

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Rushmore Nursing Home
<b>Centre ID:</b>	0381
<b>Centre address:</b>	Knocknacarra Galway
<b>Telephone number:</b>	091 523257
<b>Fax number:</b>	0910554175
<b>Email address:</b>	rushmorenursinghome@eircom.net
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered providers:</b>	Rushmany Nursing Home Ltd
<b>Nominated contact person</b>	Sharon Conlon
<b>Person in charge:</b>	Bogusława Grzyb
<b>Date of inspection:</b>	20 July 2011
<b>Time inspection took place:</b>	<b>Start:</b> 10:45 hrs <b>Completion:</b> 14:30 hrs
<b>Lead inspector:</b>	Finbarr Colfer
<b>Support inspector:</b>	N/A
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

Rushmore Nursing Home was originally a two-storey domestic house and converted for use as a residential centre for older people in the early 1970s. It is a family run business and was purchased by the current provider in 1988. Two single-storey extensions were added in March 1996 and November 1998. There are places for 28 residents providing long-term, palliative, respite and short-term care. At the time of inspection, there were 25 residents over the age of 65 living there, including some residents with dementia.

The dining room, kitchen, visitors' room, oratory and the majority of residents' bedrooms are all located in the single-storey section of the building. The entrance door is fitted with a call bell and leads to a small reception area where the nurses' station is located. The nurses' station is also used by the provider as an administration office.

Communal accommodation comprises of a day-room, a dining room and separate visitors' room. The kitchen is adjacent to the dining room and the day-room is directly opposite the dining room. A small seating area is located approximately half way down the main corridor.

There are twenty bedrooms in total, twelve single bedrooms and eight two-bedded rooms. Three single and one two-bedded room are located on the first floor with the remaining nine single and seven two-bedded rooms on the ground floor. During February and March 2010 renovations were undertaken to the bedrooms and assistive bathroom on the first floor. The bedroom sizes were increased in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* and new bedroom furniture was also provided. A chairlift is available to transport residents between the ground floor and first floor, if required.

Seven single bedrooms and two two-bedded rooms have en suite shower, toilet and hand-washing facilities. The remaining bedrooms have hand-washing sinks provided. There are two assistive bathrooms - one on each floor with a bath, toilet and hand-washing facilities for residents' use only. The ground floor assistive bathroom also has a shower. An additional toilet for residents and visitors' use is also provided on the ground floor. There is a separate staff toilet for both catering and non catering staff in a portacabin at the rear of the centre.

The centre has an enclosed outdoor space with seating and a decorative water fountain. There are two entrances, the main entrance is off the Knocknacarra Road while the rear entrance for staff use only is through a cul de sac off the Upper Salthill Road.

The centre is wheelchair accessible. Limited car parking for relatives, staff and visitors is available to the front and some additional parking for staff is available at the rear of the centre.

## Location

Rushmore Nursing Home is located in Knocknacarra, Co. Galway, approximately three miles from Galway city centre.

<b>Date centre was first established:</b>	1 January 1990
<b>Number of residents on the date of inspection:</b>	25
<b>Number of vacancies on the date of inspection:</b>	3

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	0	9	8	8

## Management structure

The Providers are Rushmany Nursing Home Ltd trading as Rushmore Nursing Home. The directors are Sharon and Michael Conlon, and Sharon Conlon is the designated contact person for the Provider. The Person in Charge is Boguslawa Grzyb who took up this position in June 2011. The Person in Charge is supported by a team of staff nurses and care assistants who report directly to her. In her absence a senior nurse deputises as Person in Charge. Catering and housekeeping staff also report directly to the Person in Charge. Maintenance work is the responsibility of Michael Conlon.

<b>Staff designation</b>	<b>Person in Charge</b>	<b>Nurses</b>	<b>Care staff</b>	<b>Catering staff</b>	<b>Cleaning and laundry staff</b>	<b>Admin staff</b>	<b>Other staff</b>
<b>Number of staff on duty on day of inspection</b>	0	1	4 (am) 3 (pm)	2	1	0	2*

\* Sharon and Michael Conlon

## Background

This was the third inspection of Rushmore Nursing Home. The first inspection was a Registration inspection on 23 and 24 March 2010. The second was a follow up inspection on 16 September 2010. Both of these inspection reports can be found on the Authority's website [www.hiqa.ie](http://www.hiqa.ie).

Areas of non-compliance with the legal requirements were identified on each inspection and included in the action plan in the inspection reports. While the provider made progress addressing some of these actions, the registration deadline was extended because the provider had not ensured the appointment of a fit person in charge and there was a delay in obtaining and providing a letter from a competent person stating that the premises were in substantial compliance with the fire and building control regulations. This letter was received by the Authority in December 2010.

The provider initially planned to develop a management training plan for the person in charge but then informed inspectors that she would be recruiting a new person in charge. The provider informed the Authority that the new person in charge had been appointed on 6 June 2011. The new person in charge was a nurse who had worked in the centre for almost three years.

This purpose of this unannounced follow up inspection was to verify that the actions the provider stated would be taken in the previous action plan had been implemented. These included the implementation of a risk management policy, improvements to the premises to meet the requirements of the Regulations, management of accidents, review of the service to improve the safety and quality of care, social activities for residents, complaints management, staff training and staff files.

The newly appointed person in charge was on annual leave during the inspection, so arrangements were made for the following week to conduct the fit person interview. During the interview, the person in charge presented as knowledgeable about the Regulations and Standards. The inspector confirmed that she had the required three years experience in the previous six working in elderly services and was a qualified nurse registered with An Bord Altranais.

## Summary of findings from this inspection

The inspector found that the provider had made substantial progress on the actions identified during the previous inspection, but some of them required further improvement. For example, the provider had completed actions in the areas of the appointment of a person in charge, the provision of dedicated hours for the person in charge to perform her management and administration function, fire training for staff, activities for residents and ensuring that staff were familiar with operational policies. Progress had been made on other actions such as the risk management process and the review and auditing of the safety and quality of life of residents but further improvements were required. However, sufficient progress had not been made in relation to infection control, deficits in the physical environment, staff files and the complaints process.

These items are discussed in the body of the report and are included in the Action Plan at the end of this report.

### Actions reviewed on inspection:

#### 1. Action required from previous inspection:

Ensure all staff receive suitable training in fire prevention, fire procedures and in evacuation.

Provide written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

This action had been completed.

The inspector reviewed confirmation of fire training from an external agency which included the staff member who had not had the training on the previous inspection. The provider had made arrangements for all staff to receive fire training annually. Fire training had been provided on 28 June 2011 and further training was planned for 8 September 2011.

The provider had submitted a letter to the Authority from a competent person stating that the centre was in substantial compliance with the fire and building control regulations, as required by the Regulations.

#### 2. Action required from previous inspection:

Ensure that the person in charge can engage in the governance, operational management and administration of the centre on a regular and consistent basis.

The provider stated that she had allocated specific hours to the person in charge to attend to her management and administration duties. The person in charge confirmed this, stating that she had eighteen hours per week dedicated to her management role. She stated that she currently found this adequate and that the provider had told her if she required further hours, these would be arranged.

### **3. Action required from previous inspection:**

The provider must give notice in writing to the Chief Inspector of the change in person in charge.

This action had been completed.

A new person in charge had been appointed in June 2011. The provider had notified the Authority of the change, as required.

However, the required quarterly notifications had not been submitted for 2011. The provider stated that she misunderstood a letter received from the Authority. The letter had reminded providers about the requirement to notify the Authority of serious incidents immediately. The provider stated that she understood that this meant she did not need to submit quarterly reports. She had submitted quarterly reports for 2010 and would recommence submitting them again.

### **4. Action required from previous inspection:**

Maintain the risk management policy on the centre for inspection purposes.

Provide grab rails to the assistive bath.

This action had been partially completed

The inspector reviewed the risk management policy. It contained details of the responsibilities for risk management, directions on how to identify and analyse risks and a requirement to collate the risks and develop a management plan. However, it did not contain all of the specific items required in the Regulations such as self harm and assault.

The risk management folder contained a risk analysis of the environment and of work practices and contained instructions on the measures to control the risks identified. The risks were reviewed annually, and the inspector saw the recent review of a number of the risk areas.

However, the provider had not assessed staff compliance with the measures to control risk and had not included this in her annual review. She therefore had no evidence that the guidelines were being adhered to or whether they were effective or not.

Grab rails had been installed in the bathroom upstairs.

**5. Action required from previous inspection:**

Provide adequate sluicing facilities.

Discontinue the use of shared hand towels in the residents' toilets and assistive bathroom.

This action had been partially completed.

Paper towel dispensers had been installed in bathrooms and beside wash-hand basins in the corridors.

However, bath towels were hanging from towel rails in the bathrooms. The provider stated that they were there for decorative purposes.

Adequate sluicing facilities had not been provided. The sluicing sink continued to be located next to the washing machine and dryer. In addition, the safety of residents had not been protected in the laundry/sluice room. The door was open during the inspection and residents, particularly those with a cognitive impairment, could gain easy access to soiled or infected laundry. This increased the risk of cross infection considerably. There was also a clinical waste bin located in the laundry/sluice room and it contained used latex gloves and other materials. Residents could get easy access to this bin and it posed a particular threat to the safety of confused residents.

The provider stated that she planned to reduce the bed numbers by two and convert one of the twin bedrooms to a laundry area, providing adequate space for sluicing in the current laundry. She stated that she hoped this would be in place by October 2011 as stated in the previous action plan but had not taken any measures to implement this as yet.

**6. Action required from previous inspection:**

Ensure the premises are kept in a good state of repair.

This action had been completed.

The carpets on the stairs and landing on the first floor, and on the older section of the ground floor had been replaced. One of the directors of the company was touching up the paint work during the inspection. The premises was fresh smelling, nicely decorated and had domestic furnishings and ornaments.

**7. Action required from previous inspection:**

Ensure the size of rooms occupied or used by residents are suitable for their needs.

Provide adequate storage space for equipment.

Provide laundry facilities of adequate size. Provide sufficient space to sort, dry and store laundry, to segregate clean and soiled laundry and to iron residents' clothing.

This action had not been completed.

The provider stated that work had not commenced on the physical environment. In the initial inspection report she had stated that works would be completed by April 2011. In the most recent report she had given October 2011 as a completion date. The planned works involved a reconfiguration of the internal arrangements in the building and she stated that this did not require planning permission. She stated that she still intended to complete the work by October 2011, but had not commenced at the time of inspection.

#### **8. Action required from previous inspection:**

Put in place arrangements for the identification, investigation and learning from serious or untoward incidents or adverse events involving residents.

This action had not been completed.

Accidents and incidents were being recorded in a log book. The reports included information on the accident, the time and date and action taken in response to the accident. The provider had reviewed and signed individual reports but had not reviewed all of the reports to identify trends and inform learning.

The inspector reviewed the falls for the last quarter of 2010 and found there had been six falls, four of which had occurred between 4.00 am and 6.15 am. The provider had not considered this information and had not identified why the falls were occurring at this time.

However, the provider had started to review information on other aspects of the service. A weekly data sheet had commenced two weeks prior to the inspection which gathered information on such items as use of restraint, pressure ulcers and falls. This information had not yet been used to inform management decisions. An audit of the medication process had been undertaken by a nurse and a pharmacist but the provider stated that the pharmacist had not yet returned the report. The provider had also reviewed the provision of meals and the inspector saw minutes of a staff meeting where the results were discussed with staff.

#### **9. Action required from previous inspection:**

Provide an activities programme based on residents' assessed interests and capabilities. Put in place a social care plan for all residents.

This action had been completed.

The inspector interviewed the care assistant with responsibility for activities. She had participated in training on activities and elder care. She showed the inspector assessments which had been carried out with residents or with their representatives. The assessments gave a brief account of the occupation of the resident prior to being admitted to the centre. They also recorded the hobbies and interests of residents and their preferences about daily routines.

A programme of group and individual activities had been developed based on the information collected by the care assistant. The inspector reviewed the records which included information on residents who had a cognitive impairment. The records noted the activities that the resident used to enjoy, what had been tried and what they currently enjoyed. For example, a resident who had a background in finance enjoyed doing maths problems and this was facilitated. There were regular Sonas sessions for residents (a programme which promotes communication through stimulation of the five senses). Ten residents had participated in the most recent session and the care assistant had recorded the outcome for each resident.

Prior to residents participating in activities, the care assistant spoke with nursing staff and documented an assessment of the resident's ability to participate and identify any safety issues that may arise. These assessments also included information on residents who had changing moods and provided guidelines to staff on when to engage with the residents.

**10. Action required from previous inspection:**

Ensure that all required information is obtained in respect of persons employed as specified in Schedule 2 of the Regulations.

This action had not been completed.

The inspector reviewed the file of a staff member who had been recruited in January 2011. Most of the required documents to promote the recruitment of staff who are suitable for the post, such as Garda Síochána vetting and three references had been obtained. However, there was no evidence of mental and physical fitness for the post other than a self declaration and the provider had not ensured that the file contained an explanation of gaps in the employment history.

**11. Action required from previous inspection:**

Ensure all staff are familiar with such policies and procedures and that they guide staff members' practice.

This action had been completed.

Staff told the inspector that they were required to read the policies and that they had signed the front of the policies when they finished reading them. They were also able to tell the inspector about policies that were relevant to their work. The inspector confirmed that staff were signing the front of each policy as they had read them.

**12. Action required from previous inspection:**

Ensure that the nominated person maintains a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

Clearly outline the independent appeals process in the complaints procedure and include details of the independent nominated person.

This action had not been addressed.

The complaints procedure had not been amended. The procedure did not name the staff member responsible for dealing with complaints, the person responsible for reviewing complaints or the named independent appeals person.

The inspector reviewed the complaints log and found that detailed records of the dissatisfaction of the complainant were maintained. The logs also recorded the action taken in response to the complaint, a review of the complaint by the provider and the outcome. However, the logs did not record whether the complainant was satisfied with the outcome or not.

**Report compiled by:**

Finbarr Colfer

Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

22 July 2011

<b>Chronology of previous HIQA inspections</b>	
<b>Date of previous inspection:</b>	<b>Type of inspection:</b>
23 and 24 March 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
16 September 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

## Provider's response to inspection report \*

<b>Centre:</b>	Rushmore Nursing Home
<b>Centre ID:</b>	0381
<b>Date of inspection:</b>	20 July 2011
<b>Date of response:</b>	23 August 2011

### Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

#### 1. The provider has failed to comply with a regulatory requirement in the following respect:

The risk management arrangements had not adequately addressed the risk of infection in the centre. Risks identified included:

- infection risks to residents due to easy access to the laundry/slucie room
- risk of cross infection due to the location of laundering and sluicing facilities close together in a confined space
- easy access to a clinical waste bin in the laundry/slucie room.

#### Action required:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

<b>Reference:</b> Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The door of entry is being replaced and in addition a key pad enabling staff only to enter is being put in place.  Each risk will be assessed individually in this area of concern. All staff will be made aware of risks and sign that they understand and are aware of same.	19/09/2011  26/08/2011

<p><b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>There were a number of deficits in the care environment which had been identified on previous inspections but had not been resolved. These included:</p> <ul style="list-style-type: none"> <li>▪ inadequate space for the processing of laundry and for sluicing</li> <li>▪ availability of communal space was unsuitable to meet the needs of residents</li> <li>▪ inadequate storage space</li> </ul>
<p><b>Action required:</b></p> <p>Ensure the physical design and layout of the premises, including the laundry, meets the needs of each resident, having regard to the number and needs of the residents.</p>
<p><b>Action required:</b></p> <p>Provide the necessary sluicing facilities.</p>
<p><b>Action required:</b></p> <p>Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.</p>
<p><b>Action required:</b></p> <p>Make suitable provision for storage in the centre.</p>

<b>Reference:</b> Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  These four actions all connect and will be completed at the same time. This has at present been delayed due to financial constraints. However, it is important to note that considerable and costly work has been completed to date and is on-going. For example shortly, (2/52) the boiler is being moved. This includes a total refurbishment of one bathroom. Whilst it was initially stated that works would be completed by November 2011, it is now planned to commence these four actions in June 2012.	August 2012

<b>3. The provider has failed to comply with a regulatory requirement in the following respect:</b>  The provider was not reviewing and auditing events such as accidents to inform learning.	
<b>Action required:</b>  Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.	
<b>Reference:</b> Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Auditing of events will coincide with the three-monthly reporting agenda. This will include identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.	31/10/2011 and three-monthly

**4. The provider has failed to comply with a regulatory requirement in the following respect:**

The risk management policy did not contain all of the specific items required in the Regulations.

**Action required:**

Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

**Reference:**

Health Act, 2007  
Regulation 31: Risk Management Procedures  
Standard 26: Health and Safety  
Standard 29: Management Systems

**Please state the actions you have taken or are planning to take with timescales:**

**Timescale:**

Provider's response:

The risk management policy will include the precautions in place to control the following specified risks:

- the unexplained absence of a residents
- assault
- accidental injury to residents or staff
- aggression and violence
- self harm

01/09/2011

**5. The provider has failed to comply with a regulatory requirement in the following respect:**

Although the provider had started to gather information to review the safety of care and the quality of life, this had not been used to inform management decisions and improve the safety of care and quality of life for residents.

**Action required:**

Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

**Reference:**

Health Act, 2007  
Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The Provider will establish and maintain a system for improving the quality of care provided, to include the quality of life of residents in this care centre.</p>	01/09/2011

<p><b>6. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The complaints procedure did not meet the requirements of the Regulations and the complaints logs did not consistently record the satisfaction of the complainant with the outcome of the complaints process.</p>	
<p><b>Action required:</b></p> <p>Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.</p>	
<p><b>Action required:</b></p> <p>Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 39: Complaints Procedures  Standard 6: Complaints</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The complaints procedure contains an independent appeals process and this is included in the centre's policies and procedures – the name of the independent person available in the appeals process is now included in the complaints procedure. All records of complaints will include whether or not the resident was satisfied following the investigation</p>	22/08/2011

**7. The provider has failed to comply with a regulatory requirement in the following respect:**

The staff files did not contain all of the required information set out in the Regulations.

**Action required:**

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.

**Reference:**

Health Act, 2007  
Regulation 18: Recruitment  
Standards 22: Recruitment

**Please state the actions you have taken or are planning to take with timescales:**

**Timescale:**

Provider's response:

All new staff will have a certificate from their GP to state their fitness to work, including all other documentation as specified in Schedule 2 of the Regulations.

22/08/2011

**8. The provider has failed to comply with a regulatory requirement in the following respect:**

The provider had not been submitting the quarterly notifications to the Authority, as required by the Chief Inspector.

**Action required:**

Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre any incident that the Chief Inspector may prescribe.

**Reference:**

Health Act, 2007  
Regulation 36: Notification of Incidents  
Standard 29: Management Systems  
Standard 30: Quality Assurance and Continuous Improvement  
Standard 32: Register and Residents' Records

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>A written report will be provided to the Chief Inspector at the end of each quarter of the occurrence of non-occurrence of any incident within this centre.</p>	<p>31/08/2011 and three-monthly</p>

**Any comments the provider may wish to make:**

**Provider's response:**

At Rushmore we endeavour to continue to provide a person-centred service to our residents. This includes welcoming change that enhances the service and promotes good care.

**Provider's name:** Sharon Conlon

**Date:** 25 August 2011