Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Brymore House
Name of provider:	Brymore House Nursing Home Limited
Address of centre:	Thormanby Road, Howth, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	25 March 2024
Centre ID:	OSV-0000120
Fieldwork ID:	MON-0043019

About the designated centre

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

The designated centre provides care and accommodation for 28 residents; male and female over the age of 18 years. Types of care provided are long term care, transitional care and care for adults with dementia or other cognitive impairments. The centre is situated close to Howth centre and local shops and amenities. Off road car parking is available with wheelchair access provided on the ground and top floors of the building. The centre is accessible by local bus routes. This is a purpose built centre designed and opened in 1990. The building has been updated and extended to provide the current accommodation over three floors. There is a small passenger lift between floors. Accommodation is provided in single rooms some of which have en-suite shower and toilet facilities. Communal shower/bath rooms are available on each floor. Communal lounges and dining rooms are nicely decorated and provide comfortable areas for residents to congregate and socialise. There is a quiet room available on the middle floor where residents who prefer to spend their time quietly can sit or meet with their visitors in private. The dining room is situated on the ground floor overlooking the garden. There are two garden areas; a small courtyard with seating and planting which can be accessed from two of the bedrooms on the ground floor and the main garden which is a pleasant enclosed lawned area to the rear of the building. The centre is family owned and run. There is a registered nurse on duty at all times. The person in charge and the provider are available in the centre Monday to Friday and are well known to residents and their families. There is an open visiting policy in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20

How we inspect

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
Monday 25 March 2024	08:15hrs to 16:45hrs	Karen McMahon	Lead
Monday 25 March 2024	08:15hrs to 16:45hrs	Frank Barrett	Support

What residents told us and what inspectors observed

During this inspection, there was a calm environment within Brymore House with residents going about their day as they wished. Inspectors observed that many improvements had taken place in the centre, to address the findings of the previous inspection. Residents appeared relaxed and those spoken with were content with the care they received living in the centre.

Resident and staff interactions were seen to be friendly and respectful, and staff were seen to allow residents to go at their own pace. The general feedback from residents was that staff were kind and caring, with comments including "they are lovely people, they are always happy".

When the inspectors arrived at the centre they were met by members of the night staff, who were going off duty. They advised the inspectors of the signing in procedure. Following an introductory meeting with the person in charge, the inspectors were accompanied on a walk around the centre. Many residents were dressed and spending time in communal areas during this time, with breakfast being served.

The centre is located in Howth, Co.Dublin. The building is set over three floors, with resident's bedrooms located on all these floors. The first and second floor also have a sitting room and conservatory for resident's use. There is a visitor's room on the 2nd floor, that facilitates residents receiving their visitors in private if they so choose. The dining room, kitchen and laundry facilities are located on the ground floor. There is a garden for resident's use, accessible through the dining room.

A number of residents' bedrooms were viewed by the inspectors and were seen to have been personalised with flowers, plants, family photographs, ornaments and decorative items, including decorative blankets and pillows. Overall the premises was found to be clean and efforts to have a homely environment were evident. Resident's artwork was displayed in frames in the hallways throughout the centre.

The weekly activity schedule was displayed on notice boards. Activities were on offer from Monday to Sunday facilitated by dedicated activity staff Monday to Friday and an allocated staff member at the weekend. These included hand massage, reflexology, music, art, baking quizzes and religious services.

Residents could attend the communal dining rooms or have their meals in their bedroom if they preferred. On the day of the inspection, residents were provided with a choice of meals at dinnertime. There was also a cooked breakfast option and different choices for the tea-time meal. The inspectors observed a relaxed and positive dining experience where residents were enjoying their meals, being assisted and supervised discreetly by staff. Residents were complimentary regarding the food choices and the quality of the meals within the centre.

The inspectors spoke with many residents on the day of inspection. All were positive and complimentary about the staff and had positive feedback about their experiences living in the centre. One resident who spoke with inspectors told them how staff had located bird feeders outside their window and how this had brought so much joy to their day, watching the birds come to feed.

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

Capacity and capability

Overall inspectors found that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support. Significant improvements had been made to address the findings of the last inspection. However, inspectors noted that there were only 20 residents resident in the centre which was significantly reduced from the previous inspection.

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013). This inspection followed up on the compliance plan from the last inspection in May 2023 and was also carried out to inform a response to an application to remove Condition 4 attached to the registration of the centre. Condition 4 was a restrictive condition requiring the provider to take action on known risks identified in a fire safety risk assessment, the completion date for which had now expired. The findings of this inspection were that the provider had taken significant steps to improve fire safety at the centre. While some identified risks were not fully resolved and required further actions as discussed under Regulation 28 , the risk to residents was significantly reduced by the works that had been completed and the actions that the provider had taken to reduce the number of residents accommodated in the higher risk areas of the centre.

Brymore House Nursing Home limited is the registered provider of Brymore House. The daily running of the centre is overseen by the person in charge. The person in charge is a registered nurse who works full-time in post and has the necessary experience and qualifications as required by the regulations. They engaged positively with the inspectors during this inspection.The person in charge was supported in their role by a clinical nurse manager. Oversight was provided by the registered provider's company director. Other staff members included nurses, health care assistants, activity coordinator, domestic, catering and maintenance staff.

There was evidence of management systems in place such as management meetings and audits. A comprehensive schedule of clinical audits had been developed, since the previous inspection, to monitor the quality and safety of care provided to residents. Records of audits showed that any areas identified as needing

improvement had been addressed with plans and timeframes for completion. A number of these improvement actions were found to have been already completed. Inspectors also viewed minutes of management, staff and resident meeting and identified that communication was being facilitated through these forums and action plans were put in place to deal with any issues identified during these meetings. These were significant improvements since the previous inspection and helped to ensure the provider had good oversight of the service and that staff were clear about any improvements that were required in their areas of work.

The centre was well-resourced. Despite the current lower occupancy level staffing levels had been maintained. Staffing levels and skill mix on the day of this inspection were adequate to meet the needs of the 20 residents during the day and night.

Staff were supported to attend mandatory training such as fire safety, manual handling and safeguarding vulnerable adults from abuse.While their were some gaps in training identified, a training plan was in place for the coming months to ensure that staff were brought up-to-date with their training. Supplementary training was also offered to staff in areas such as responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), restrictive practices and end of life care. This hepled to ensure that staff had the kowledge and skills they needed to care for the current resident profile.

There was a directory of residents made available to inspectors. This had all the required information in relation to residents' as set out in Schedule 3 of the regulations.

There was an accessible and effective procedure in place for dealing with complaints which was displayed throughout the designated centre. This procedure had been updated to incorporate amendments made to this regulation. Inspectors reviewed the complaints log and saw that there were no open complaints on the day of the inspection.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application for the removal of condition 4 of registration of the designated centre had been received by the Chief Inspector and was under review.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory training provided to staff was up to date and there was a training plan in place for further refresher training to ensure that staff maintained sufficient knowledge for their roles.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents available which included the information required as set out in Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the improvements noted on this inspection, further improvement was required in the oversight of fire safety and maintenance as discussed under Regulation 28 Fire Precautions and Regulation 17 Premises.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each were signed by the resident, their next-of-kin or power of attorney. The weekly fees charged to the resident were clear and any possible additional charges were outlined. The room occupied by the

resident and how many other occupants, if any, were reflected in the contracts reviewed.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy in place that was reflective of regulatory requirements. There was information about the complaints process displayed on the walls in the centre.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the care and support residents received was of good quality and ensured they were safe and well-supported. Residents' needs were being met through good access to health and social care services and opportunities for social engagement. The inspectors observed that the staff treated residents with respect and kindness throughout the inspection.

Residents had access to a general practitioner (GP) who attended the centre regularly. The centre had a referral system in place for health and social care practitioners, such as dieticians, speech and language therapists and tissue viability nurses, for when such services were required.

Residents had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. Staff informed the inspectors that resident's had recently been facilitated to cast their vote in the recent referendum. Residents had access to advocacy services and notices were displayed around the centre identifying how to contact advocates.

The registered provider had prepared a resident's guide in respect of the designated centre which contained all of the required information in line with regulatory requirements.

Care plans in the centre had recently gone through a review process and improvements had been made to ensure they were clear, concise and relevant to the resident's personal care and social needs. Care plans specific to responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) clearly identified triggers for responsive behaviours and methods for de-escalation that had been found to be effective for the resident.

Inspectors reviewed arrangements in place to protect residents from the risk of fire at the centre. Significant progress had been made in relation fire safety since the last inspection. An upgrade programme of works had been completed to address identified risks in relation to fire detection, fire containment and fire doors throughout the centre. While these improvements had reduced the risk associated with a fire event to the residents, some of the required improvements to the physical infrastructure had not been completed. This included changes to ensure that there was adequate means of escape from the middle floor which was currently through a single external stairway and an uneven escape route to safety. This route presented significant difficulties for evacuating residents to a place of safety in a timely manner. In order to mitigate the risk associated with this, the provider had transferred residents living in some of the rooms on this level to other levels within the centre. On the day of inspection, there were still residents living on all three floors, but there were only four residents accommodated in the middle floor which helped to reduce evacuation times in the event of an emergency.

The middle floor communal spaces were in use on the day of the inspection. Furthermore, a nurses station existed within the stairwell on this floor which included electrical equipment and increased risk of fire.

The provider was also required to take immediate action on the day of the inspection to remove a resuscitation bag from a store room, which contained an oxygen cylinder, and to empty a number of non fire rated storage cupboards which were in use along protected escape routes.

Issues relating to containment of fire had been acted upon since the last inspection, however, additional containment issues, including unsealed service penetrations which penetrated compartment lines as a result of the fire alarm upgrade were identified. The findings in realtion to Fire Precautions are discussed under Regulation 28.

The centre was presented in clean and good condition, however, some areas were not well maintained. For example the main entrance door was in poor condition, and further maintenance issues were noted on the external paths around the centre. The use of exposed chipboard shelving within linen stores, and other storage areas presented issues for effective cleaning. These findings are discussed under Regulation 17 Premises.

Regulation 12: Personal possessions

There was adequate storage in the residents' rooms for their clothing and personal belongings, including a lockable unit for safekeeping. Laundry facilities were available on-site, and residents' clothes were returned to them clean and fresh.

Judgment: Compliant

Regulation 17: Premises

Improvements were required, having regard to the needs of the residents at the centre, provide premises which conform to the matters set out in schedule 6 of the regulations. For example:

- Shelving in some of the storage space was constructed from unfinished chipboard. This would make cleaning of these areas difficult.
- Areas of the transparent ceiling of Lounge C had a large amount of debris and vegetation above it which was unsightly.
- The main entrance door to the centre was in poor condition. Repairs were needed to ensure that the door could open and close easily for anyone using it.
- Some external footpath areas of the centre, which were not in daily use, required the removal of debris and leaf litter. These areas formed part of the centres evacuation plan and were required to be kept clear in order to ensure there was safe evacuation route available.
- A door to a toilet on the ground floor was not closing, and was getting stuck on the floor when closing.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure, advocacy services and visiting arrangements.

Judgment: Compliant

Regulation 28: Fire precautions

Works had been completed at the centre since the last inspection to improve the overall level of fire safety. While there were some areas which required improvement on the inspection day, the risk was reduced significantly by the reduction in the numbers of residents in the centre.

The registered provider did not take adequate precautions against the risk of fire, and did not provide suitable fire fighting equipment for example:

- An Oxygen cylinder was stored in a resuscitation bag in a ground floor store room. This bag had no labels visible to indicate the presence of oxygen cylinders, and there was no safety signs on the doors to the store room. This was removed off site on the inspection day by the provider.
- The gas shut of within the laundry area was not labelled. Staff working in the area were not sure how to shut off the gas if they smelled gas. Shutting off the gas in the event of a gas leak is crucial to prevent a fire from occurring or escalating. A label was put onto the shut off point when this was queried with the provider.

The registered provider did not provide adequate means of escape and emergency lighting for example:

- A means of escape in an area on the middle floor was not appropriate.This route upwards over concrete steps would prove very difficult while using evacuation aids. There were four mobile residents living on this floor of the centre which meant that the route was required as a secondary escape route for the purpose of resident evacuation.
- While emergency lighting was present in most areas of the centre, there were two sections of the top floor escape corridor, and one section of the middle floor escape corridor which did not have any emergency lighting fitted. This required review.

Improvements were required by the registered provider to ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of a fire. For example;

- Three health care assistants and one nurse did not have up to date fire safety training completed.
- There were no layout maps displayed on the hallways to assist staff in the event of an evacuation. Evacuation maps were present in some of the bedrooms, however, layout maps were referenced in the fire safety training material as being available on the hallways to assist staff.
- Extensive evacuation drills were taking place regularly at the centre, however, some detail outlined in fire safety policy at the centre was not recorded in the some fire drills. For example, the compartment being evacuated and the route to the assembly point had not been recorded.
- Assurance was required that residents living in the largest compartment could be evacuated as there were no records of evacuation from the largest compartment to the external assembly point. Inspectors were assured that this was discussed with staff, however, a record of that drill was not available.

The registered provider did not make adequate arrangements for containing fires. For example:

- Door closing devices were in place on all bedroom doors, however, some of the bedroom doors did not close fully when released.
- There was a lack of fire stopping material around some fire alarm service penetration in walls and ceilings in corridors throughout the centre.
- An electrical distribution box on the evacuation corridor on the top floor did not appear to be fire rated.
- There was no door to the nurses station located in the stairwell. While it was noted that there was much reduced amounts of materials and equipment in this room since the last inspection, this activity still posed a risk to the central evacuation stair route through the building.
- A communications room at the entrance lobby on the top floor did not appear to be a fire rated room. There was a ventilation grill in the door, and services were penetrating the ceiling. The communications equipment and electrical load in this type of room presents a higher fire risk.
- A completion certificate for works to improve containment in the centre, referred to 60 minute compartment doors at each level from the stairwell. New doors had been installed in these areas, however, they were all 30 minute rated doors. On discussing this within the provider, it appeared that the reference to 60 minute doors was an error, however, no confirmation of this fact was available. This required clarity, as the place of relative safety within the stairwell may be compromised in the event of a fire, if the fire rating of the doors was incorrect.

Judgment: Not compliant

Regulation 6: Health care

The registered provider had ensured that all residents had access to appropriate medical and health care, including a general practitioner (GP), physiotherapy, speech and language therapy and dietetic services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge had ensured that all staff had up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. There was a low level of restraint in use in the centre and restraint was only used in accordance with national policy.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents had access to daily newspapers, radio, television and the Internet. There was an independent advocacy service available to residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and 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
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brymore House OSV-0000120

Inspection ID: MON-0043019

Date of inspection: 25/03/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All staff have received fire competency training in April 2024 We have requested layout maps for the hallways from our Architect. Our evacuation drill records & training now include the compartment being evacuated & the route to the assembly point An evacuation from the largest compartment to the external point was completed in April.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: All external windows & roofs are cleaned on a seasonal 6 monthly basis in June & October All external pathways including evacuation routes are cleaned weekly to ensure clear access The toilet door on the ground floor has been repaired We have requested repairs from the company who supplied the front door	

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The laundry gas shut off is now clearly labelled & all staff have received instructions on how to shut gas off

While we recognize that one of the means of escape on the middle floor is more suited towards mobile residents' we have mitigated this risk by ensuring appropriate placement of residents on this floor & as other rooms become available, we are transferring residents from this area.

Our fire engineer is installing extra emergency lights on the top & middle floor

All doors have been fitted with 3 hinge closing mechanism.

We have requested the fire alarm supplier to seal any gaps around the fire alarm service penetration.

The electrician has checked & confirmed that the electrical distribution box on the top floor is fire rated & the cable is armored & is not a risk.

A new fire door has been ordered for the communications room.

The staircase is enclosed in a 60 minute fire construction with FD30 doors provided at each floor level which are connected to our fire alarm system.

We have engaged a fire door company to measure & install a door for the middle floor Nurses office.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	15/09/2024
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	15/09/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	15/09/2024

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	15/09/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15/09/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	15/09/2024