

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015DY159
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Name of Service:	Our Ladys Nursery Ballymun Ltd
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Address of Service:	121 Sillogue Gardens, Ballymun, Dublin 11
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Eircode:	D11 FX56
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Name of Registered Provider:	Bernie Kelly
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Service type:	Full Day
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Date of Inspection:	29/05/2025
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No of pre-school children:	AM	63	PM	23
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Address of the Early Years Inspectorate:	Early Years Inspectorate 2 nd Floor, Unit 4/5 The Nexus Building Blanchardstown Corporate Park Ballycoolin Dublin 15 D15 CF9K
Inspection undertaken by:	T Nelson and C Harte
Title:	Early Years Inspectors

Authority to Inspect

The Tusla Early Years Inspectorate carries out inspections of Early Years Services under Section 58(J) of the Child Care Act 1991 (as inserted by Section 92 of the Child and Family Agency Act 2013).

Conditions if applicable	Not applicable.
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Description of service

Our Lady's Nursery Ballymun Ltd is a fulltime day care service located in a residential area of Dublin 11 and is registered to provide early childhood care and education to a maximum of 88 children aged 0 to 6 years old, Monday to Friday from 9.00am to 4.00pm. The service, which is one of three services operated locally by the registered provider, operates an Early Childhood Care and Education (ECCE) programme, sessional service from 9.00am to 12.00pm and 9.30am to 12.30pm.

Our Lady's Nursery Ballymun operates from a two-story purpose-built premises and has seven care rooms. On the ground floor is the Baby Room (14 to 20 months old), Toddler Room (23 months to 2.5 years old), Investigators room (2 to 3.5 years old) and Voyagers room (3 to 5 years old). Also on this floor is a cot room off the Baby Room, an office and reception area, the staff canteen and the kitchen. On the first floor is the Innovators room (3 to 5 years old), Explorers room (3 to 5 years old) and Discoveries room (3 to 5 years old). The Innovators room provides sessional care only so operates between 9.00am and 12.00pm. There are meeting rooms and 2 sensory rooms located on this floor. Sanitary facilities are located off each of the care rooms, and further sanitary facilities are available for staff.

There are three fully enclosed outdoor areas, one located off the Baby and Toddler rooms, another off the Investigators and Voyagers Room, and a roof-top outdoor play area available for the first-floor care rooms.

Staffing

There are currently 38 staff employed by the service including the registered provider, two members of the management team, an administrative worker, a caretaker, reception staff member, five kitchen staff, and 27 childcare staff who work directly with the children.

There were 28 adults present on the day of the inspection including two deputy managers, the caretaker, a reception staff member, two kitchen staff, 19 childcare staff.

Methodology

Tusla's Early Years Inspectorate is the independent statutory regulator of early years services in Ireland. The Child Care Act 1991 (Early Years Services) Regulations 2016 define the duty of a registered provider to ensure the safety and well-being of children and to comply with these regulations. This Act also gives Tusla the authority to assess compliance with the regulations. The purpose of regulation in relation to early years services is to ensure that the care, safety, and well-being of children attending such services is upheld. Inspections of early years services are planned based on the following:

- Previous inspection history
- Any information received in relation to the service

The findings on inspection are based on:

- Information obtained through examination of documentation
- Direct observation
- Discussion with relevant staff

This inspection was unannounced and focused on the area of governance, health, welfare and development of child, safety. The inspection may also focus on other areas as required.

The inspection focused on an examination of compliance under Regulation 9(1)(2)(a)(b)(c)(d)(3)(4); Regulation 11(1)(4), Staffing Levels; Regulation 16(1) Records in relation to the Preschool Service; Regulation 19(1)(b) Health, Welfare and Development of child; Regulation 23 Safeguarding the Health, Safety and Welfare of the Child; Regulation 26 (1)(a)(b)(4) Fire Safety Measures and Regulation 28 Insurance. However, on inspection additional non-compliance was identified under Regulation 8 Notification of change in Circumstances. These findings are outlined within the relevant regulations within this report.

A sampling process was used to assess compliance under Regulation 9(1)(2)(a)(b)(c)(d)(4); Regulation 11(1)(4); Regulation 16(1)(h)(i)(j)(k); Regulation 19(1)(b) Health, Welfare and Development of child; Regulation 23 Safeguarding the Health, Safety and Welfare of the Child. As a result, the scope of the inspection included the Baby, Toddler, Investigator, and Voyager rooms and did not include the Discovery, Explorers and Innovators rooms.

Inspection findings are documented in the inspection report which is first issued in draft format to the service with an opportunity to respond to any findings. Where statutory requirements are identified as not being met, the registered provider must demonstrate how they have rectified the non-compliance and will prevent any non-compliance from re occurring. The Corrective Action and Preventive Action plan (CAPA) will be used to inform decisions about compliance with regulatory requirements. Where the registered provider fails to meet the statutory requirements an escalation process may be commenced.

The inspectorate reserves the right to edit responses received for reasons including clarity, completeness and compliance with administrative and legal processes.

The contents of the report are compiled by the inspectorate body.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the management team, staff and children who were present on the day of the inspection.

Part II - Registration and Register

Regulation 8 - Notification of change in circumstances

(1) A registered provider of a pre-school service other than a temporary pre-school service shall, subject to paragraph (3), notify the Agency in writing of any proposed change in the details in relation to the pre-school service contained in the register pursuant to section 58C(2) of the Act or Regulation 7(2) at least 60 days before it is proposed that the change would take effect.

Non-Compliance Information

(1) The registered provider did not submit the required change in circumstance documentation regarding a change in the service opening hours from 9.00am to 4.00pm to 8.30am to 4.00pm.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1) The change of circumstances form was submitted on 30th May 2025 regarding the change of opening hours from 9am to 8.30am and subsequently approved. Change in Circumstances procedures have been written up and kept on wall in service office to ensure staff know how to submit a change of circumstances form when operational changes take place in the nursery.

(2)

Supporting documentation submitted

Evidence of CIC submission, and procedures for CIC

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliance identified under Regulation 8 has been addressed.

Part III – Management and Staff

Regulation 9 – Management and recruitment

(1) A registered provider shall ensure that-

- (a) the service has a designated person in charge and a named person who is able to deputise as required,
- (b) at all times during the period when the pre-school service is being carried on, the designated person in charge or the named person referred to in subparagraph (a) is on the premises, and
- (c) there is a clear management structure in the service that identifies the lines of authority and accountability in the service and the specific roles and responsibilities of each employee and unpaid worker.

(2) A registered provider shall ensure that each employee, unpaid worker and contractor is suitable and competent taking into consideration the nature of the needs of children, including by-

- (a) consideration of references from the person's past employers, if any, and in particular the most recent employer, if any,
- (b) consideration of references from reputable sources in the case of a person who has no past employers,
- (c) consideration of the vetting disclosure received from the National Vetting Bureau of the Garda Síochána in accordance with the Act of 2012 in respect of the person, and
- (d) ensuring, insofar as is practicable, that where a person has lived in a state other than the State for a period of longer than 6 consecutive months, he or she provides police vetting from the police authorities in that state.

(4) A registered provider shall ensure that, without prejudice to the generality of paragraph (2) and subject to paragraphs (5) and (6), each employee working directly with children attending the service holds at least a major award in Early childhood Care and Education at Level 5 on the National Qualifications Framework or a qualification deemed by the Minister to be equivalent.

Compliance Information

- (1)(a) The service had a designated person in charge and two named staff members to deputise as required.
- (b) A review of the roster showed either the person in charge or one of the deputy persons in charge were rostered to be present during the operational hours of the service.
- (c) There was a clear management structure in place, and this was detailed in the service roster.

(2) The following was reviewed:

- The full files of three staff whose files were not reviewed on the last inspection on the 7 October 2024
- Garda Vetting disclosures for 24 staff members whose files were reviewed on the last inspection.
- International police vetting for a staff member which had been outstanding from the last inspection.

The registered provider had completed the following checks:

- (a) One validated written reference was available from a recent past employer.
- (b) Three validated written references were available from a source other than a past employer.
- (c) Garda vetting disclosures had been obtained for twenty-seven staff. However, the service did not adhere to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, requiring services to renew Garda vetting every three years. Please refer to the information outlined under regulation 23 of this report.
- (d) International police vetting was available for a staff member who had lived in a state other than Ireland for more than six months as an adult.

- (4) There was documentary evidence available that the staff member who worked directly with children attending the service held at least a major award in Early Childhood Care and Education at Level 5 or above on the National Framework of Qualifications.

Non-Compliance Information

- (2) (a)(b) There was no documentary evidence available to show that the two references available for a staff member had been considered or checked prior to them commencing employment. Full checks must be completed on references for staff members in order to establish they are appropriate to have access to children.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

Two new references were sourced and verified for the staff member and places on file. As part of the induction process with new employees a checklist was written up to ensure all documents related to Regulation 9 is included in the new employee's file.

Supporting documentation submitted

Verified reference, and file checklist.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliance identified under Regulation 9 has been addressed.

Part III – Management and Staff

Regulation 11 - Staffing levels

(1) Subject to this Regulation, a registered provider shall ensure that there is at all times an adequate number of adults working directly with the children attending the pre-school service.

(4) Subject to paragraph (5), where a registered provider contemporaneously provides-

(a) a sessional pre-school service, and

(b) a full day care service or a part-time day care service, or both, the minimum ratio of adults to children applicable for the duration of the sessional pre-school service in respect of the children attending that service shall be the ratio specified in paragraph (3).

Compliance Information

The registered provider ensured the following:

- (1) On the day of inspection there were an adequate number of adults available to the children attending the service to meet their care needs.
- There were 19 staff available working directly with the 63 children on the morning of the inspection with two management staff available to provide cover where needed.
- (4) The adult to child ratios were maintained correctly throughout the inspection. For example:
- The ratios of each of the rooms was correct when the inspectors completed a count of staff and children in both the morning and afternoon of the inspection.
 - Ratios were maintained during lunch breaks, and staff were available to provide cover.

Part IV – Information and Records

Regulation 16 – Record in relation to pre-school service

(1) A registered provider shall ensure that a record in writing is kept of the following information in relation to the service:

- (a) the name, position, qualifications and experience of the person in charge and of every other employee, unpaid worker and contractor;*
- (b) details of the class of service and the age profile of children for which the service is registered to provide services;*
- (c) details of the adult:child ratios in the service;*
- (d) the type of care or programme provided in the service;*
- (e) the facilities available;*
- (f) the opening hours and fees;*
- (g) the policies, procedures and statements the service is required to maintain in accordance with Regulation 10;*
- (h) details of attendance by each pre-school child on a daily basis;*
- (i) details of staff rosters on a daily basis;*
- (j) details of any medication administered to a pre-school child attending the service with signed parental consent;*
- (k) details of any accident, injury or incident involving a pre-school child attending the service.*

Compliance Information

(1) The registered provider ensured the following:

- (a) Details of the name, position, qualifications, and experience of all staff were maintained within the staff files.
- (b) The service Tusla certificate detailed the class of service and the age profile of children for which the service is registered to provide services. This was displayed in the hallway of the service.
- (c) The service policy document outlined the adult: child ratios.
- (d) The service policy document outlined the type of care or programme provided.
- (e) The service policy document outlined the facilities available within the service.
- (f) The hours and fees of the service were displayed in the hallway of the service.
- (g) The registered provider maintained all the policies required in accordance with Regulation 10.
- (i) A record was maintained of the staff roster which was reflective of the staff present on the day.

(k) Following a review of a sample of 21 records, the registered provider ensured a full record in writing was maintained for accident and incidents.

Non-Compliance Information

(1) The registered provider did not ensure the following records were sufficiently maintained:

(h) The system for recording the attendance of children did not consistently record the arrival and departure time of the children. The risk associated with this is detailed in the non-compliance under Regulation 23.

(j) A full record in writing with signed parental consent for the administration of medication was not maintained. From a sample of 15 records, the following was observed:

- Three records did not have the signature of a second staff member witnessing the administration of the medication.
- One record did not have a parent's signature.
- Four records did not detail the child's full name.

A full record with the child's full name, details of two staff who administer the medication, and an acknowledgment of the administration by the parent must be maintained in order to accurately account for safe administration practice and prevent miscommunication on the administration of medication.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (h) The registered provider will ensure that all parent sign in sheets will be signed and checked by the Lead Educator on arrival and departure each day. Following a meeting; staff were told that it is their responsibility to ensure the parents sign their child in and out each day. The arrival and collection policy was shared with staff. Deputy managers will check the signed, sign in sheets at the end of each week to ensure they are filled in correctly. Lead educators were told to carry the sign in sheets with them when going to outdoor area.
- (j) The service will ensure the lead educators from each room will check medicine permission forms at the end of each day to ensure they are completed fully. Following a meeting with the Lead educators of each of the childcare rooms, the importance of filling Medicine permission slips in correctly was explained to staff.

Supporting documentation submitted

- (h) Copy of the Arrival and Collection policy, minutes of staff meeting
- (j) Minutes of staff meeting

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified under Regulation 16 have been addressed.

Part V - Care of Child in Pre-school Service

Regulation 19 - Health, welfare and development of child

(1) A registered provider shall, in providing a pre-school service, ensure that-

(b) appropriate and suitable care practices are in place in the pre-school service, having regard to the number of children attending the service and the nature of their needs.

Compliance Information

(1)(b) The registered provider ensured the following:

- Children were observed to have the freedom to move throughout their care environment. This included access to the outdoor play environment on more than one occasion in the day.
- Children were provided with suitable outdoor clothing to allow for a comfortable outdoor play experience in inclement weather and water play. After outdoor play, children were changed into dry clothing when required.
- Age-appropriate toys and equipment were observed to be available across the rooms.
- Staff were observed to be responsive and meet the needs of the children in a warm and sensitive manner.
- Children had access to drinks throughout the day, and meal times were observed to be regular.
- Nappy changing was scheduled to be regular and timely.
- Staff were observed to use appropriate strategies to support children's behaviour such as running commentary, clear instruction, providing alternative equipment when conflict arises and distraction.

Non-Compliance Information

(1)(b) The registered provider did not ensure the following:

1. Adequate food was not provided to a child. An alternative meal was not offered to a child who did not like the meal that was offered. The child was not observed to have a hot meal on the day of the inspection. Further discussion with staff, and a review of the service policy identified there were no

procedures in place to provide for adequate nutritious alternative meals. Children require a varied selection of food from across the food groups on a daily basis.

2. There was no evidence or documentation in place to record and track what the children have eaten. This was not in line with the service policy which states parents will be advised on what their child eats each day. A record of what the child has eaten should be maintained to track and ensure that a child's nutritional needs are being met.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1. A meeting was held with the lead educators and staff who were told that if children do not eat the dinner provided a choice would be offered. The service ensure additional food will be stored in the fridge which every room has access to. Staff have been given training on healthy eating and the healthy eating policy was updated.
2. The service has reviewed the communication used to pass on information regarding mealtimes. They report they have placed a white board in baby and toddler room with children's names on which informs parents what children ate.

Supporting documentation submitted

1. Health eating policy, staff sign off on policy.
2. Photographic evidence.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified under Regulation 19 have been addressed and will reviewed on the next inspection.

Part VI - Safety

Regulation 23 - Safeguarding health, safety and welfare of child

A registered provider shall ensure that all reasonable measures are taken to safeguard the health, safety and welfare of a pre-school child attending the service and that the environment of the service is safe.

Compliance Information

The registered provider ensured the following measures were in place to safeguard children:

General Safety:

- The entrance to the service was secured by an electronic door release system which was managed and monitored by staff.

- Internal doors had a high handle out of reach of children which restricted their unauthorised movement out of the care rooms.
- Cleaning products were observed up high out of reach of children.
- Cables were observed to be secured out of reach of children.

Infection Control:

- Children's soothers were observed to be stored in individual labelled containers.
- Children were supported to handwash after outdoor play and before meals.

Safe Sleep:

- A log was maintained where the colour, breathing and position of sleeping children was checked every ten minutes.

Non-Compliance Information

General Safety:

1. There was inadequate supervision of children in the outdoor play area. A large dog on the public pathway outside the service was observed to come to the fence with their snout through the gap in the fence. Children were observed to attempt to touch the dog, and staff did not intervene to restrict this engagement. This was not in line with the service policy on outdoor play which stated staff will be vigilant in the outdoor play area. Children should not have access to dogs on the public pathway outside the service, this posed a potential risk of serious injury to children.
2. Garda vetting was available for a staff member. However, this vetting disclosure was not dated within the previous three years in adherence to with the Early Years Inspectorate Regulatory Notice 'EYI-RN12.3 Renewal of Garda Vetting'. This was identified as a non-compliance on the previous inspection held on the 7 October 2024 and actions put in place failed to prevent a recurrence.

Infection Control:

The following increased the potential risk of infection:

3. In the Investigators room, the seal where the flooring met the wall was damaged leaving a gap by the doorway into the room and the doorway to the sanitary area. This gap had a build-up of dirt and debris and could not be effectively cleaned.
4. There was no warm water available in any of the sinks used by staff and children. This reduced effective handwashing. It is acknowledged that management were aware of this issue and a plumber was scheduled to attend the service on the 3 June 2025.

5. Nappy creams were not stored clearly labelled in the sanitary area between the Baby and Toddler room. A box containing six nappy creams had only two creams labelled, and only three of the four creams stored on the internal window ledge were labelled. There was potential the wrong cream would be used on a child thereby risking cross contamination.
6. The swing bin in the sanitary area between the Investigators and Voyagers rooms was not a suitable means of waste disposal in a sanitary area as it required repeated hand touch. This was identified as a non-compliance on the previous inspection held on the 7 October 2024 and actions put in place failed to prevent a recurrence.
7. The child sized sofas in both the Investigators and Voyagers rooms were damaged and torn leaving unsuitable surfaces for effective cleaning.
8. The bedding used by the children in the Toddler room was not stored individually but was stored rolled up by the side of a storage press. This posed a risk of cross contamination.

Administration of Medication:

9. There was no documented care plan available for a child on a specific medication. This was not in line with the service policy or safe practice on the administration of medication. Clearly documented instructions must be available in order to provide clear procedures on when and how to administer medication.

Safe Sleep:

10. Sleep practices were not in line with current safe sleep guidance. The following practices were observed:
 - A child under 2 years old was allocated a stackable bed for sleep time. This is not suitable sleep equipment for a child less than two years old. This was not in line with the service policy on safe sleep which stated all children under two years will have access to a standard cot or suitable sleep facilities.
 - Although it is acknowledged there was an agreed sleep plan available with parental permission for this child, there was no risk assessment in place. A sleep plan, incorporating a risk assessment, should be completed before moving a child from a cot to a suitable floor bed.

Children under two years old who move from a cot must be provided with suitable sleep equipment in a risk assessed environment in order to minimise the potential risks associated with moving from a cot to a bed.

Fire Safety:

11. The details of the attendance of the children were not accurately recorded in the attendance sheet. The following was observed:

- Children were signed in by parents with no time of arrival or departure recorded.
- A child was not accounted for in one of the care rooms.
- Staff reported that these sheets are used for fire drills.
- Staff reported that an additional log is maintained and is completed at the end of the day with the sign in and out times however this is not contemporaneous.

Contemporaneous accurate attendance logs must be maintained to support the safe evacuation of children in an emergency.

12. The hallway by the Baby and Toddler was used as storage for chairs. This partially obstructed the hallway which could potentially impede the safe evacuation of children in the case of an emergency.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. Safety in the outdoor area was discussed at a team meeting with the lead educators, and the outdoor policy was reviewed and to be shared with all staff. This issue was raised at the service board meeting on 19th June and the board of management agreed to enclose the downstairs play area with a suitable enclosure. The manager is in the process of approaching companies and getting costings to secure the outdoor railings to secure the safety of children from the public.
2. The updated Garda Vetting was applied for. To ensure this won't happen again the service have set a reminder on their calendar when updates are due.

Infection Control:

3. Floor adhesive was used to glue the area of flooring that was damaged. Staff were asked to risk assess all areas of the flooring in their rooms weekly and any risks identified to be logged into the caretaker's journal for fixing. When jobs are complete the caretaker needs to sign off and date.
4. Engineers were called to the service on 30th May, and a new boiler was installed. The water issue is now resolved.

5. Lead educators are responsible to ensure all creams are clearly labelled and child's name is clearly marked on each cream. Information was shared to staff at a staff meeting to ensure that all creams/medication are stored correctly and clearly marked with child's name.
6. Three new pedal bins were purchased, and all non-pedal bins were removed from toilets and changing areas. All staff including cleaner and caretaker were asked to risk assess the toilets daily and a sign is displayed reminding staff to use the correct bins.
7. Child sofas were removed from both rooms. Staff were asked to risk assess their rooms weekly and any risks identified needs to be logged into the caretaker's journal for fixing. When jobs are complete the caretaker needs to sign off and date.
8. Bags were purchased for each bed. Each bed now has its own bag with child's name clearly marked on them. The service has included this in their sleep policy that each bed has its own bag and should be clearly marked with child's name.

Administration of Medication:

9. A suitable care plan was developed for the child. Medicine policy and associated documents were reviewed and updated to ensure that a medical care plan is to be completed for children on specific medication. These will be clearly available in rooms for all staff to access and read. A calendar reminder was set up to review relevant policies.

Safe Sleep:

10. The service report training was given to all staff on safe sleep practice and management reviewed policies to ensure they are in line with safe sleep practice. A risk assessment was developed and is now displayed in the care room. The risk assessment is to be reviewed monthly by the lead educator, the team and management and the sleep policy to be reviewed at staff meetings.

Fire Safety:

11. Staff were reminded at a staff meeting to ensure that parent's sign their children in and out at the correct time. The arrivals and collection policy was shared with all staff. Lead educators will check the signed sheets daily to ensure they reflect a true picture of what happened that day.
12. The baby chairs were removed from hallway. Alternative suitable stage was found.

Supporting documentation submitted

General Safety:

1. Minutes of staff meeting, outdoor policy sign-off by staff.
2. Copy of renewed vetting.

Infection Control:

3. Caretaker log, photographic evidence.
4. Evidence of new boiler installation.
5. Minutes of staff meeting, photographic evidence.
6. Minutes of staff meeting, photographic evidence.
7. Caretaker log, photographic evidence.
8. Photographic evidence, sleep policy.

Administration of Medication:

9. Care plan, Minutes of staff meeting, updated documentation, photographic evidence.

Safe Sleep:

10. Safe sleep policy, risk assessment, minutes of staff meeting.

Fire Safety:

11. Minutes of staff meeting, copy of Collection and Arrivals policy, staff sign off on policy.
12. Photographic evidence.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified under Regulation 23 have been adequately addressed.

Part VI - Safety

Regulation 26 - Fire safety measures

- (1) A registered provider shall ensure that a record in writing is kept of-*
- (a) any fire drill that takes place in the premises, and*
 - (b) the number, type and maintenance record of firefighting equipment and smoke alarms in the premises.*
- (4) A notice of the procedures to be followed in the event of fire shall be displayed in a conspicuous position in the premises.*

Compliance Information

The registered provider ensured the following:

- (1)
- (a) A record of fire drills was available for the service with the last drill dated as having been carried out on the 13 May 2025.
 - (b) An up-to-date maintenance record was available for the fire extinguishers and smoke alarms in the premises. The fire extinguishers were serviced in May 2025, and the smoke alarms were maintained on the 29 April 2025.
- (4) A procedure to be followed in the event of a fire was on display in each of the care rooms.

Part VI - Safety

Regulation 28 - Insurance

A registered provider shall ensure that the pre-school service is adequately insured.

Compliance Information

There was documentary evidence available which showed the service was insured for the class of service and number of children it was registered to provide care for, with an expiry date of 27 March 2026.