

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Donore Nursing home
Centre ID:	0032
Centre address:	Sidmonton Road
	Bray
	Co. Wicklow
Telephone number:	01 2867348
Fax number:	01 2867348
Email address:	Donore_09@yahoo.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Brecon Care Ltd
Person in charge:	Maria Balanquit
Date of inspection:	20 April 2011
Time inspection took place:	Start: 09:00 hrs Completion: 13:40 hrs
Lead inspector:	Angela Ring
Support inspector:	Aileen Keane
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<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

Donore Nursing Home is a three-storey Victorian house which has 26 residents, most of whom are over 65 years, have a history of mental health illness and were previously living in a psychiatric hospital. There are two living rooms, a dining room, treatment room and a smoking room. Bedroom accommodation consists of five single rooms, four twin rooms, three three-bedded rooms and one four-bedded room, none of which have ensuite facilities. There are three assisted bathrooms, four toilets and a staff and visitors' toilet on the ground floor. Outside there is a sluice, laundry and storage sheds. There is a small patio area with seating to the rear of the centre. Access to the garden area is up a wheelchair accessible ramp with handrails. Parking is available on the street outside the centre.

Location

Donore Nursing Home is on a residential road, near Bray town, County Wicklow, with a view of the sea.

Date centre was first established:	1948
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	3

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	4	6	13

Management structure

John Griffin is the person named to act on behalf of the Provider Brecon Care Ltd. He is one of the Directors of the company and is involved in the day-to-day management of the centre. He is present approximately six days a week. The Person in Charge, Maria Balanquit, works full-time and a nurse deputises in her absence. The nursing and care staff report to the Person in Charge, and the cleaner and Chef report to the Person in Charge and the Provider.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1	3	1	1	0	1 Activities

Background

This was an unannounced inspection and the fifth to be carried out by the Authority. At previous inspections during 2010, the provider had been required to make a significant number of improvements and a registration inspection was carried out in December 2010. The purpose of this inspection was to follow up on the findings from the registration inspection the report of which can be found at www.hiqa.ie.

Summary of findings from this inspection

Overall, inspectors found that some improvements had been made since the previous inspection. The provider and person in charge completed four of the actions, partially completed six actions and failed to adequately complete four actions.

Improvements had been made in risk management procedures, staffing levels, premises and quality of life for residents. There was evidence of the provider investing in the centre by purchasing new furniture and hand towel dispensers and investing in a new call bell system which had yet to be installed. The person in charge had been holding staff meetings to improve communication and to encourage team building.

Further improvements were required in staffing arrangements, updating the statement of purpose, reviewing the centre's policies, submitting notifications, staff training and records, provision of activities, and care planning. These areas for improvement are detailed in the Action Plan at the end of the report.

Issues covered on inspection

Notification of Incidents

Inspectors found that the person in charge did not fully understand the requirements in place to notify the Authority of incidents particularly in relation to quarterly notifications.

Maintenance of Records

Inspectors found that information about residents was displayed in a public place which compromised their right to confidentiality and privacy.

Volunteers

Inspectors found that a volunteer was working on occasion in the centre to gain work experience while completing Further Education and Training Awards Council (FETAC) Level 5. There was a file for this person with proof of identity and the person in charge explained that Garda Síochána vetting was being process. However, there was no evidence of this person's role and responsibilities being set out in a written agreement between the centre and the individual as required by the Regulations.

Fire Management Procedures

Inspectors spoke with one member of staff who had been working in the centre for seven months who had not received fire training. The staff member explained the procedures she would follow in the case of fire as this had been discussed with her on induction and this was verified when inspectors reviewed this staff member's file. Inspectors found that the training matrix used by the person in charge had not been updated to identify the number of staff who had not received fire training.

Actions reviewed on inspection:

1. Action required from previous inspection:

Ensure that at all times the numbers of staff and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the centre.

Review all health and safety practices relating to residents, staff and visitors.

This action was not completed.

There were only two full-time nurses to support the person in charge and to deputise in her absence. The remainder of nursing staff were employed on a temporary basis and were also employed in other centres.

The provider and person in charge explained that they were actively recruiting an additional full-time nurse. Staff and residents spoken to said that there was adequate staff on duty and the nurse explained that there was more emphasis placed on supervising residents in the day room. The care assistants explained that laundry duties were carried out in the afternoon by a care assistant and this task was not completed at night to ensure night staff were available to care for and supervise residents.

2. Action required from previous inspection:

Make all necessary arrangements by training staff or by other measures, which are aimed at preventing residents being harmed or suffering abuse.

This action was partially completed.

Several staff attended training on the prevention, detection and response to elder abuse since the previous inspection. Although the staff spoken to knew to report suspected abuse to their manager, inspectors found that there were a small number of staff who had not yet received training. Therefore, inspectors were not assured that all staff had adequate knowledge as they had not received training. Again, inspectors found that the training matrix used by the person in charge had not been updated to identify the number of staff who had not received training on the prevention, detection and response to elder abuse and there were no plans in place to provide this training.

3. Action required from previous inspection:

Put a system in place for reviewing the quality and safety of care provided to, and the quality of life of, residents in the centre at appropriate intervals and improving the quality of care provided at, and the quality of life in the centre.

This action was partially completed.

Inspectors spoke with the person in charge and the nurse and reviewed a number of documents. There was evidence of weekly collection of data on key quality indicators such as the number of falls, complaints and the use of antibiotics and psychotropic drugs. They explained to inspectors that this information assisted them to keep updated on all issues in the centre. Inspectors found that this initiative was at an early phase and the data collected had yet to be fully analysed to determine trends and to identify areas for improvement.

4. Action required from previous inspection:

Ensure the risk management policy is implemented throughout the centre and all identified risk assessments are carried out.

Put a procedure in place to maintain accurate records of the precautions in place to control the risks identified.

Put procedures in place systems for staff to learn from incidents to identify the root cause and implement measures to prevent it from reoccurring.

Put in place a centre specific emergency plan for responding to emergencies.

This action was partially completed.

Overall, inspectors found that risk management practices had improved. There was a newly developed safety statement which was centre-specific and addressed the potential areas of risk in the centre. Incidents such as falls were recorded and there was evidence of analysis being carried out to determine the root cause - preventative measures were being taken to prevent its reoccurrence. There was also a review of the resident carried out 24-hours after each incident to monitor their condition. The person in charge and nurse explained that falls were discussed at handover with staff and this was verified by staff. There was evidence of residents being assessed by medical practitioners following a fall and their medication being reviewed. Smoking risk assessments and care plans were developed for residents who smoked, to ensure their safety. Clinical risk assessments were completed on malnutrition, pressure ulcers, falls pain and depression and these were reviewed every three months.

However, inspectors found that there were potential risks associated with building work that was being carried out to the side of the centre. Tools and chemicals were left on the ground outside and were therefore accessible to residents. The provider assured inspectors that the building work would be completed by the end of the week, residents were not permitted outside unsupervised and the building materials were locked away in the evening. However, inspectors found that it was possible for residents to access this area unsupervised if they wished.

Inspectors reviewed the emergency plan and found that it was not detailed enough to guide staff on the procedures to follow if a full evacuation was required.

5. Action required from previous inspection:

Make all necessary arrangements to ensure formal communication systems are in place with the referring hospital to ensure continuity of care for residents.

This action was completed.

The provider told inspectors that there was improved support and communication with the referring hospital since the last inspection. The majority of residents were admitted from a psychiatric hospital and inspectors found that a Consultant Psychiatrist provided a continued service to these residents. Regular reviews were carried out and there was evidence of regular attendance by the consultant and community mental health nurse to review residents. There was also evidence of social workers continuing to support these residents and a small number of records with some resident information being maintained in the centre following these reviews.

6. Action required from previous inspection:

Ensure residents are provided with privacy, insofar as is reasonably practical, to the extent that residents are able to undertake personal activities in private.

Ensure residents are provided with locked storage facilities, insofar as is reasonably practical.

This action was nearly completed.

Inspectors found that although locks were placed on bathroom doors since the last inspection they were found to be unsuitable as residents found them difficult to use. The provider had purchased more suitable locks and intended to install them in the near future. Inspectors found that the provider had supplied residents with locked storage facilities in their bedrooms. Inspectors also observed that the provider had purchased a number of new screens which helped to ensure that residents' privacy was maintained in multi-occupancy rooms.

7. Action required from previous inspection:

Provide written confirmation from a competent person that the centre is in compliance with the requirements of the statutory fire authority.

This action was completed.

Shortly after the last inspection, the Authority received written confirmation from a competent person that all statutory requirements relating to fire safety and building control have been complied with.

8. Action required from previous inspection:

Review how the name of drugs is recorded in line with professional guidance to reduce the risk of error in administering incorrect medications to residents.

This action was completed.

Inspectors found that there were procedures in place to ensure that the name of each drug was recorded in line with professional guidance. The person in charge and the provider told inspectors that they had improved relationships with their pharmacy with clearer lines of communication since the last inspection.

9. Action required from previous inspection:

Ensure that the size and layout of bedrooms are suitable to residents' needs. Provide adequate storage facilities.

This action was completed.

Inspectors found that building work was almost complete to increase the size of a resident's bedroom to ensure that the size and layout were suitable to her needs.

Inspectors saw evidence of increased storage facilities being made available within the centre for storage of hoists and clinical equipment.

10. Action required from previous inspection:

Provide all residents with opportunities to participate in activities appropriate to his or her interests and capabilities.

This action was partially completed.

Inspectors met with the activity coordinator and spoke with a number of residents. They found that activities were often impromptu and depended on the residents' wishes. Six residents were seen going out for a walk to the park with the activity coordinator which they enjoyed, others were seen doing arts and crafts and participating in a quiz. Residents told inspectors that they enjoyed the activities and care staff explained that they continued activities in the absence of the activity coordinator. Inspectors found that while there were a variety of activities for residents who were relatively independent there was inadequate assessment of the needs of highly dependent residents. As identified in the previous report, inspectors found that the staff needed training to assist them in facilitating activities for more

dependent residents with mental health problems and dementia, as these residents' needs are complex and require specialist skills and knowledge.

11. Action required from previous inspection:

Review the statement of purpose to ensure that it reflects the centre and maintains residents' privacy.

This action was not completed.

Inspectors reviewed the statement of purpose and found that it was not comprehensive enough to meet with the requirements in the Regulations.

12. Action required from previous inspection:

Maintain adequate nursing records of the person's health and condition and treatment given, on a daily basis and signed and dated by the nurse on duty in accordance with professional guidance. This should include a system to record interventions used to identify and respond to residents with behaviours that challenge, and a record of the pre-admission assessment.

This action was partially completed.

Inspectors reviewed a sample of care plans and found improvements had been made. Residents were assessed on admission and reassessed every three months. There was evidence of care plans being developed in response to problems identified in the assessment. There was also information on the life story of residents and their previous interests and hobbies. The narrative notes were detailed and descriptive and times of entry were recorded in accordance with professional guidance.

However, the documentation of behaviours that challenge continued to require improvement. There was no evidence of records being maintained to identify potential triggers for behaviour and alleviating factors to assist staff in monitoring and caring for residents who display behaviour that challenge. Inspectors found the related policy was not implemented as it outlined the tools to be used to record the above information.

Inspectors found that there was no written pre-admission assessment completed for the most recent admission. Although, the provider assured inspectors that this admission was phased and planned with the resident having an opportunity to visit and spend time in the centre prior to being admitted.

13. Action required from previous inspection:

Put a procedure in place to implement all operational policies as listed in Schedule 5 of the Regulations.

Carry out a review of policies and procedures to ensure that they are centre-specific and support staff practice.

This action was not addressed.

As identified in the previous report, there was no evidence of the policies being fully reviewed to ensure that each section was relevant and applicable to Donore Nursing Home. As staff members were not always trained in their use, the policies did not inform practice and were not integral in the delivery of care. There was evidence of practice not being guided by policy such as the behaviours that challenge policy.

14. Action required from previous inspection:

Ensure that staff members have access to education and training to enable them to provide care in accordance with contemporary evidenced based practice.

This action was not addressed.

Inspectors found that staff had not received adequate training and education on dementia and behaviours that challenge to equip them with the skills required for caring for this group of residents and to keep them updated on contemporary evidenced based practice.

Report compiled by:

Angela Ring

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

21 April 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
9 March 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
16 June 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
2 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
14 December 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Donore Nursing Home
Centre ID:	0032
Date of inspection:	20 April 2011
Date of response:	1 June 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:

A small number of staff had not received training on fire procedures.

Action required:

Make arrangements for persons working at the centre to receive suitable training in fire prevention.

Reference:

Health Act, 2007
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: An arrangement for annual fire training has been set in Donore Home with all regular (full/part-time), relief staff and volunteer.	09/06/2011

<p>2. The provider and person in charge have failed to comply with a regulatory requirement in the following respect:</p> <p>There were only two full time nurses permanently employed to support the person in charge and to deputise in her absence. The remainder of nursing staff were employed on a temporary basis and worked in other centres.</p>	
<p>Action required:</p> <p>Ensure that at all times the numbers of staff and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: There are three full-time nurses permanently employed-(1). RPN (2) RGNs to support the person in charge and to deputise in her absence. The remainder are qualified relief nursing staff working in other centre with challenging behaviour and intellectual disabilities while waiting for the vacancy to be filled up with an advertisement and selection for nursing post.	Ongoing

<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There were inadequate records maintained of identifying and responding to residents with behaviours that challenge.</p>	
<p>Action required:</p> <p>Put a system in place to ensure residents are provided with a high standard of evidenced based nursing practice.</p>	

Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 21: Responding to Behaviour that is Challenging	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Tool is implemented to identify and respond to residents with challenging behaviour using ABC charts. Please see copy and enclosed.	Completed/ongoing

4. The person in charge has failed to comply with a regulatory requirement in the following respect: All staff had not received training on the prevention, detection and response to elder abuse.	
Action required: Make all necessary arrangements by training staff or by other measures, which are aimed at preventing residents being harmed or suffering abuse.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response : Annual training had been arranged for all staff including volunteer at preventing residents being harmed on elderly abuse/challenging behaviour.	26/03/2011 completed 24/05/2011 completed

5. The provider has failed to comply with a regulatory requirement in the following respect: The building work being carried out created potential hazards to residents. The emergency plan did not give adequate guidelines to staff on the procedures to follow in an emergency.	
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Action required:	
Put a procedure in place to ensure that precautions are in place to control the risks identified.	
Action required:	
Put in place a centre specific emergency plan for responding to emergencies.	
Reference:	
Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The building work has been completed with all the potential hazards has been taken out of the place for further safety of residents.</p> <p>There are specific emergency plans for responding to emergencies, and are in place. Please see attached emergency action plan.</p> <p>An arrangement for temporary, accommodation of residents in the events of calamities or unforeseen situations at a nearby establishment in the town centre.</p>	<p>Completed</p> <p>Completed/on going</p>

6. The person in charge has failed to comply with a regulatory requirement in the following respect:
The person in charge had inadequate knowledge of the notifications required by the Authority.
Action required:
Make all necessary arrangements to ensure that all required notifications are received by the Authority.
Reference:
Health Act, 2007 Regulation 36: Notification of Incidents

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The required notifications are in place and on file with original copy sent to authority in soft and hard copies.</p>	Completed/ongoing

7. The provider has failed to comply with a regulatory requirement in the following respect:	
There was no evidence of a volunteer's role and responsibilities being set out in a written agreement between the centre and the individual.	
Action required:	
Put a system in place to ensure that each volunteer's roles and responsibilities are set out in a written agreement between the centre and the individual.	
Reference:	
<p>Health Act, 2007</p> <p>Regulation 34: Volunteers</p> <p>Standard 22: Recruitment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A system is in place for volunteer's roles and responsibilities in a written agreement between the centre and the individual. A copy is enclosed.</p>	Completed/ongoing

8. The provider has failed to comply with a regulatory requirement in the following respect:	
Residents' records were not kept in a safe and secure place.	
Action required:	
Put a system in place to ensure that residents' records are stored in a safe and secure place.	
Reference:	
<p>Health Act, 2007</p> <p>Regulation 22: Maintenance of Records</p> <p>Standard 32: Register and Residents' Records</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Records have been kept in a safe place and locked in the office, only to be taken out when needed for recording and returned promptly.</p>	<p>Completed/ongoing</p>

<p>9. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Some residents had limited opportunity to participate in activities appropriate to his or her interests and capabilities.</p>	
<p>Action required:</p> <p>Provide all residents with opportunities to participate in activities appropriate to his or her interests and capabilities.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 18: Routines and Expectations</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All who are able and willing residents with the activity team are given opportunities of their choice, appropriate to one's interest, needs and capabilities.</p> <p>Two high dependent residents (bed to chair), physically disabled/blind/and the other with Alzheimer's/dementia are experiencing head/body/arm/foot massage, music and other sensory stimulating activity as shown in (2) activity records books of the therapist and carers.</p>	<p>Ongoing</p>

<p>10. The provider/person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The Statement of Purpose did not meet with the requirements in the Regulations.</p>

Action required:	
Compile a Statement of Purpose that consists of all matters listed in Schedule 1 of the Regulations.	
Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Statement of purpose is being revised as listed in Schedule 1 of the Regulations. Copy enclosed.	Completed

11. The provider has failed to comply with a regulatory requirement in the following respect:	
Some of the staff practices were not being supported by policies, such as the behaviour that challenges policy.	
There was no evidence of the policies being fully reviewed to ensure that each section was relevant and applicable to Donore Nursing Home.	
Action required:	
Implement all operational policies as listed in Schedule 5 of the Regulations.	
Action required:	
Carry out a review of policies and procedures to ensure that they are centre specific and support staff practice.	
Reference: Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>The registered provider and the person-in charge shall ensure together with all the staff, that operational policies and procedures are relevant and applicable to all practices in Donore Nursing Home and are constantly being reviewed.</p>	Completed/ongoing
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<p>12. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Staff had not received adequate training on caring for residents with mental health problems and dementia.</p>	
<p>Action required:</p> <p>Ensure that staff members have access to education and training to enable them to provide care in accordance with contemporary evidenced based practice.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>In-house training has been set for Donore staff on "challenging behaviour with mental health problems and dementia". Staff members have access to education and training on DVD about dementia care, contemporary base care from St. James's hospital – Dementia centre, from train to care lecturer and HSE DVD on elderly abuse.</p>	<p>Completed 24/05/2011</p>

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 10: Assessment	Maintain adequate records of preadmission assessment.
	Provider's response: On going preadmission is being done on all new and future admissions are being maintained.

Any comments the provider may wish to make:

Provider's response:

The management and health team are continuing to improve the quality of service to our residents on an ongoing basis.

Provider's name: John Percival Griffin

Date: 1 June 2011