tbody>
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<td>Centre ID:</td>
<td>OSV-0005681</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>11/03/2019 and 12/03/2019</td>
</tr>
<tr>
<td>Date of response:</td>
<td>26/03/2019</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: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A number of new staff did not have up-to-date mandatory training and some were in post for over six months.

1. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
1) Manual handling will take place on 01/04/2019 from 2 -4
2) Elder abuse and challenging behaviour sessions will be conducted before 20/05/2019

Proposed Timescale: 20/05/2019