



The Regulation and  
Quality Improvement  
Authority

Inspector: Stephen O'Connor  
Inspection ID: IN021255

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**Bovally Dental Practice**  
RQIA ID:11397  
Bovally House  
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**Announced Care Inspection  
of  
Bovally Dental Practice**

**22 May 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An announced care inspection took place on 22 May 2015 from 09:50 to 12:45. Mr Leslie McKee, registered provider, was on planned leave, the inspection was facilitated by Mrs Donna Bacon, practice manager. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report. Some outstanding issues from the previous inspection also need to be addressed.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections ) (Amendment) Regulation 2011, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 18 September 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	9

The details of the QIP within this report were discussed with the Mrs Donna Bacon, practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Leslie McKee	<b>Registered Manager:</b> Mr Leslie McKee
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mrs Donna Bacon	<b>Date Manager Registered:</b> 12 September 2012
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 5

### **3. Inspection Focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The themes for the 2015/16 year are as follows:

- Medical and other emergencies; and
- Recruitment and selection.

### **4. Methods/Process**

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: staffing information, patient consultation report, and complaints declaration.

During the inspection the inspector met with Mrs Donna Bacon, practice manager, an associate dentist, a receptionist and a dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, four staff personnel files, job descriptions, contracts of employment, and three patient medical histories.

### **5. The Inspection**

#### **5.1 Review of Requirements and Recommendations from the Previous Inspection**

The previous inspection of the practice was an announced care inspection dated 18 September 2014. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 18 September 2014

Last Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>In keeping with best practice guidance as outlined in HTM 01-05 the following issue in the decontamination room should be addressed:</p> <ul style="list-style-type: none"> <li>Extract and make-up ventilation should be installed.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Mrs Bacon confirmed that an extract and make-up ventilation system has not been installed in the decontamination room. Mrs Bacon confirmed that Mr McKee has obtained quotes from building contractors for installing a ventilation system; however works have not been scheduled. This recommendation has not been addressed and it has been stated for the third time.</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>Review the manufacturer's guidance and if recommended undertake and record the results of a soil test on the washer disinfectant.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation demonstrated that a weekly soil test is undertaken in regards to the washer disinfectant.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Sharps containers should be signed and dated on assembly.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>It was observed that the sharps containers in surgery three were signed and dated on assembly.</p>	<p><b>Met</b></p>

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>The following policies and procedures should be further developed:</p> <ul style="list-style-type: none"> <li>the environmental cleaning policy to include the arrangements specific to the practice, roles and responsibilities of staff, daily/weekly/monthly cleaning schedules, guidance on the use of colour coded cleaning equipment; and</li> <li>the health care waste policy to ensure the policy reflects the colour coding of sharp boxes as specified in HTM 07- 01 and the specific policy amendments to the guidance that apply in Northern Ireland as outlined in PEL (13)14 issued on 18 October 2013.</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the environmental cleaning policy demonstrated that it has been further developed as specified. The health care waste policy was amended by Mrs Bacon during the inspection to include the colour coding of sharps boxes. A copy of Annex A as outlined in PEL (13) 14 detailing the colour coding arrangements for clinical waste in Northern Ireland was provided to the practice during the inspection.</p>		
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>Floors in all clinical areas must be sealed at the edges where they meet the walls.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>It was observed that the flooring in surgery three had been sealed as recommended. Mrs Bacon confirmed that following the previous inspection the flooring in surgeries four and five were also sealed. Mrs Bacon confirmed that the floors in surgeries one and two had previously been sealed.</p>		

<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>The following issues in relation to the legionella risk assessment and control measures must be addressed:</p> <ul style="list-style-type: none"> <li>• the legionella risk assessment must be reviewed;</li> <li>• arrangements must be established to flush all infrequently used outlets on a weekly basis and retain records; and</li> <li>• hot and cold water temperatures must be routinely monitored and records retained.</li> </ul>	<p><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation demonstrated that Mr McKee had reviewed the legionella risk assessment on 05 April 2015. Review of documentation demonstrated that arrangements have been established to flush infrequently used outlets on a weekly basis and records are retained. A record reviewed detailed that hot and cold water temperatures should be monitored monthly, however no records were available detailing the monthly water temperatures. Mrs Bacon was advised that sentinel water temperatures must be monitored monthly and records retained. The record must include the date, location of the water outlet, hot and cold temperatures and the signature of the person. This recommendation has been partially addressed and the unaddressed component has been stated for the second time.</p>		
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>In keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 the Infection Prevention Society (IPS) audit tool must be completed every six months.</p>	<p><b>Not Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Records confirming that the IPS audit tool had been completed could not be located during the inspection. Compliance with this recommendation could not be demonstrated, this recommendation has been stated for the second time.</p>		

## 5.3 Medical and Other Emergencies

### Is Care Safe?

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines with the exception of oropharyngeal airways and portable suction, is retained in the practice. It was observed that Glucagon medication was stored in a refrigerator. However, there was no documentation available to confirm that the refrigerator temperatures were monitored daily to ensure the temperature was between 2 and 8 °c as recommended in the manufacturer's instructions. A robust system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

Overall on the day of the inspection it was identified that some improvement is needed to ensure that the arrangements for managing a medical emergency are safe.

### Is Care Effective?

The policy for the management of medical emergencies reflected best practice guidance. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the practice policies and procedures.

Discussion with staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be effective.

### Is Care Compassionate?

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

### Areas for Improvement

Glucagon should be stored in keeping with the manufacturer's instructions.

Oropharyngeal airways and portable suction should be provided in keeping with best practice guidance.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## 5.4 Recruitment and Selection

### Is Care Safe?

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance, with the exception of the procedure to be followed in relation to undertaking enhanced AccessNI checks.

Four personnel files of staff recruited since registration with RQIA were examined. The following was noted:

- positive proof of identity, including a recent photograph in two of the four files;
- evidence that an enhanced AccessNI check was received prior to commencement of employment in one staff file; three staff files did not contain any documentation in relation to AccessNI checks;
- none of the files contained written references;
- no details of full employment history, including an explanation of any gaps in employment;
- two files contained documentary evidence of qualifications, where applicable;
- evidence of current GDC registration, where applicable;
- no criminal conviction declaration on application;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

It was noted that the original AccessNI disclosure certificate was retained in the practice; this was discussed with Mrs Bacon as disclosure certificates should be handled in keeping with the AccessNI Code of Practice.

Mrs Bacon confirmed that Mr McKee sought verbal references in relation to the identified staff members; however no record was retained to confirm the details of this. Mrs Bacon was advised how to evidence that a written reference was sought, and how to record a verbal reference to evidence the source of the reference.

A staff register was not retained containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.



Mrs Bacon confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. A review of a sample of records demonstrated that the appropriate indemnity cover is in place.

Overall on the day of the inspection, it was identified that some improvement is needed to ensure recruitment and selection procedures are safe.

### **Is Care Effective?**

As discussed previously, recruitment and selection procedures need further development to ensure they comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Four personnel files were reviewed. It was noted that each file included a contract of employment/agreement and job description.

Induction programme templates are in place relevant to specific roles within the practice. A sample of induction templates reviewed evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mrs Bacon confirmed that staff have been provided with a job description, contract of employment/agreement and have received induction training when they commenced work in the practice.

Discussion with staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken with confirmed that they have current GDC registration and that they adhere to GDC CPD requirements.

Overall on the day of the inspection it was identified that some improvement is required to ensure recruitment and selection procedures are effective.

### **Is Care Compassionate?**

Review of recruitment and selection procedures demonstrated further development is needed to reflect good practice in line with legislative requirements.

Documentation confirming that enhanced AccessNI checks had been undertaken in respect of three staff was not available during the inspection. The importance of obtaining enhanced AccessNI checks, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mrs Bacon.

Discussion with staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

Overall on the day of the inspection it was identified that some improvement is needed to ensure recruitment and selection procedures are compassionate.

## Areas for Improvement

Enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice.

The recruitment policy and procedure should be further developed to ensure it is comprehensive and reflects best practice guidance. AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice.

Staff personnel files for newly recruited staff should include the information as indicated in regulation 19 (2) Schedule 2 of The independent Health Care Regulations (Northern Ireland) 2005.

A staff register should be developed and retained.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>3</b>
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## 5.5 Additional Areas Examined

### 5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mrs Bacon, practice manager, an associate dentist, a receptionist and a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Twelve were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were provided with a job description and contract of employment/agreement on commencing work in the practice. Staff also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies. Three submitted questionnaires included comments as follows:

- “Our practice provides excellent care for all our patients. We have a great team.”
- “Brilliant care and service.”
- “We make sure we provide a highly caring service for all patients within the practice. All patients are treated with the upmost respect and are always cared for with great service.”

### 5.5.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The evidence provided in the returned questionnaire indicated that no complaints have been received by the practice between 1 January 2014 and 31 March 2015.

### 5.5.3 Patient Consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. A copy of the most recent patient satisfaction report was not submitted to RQIA prior to the inspection.

Review of documentation and discussion with Mrs Bacon demonstrated that patient satisfaction surveys are used to consult with patients. However a copy of the summary report detailing the findings of the most recent patient satisfaction surveys could not be located during the inspection. It is recommended that a summary report detailing the main findings of the most recent patient satisfaction surveys is generated. A copy of the report should be made available to patients and other interested parties.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Donna Bacon, practice manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person/s may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

## Quality Improvement Plan

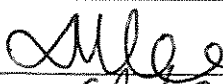
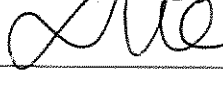
REGULATION AND QUALITY

19 JUN 2015

IMPROVEMENT AUTHORITY

Statutory Requirements	
<b>Requirement 1</b>  Ref: Regulation 19 (2) Schedule 2  Stated: First time  To be Completed by: 22 June 2015	The registered person must ensure that enhanced Accessible checks are undertaken and received prior to any new staff commencing work in the practice.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> THIS POLICY HAS BEEN ACTED UPON FOR ANY NEW STAFF INDUCTED FOR LAST 4 YEARS
Recommendations	
<b>Recommendation 1</b>  Ref: Standard 13  Stated: Third time  To be Completed by: 22 August 2015	In keeping with best practice guidance as outlined in HTM 01-05 the following issue in the decontamination room should be addressed: <ul style="list-style-type: none"> <li>• Extract and make-up ventilation should be installed.</li> </ul> <b>Response by Registered Person(s) Detailing the Actions Taken:</b> FURTHER QUOTES WILL BE GAINED PRIOR TO EXPENDITURE INVOLVED.
<b>Recommendation 2</b>  Ref: Standard 13  Stated: Second time  To be Completed by: 22 June 2015	Hot and cold water temperatures must be routinely monitored and records retained.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> HOT AND COLD WATER TEMPERATURES HAVE BEEN RECORDED EVERY MONDAY MORNING
<b>Recommendation 3</b>  Ref: Standard 13  Stated: Second time  To be Completed by: 22 June 2015	In keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 the Infection Prevention Society (IPS) audit tool must be completed every six months.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> THIS WAS COMPLETED APRIL 2015

<p><b>Recommendation 4</b></p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 29 May 2015</p>	<p>It is recommended that Glucagon medication is stored in keeping with the manufacturer's guidance. If being stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that it is stored between 2 and 8 °C. If stored at room temperature a revised expiry date should be recorded on the medication packaging and expiry date check list to reflect that the cold chain has been broken.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> DAILY FRIDGE TEMPERATURES HAVE BEEN TAKEN AND RECORDED</p>
<p><b>Recommendation 5</b></p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 22 June 2015</p>	<p>It is recommended that oropharyngeal airways, and portable suction are provided in keeping with the Resuscitation Council (UK) Minimum equipment list for cardiopulmonary resuscitation – primary dental care.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> THIS EQUIPMENT IS KEPT BESIDE THE EMERGENCY DRUG BOX AND PORTABLE OXYGEN CYLINDER</p>
<p><b>Recommendation 6</b></p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 22 June 2015</p>	<p>It is recommended that the following issues in relation to AccessNI are addressed:</p> <ul style="list-style-type: none"> <li>• The recruitment policy and procedure should be further developed to include the procedure for undertaking enhanced AccessNI checks, and</li> <li>• AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> THIS POLICY WILL BE ENHANCED AS PER RECOMMENDATION</p>

<p><b>Recommendation 7</b></p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 22 June 2015</p>	<p>It is recommended that the following information should be retained in the personnel files of any newly recruited staff:</p> <ul style="list-style-type: none"> <li>• positive proof of identity, including a recent photograph;</li> <li>• evidence that an enhanced AccessNI check was received prior to commencement of employment;</li> <li>• two written references, , including one from the most recent employer;</li> <li>• details of full employment history, including an explanation of any gaps in employment;</li> <li>• documentary evidence of qualifications, where applicable;</li> <li>• evidence of current GDC registration, where applicable;</li> <li>• criminal conviction declaration on application;</li> <li>• confirmation that the person is physically and mentally fit to fulfil their duties;</li> <li>• evidence of professional indemnity insurance, where applicable;</li> <li>• contract of employment/agreement and</li> <li>• job description.</li> </ul>		
<p><b>Recommendation 8</b></p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 22 June 2015</p>	<p>It is recommended that a staff register should be developed and retained containing staff details including, name, date of birth, position; dates of employment; details of professional qualification and professional registration with the GDC, where applicable.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> PERSONNEL FILES WILL INCLUDE EVERY ASPECT OUTLINED ABOVE</p>		
<p><b>Recommendation 9</b></p> <p>Ref: Standard 9.2</p> <p>Stated: First time</p> <p>To be Completed by: 22 July 2015</p>	<p>It is recommended that a summary report detailing the main findings of the most recent patient satisfaction surveys is generated. A copy of the report should be made available to patients and other interested parties.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> THIS IS RETAINED IN PRACTICE AND HAS BEEN AVAILABLE TO PATIENTS AND OTHERS</p>		
<p>Registered Manager Completing QIP</p>		<p>Date Completed</p>	<p>16/6/15</p>
<p>Registered Person Approving QIP</p>		<p>Date Approved</p>	<p>16/6/15</p>
<p>RQIA Inspector Assessing Response</p>		<p>Date Approved</p>	

\*Please ensure the QIP is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\*



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<b>RQIA Inspector Assessing Response</b>	Stephen O'Connor	<b>Date Approved</b>	19/06/2015
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