

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Harvey Nursing and Convalescent Home
Centre ID:	0047
Centre address:	122 – 124 Terenure Road West Terenure, Dublin 6W
Telephone number:	01 4907764
Fax number:	01 4907764
Email address:	bronagh@harveyhealthcare.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Willoway Ltd
Person in charge:	Bronagh Aiken
Date of inspection:	12 and 14 September 2011
Time inspection took place:	Day-1 Start: 09:00 hrs Completion: 14:15 hrs Day-2 Start: 10:30 hrs Completion: 17:30 hrs
Lead inspector:	Angela Ring
Support inspector:	Finbarr Colfer (Day two)
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

The centre comprises of two residential houses. It has places for 48 older people including people with dementia. There are two floors with a lift on either side of the building between the ground and first level. On the ground floor, there is a porch and hallway entrance leading to the kitchen, dining room, office, nurses' station and conservatory. Bedroom accommodation on this floor consists of 11 single bedrooms, four of which have toilet and shower en suites and seven twin bedrooms, two with toilet/shower en suites. On the first floor, there is a lounge, four single bedrooms, two with toilet en suites, eight twin bedrooms, five with toilet/shower en suites and one three-bedded bedroom. There are six assisted toilets and shower facilities in addition to en suite facilities. None of the shower rooms contain a bath.

On the second floor, there is a cleaning storage room, a lounge, treatment room and a computer area for residents and there is a sluice room on each level. There is also an attic space which provides a changing area for staff and their individual locker space.

The conservatory on the ground floor looks out onto the spacious rear garden which has a patio area with garden furniture. There is a garden path leading to a large shed that houses the laundry facilities.

There is ample parking to the front for visitors.

Location

The centre is located on Terenure Road West, a short walk from Terenure village on the south side of Dublin city. There are several direct bus routes to the city centre which is approximately 4 miles away. The N81 is the main road network to the city and links with the M50 Dublin orbital motorway.

Date centre was first established:	1960's
Number of residents on the date of inspection:	48
Number of vacancies on the date of inspection:	0

Dependency level of current residents	Max	High	Medium	Low
Number of residents	16	11	12	9

Management structure

Seamus Brady and Derry Shaw are the named Providers and company directors who own Willoway Limited trading as Harvey Healthcare. They are also the named providers for five other residential centres. Both providers are involved in the operation of all centres and visit their centres daily. Noeline Kinnear, the Director of Care provides support to the Persons in Charge of each centre. The Person in Charge, Bronagh Aiken reports to the Director of Care. The nurses report to the Person in Charge and the care assistants report to the nurses and the Person in Charge. The catering and household staff report to the Person in Charge. The company employs maintenance staff that provide a service to the six centres.

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	2	8	2	1	0	0

Background

This was the third inspection carried out by the Authority. The inspection was carried out to follow up on the actions required from the previous inspection on 10 June 2010 which highlighted areas for improvement in care planning, issues related to the premises and amendments required in the statement of purpose and Residents' Guide.

Summary of findings from this inspection

Overall, the inspector found that the provider and person in charge completed most of the actions required from the previous inspection. Inspectors met with residents and a small number of relatives and all reported satisfaction with the quality of care they received. Both residents and relatives knew the person in charge and said she was approachable if they wished to discuss any issues.

While this inspection was carried out to follow up on the actions from the previous inspection, there were some additional areas identified which required further improvement. These are detailed below and include improvements in staff knowledge of fire procedures and protection, care planning, providing all residents with opportunities for meaningful engagement, falls prevention and management, developing a system for monitoring the safety and quality of care and maintaining residents' privacy and dignity.

Issues covered on inspection

Fire Precautions and Records

The inspector reviewed fire records which showed that the fire equipment, emergency lighting and the fire alarm system were recently serviced. There were records to indicate daily checking of fire exits and the inspector saw that the exits were unobstructed at all times. Most of the staff attended fire training in March 2011 and the person in charge told inspectors that there was further training planned for the remaining six staff.

However, on the first day of inspection, the inspector found that some of the staff were unsure of the centre's fire procedures including evacuation. This was discussed with the providers, director of care and person in charge. On day two of inspection, the providers had arranged for a fire safety consultant employed by the company to meet with inspectors to give assurance of the fire safety measures in place. Inspectors found that staff were more aware of fire procedures on day two of inspection. Following discussion, the inspectors requested the providers to submit evidence to confirm that all staff were aware of the fire procedures in place.

General Welfare and Protection

Inspectors found that there was a policy in place on the prevention, detection and response to elder abuse and some staff were aware of the procedures to follow in the case of elder abuse. The person in charge had an adequate knowledge of the centre's procedure for investigating alleged abuse.

However, inspectors found that some staff did not have an adequate knowledge of the centres policy and of the procedures to follow in reporting suspected abuse. The person in charge told inspectors that all staff were due to attend training on the prevention, detection and response to elder abuse on 29 September 2011. Once

again, the inspectors requested the providers to submit written evidence to confirm that all staff were aware of the procedures in place to protect residents.

Use of Restraint

Improvements were required in the use of restraint. There were a high number of residents using bedrails. Inspectors found that even though there was an assessment completed for the use of bedrails, the assessment was not comprehensive enough to demonstrate that the restraint was necessary and that alternatives were considered prior to its use. For example, there was evidence of bedrails continuing to be used for residents who had attempted to get over the rails and between the bedrails. Inspectors were also concerned that staff had an inadequate knowledge of the potential dangers associated with the use of bedrails.

The director of care showed inspectors a draft copy of a new policy on the use of restraint which she stated was informed by the new Health Service Executive (HSE) policy on restraint. She explained that there were plans in place to implement the new policy following discussion with the person in charge.

Residents' Rights, Dignity and Consultation

The inspectors found that there were some issues which compromised residents' right to dignity. The issues were as follows:

- there were inadequate screening facilities in some residents' bedrooms to allow them to undertake personal activities in private
- some staff did not knock on residents' bedroom doors prior to entering
- communal hairbrushes and toiletries were used for some residents which was not conducive to person-centred care.

Complaints Procedures

Improvements were required in complaints management. Inspectors reviewed the complaints procedures and found that complaints were being logged and they were followed up promptly by the person in charge. However, there was a lack of clarity on the independent appeals process. The providers explained that they were clarifying this process and would rectify it as soon as possible.

Opportunities for Meaningful Engagement

Improvements were required in providing opportunities for meaningful engagement for all residents. This issue was identified in the previous inspection reports and still had not been adequately addressed. Staff told inspectors that the activity coordinator visits the centre once a week and structured activities take place in the afternoon such as bingo, exercises, music and a quiz. Some staff said that Sonas is occasionally available for residents and there was a garden party recently held in the centre which residents enjoyed.

However, residents were seen sitting for long periods with very little opportunities for interaction and meaningful engagement particularly in the morning. The televisions were on in the two day rooms all day regardless of whether anyone was watching them. Residents in the day room on the ground floor were lined up against the wall on both sides of the room looking across at each other - several residents appeared bored with very little interesting things to do. Inspectors found that the physical design and décor was quite bland and not domestic in nature, it offered

very little visual and tactile stimulation particularly for those with dementia, to promote discussion and reminiscence.

Recruitment

The inspector reviewed a sample of staff files and found that there was proof of identity, Garda Síochána vetting, three references, medical declaration, employment history and details of current registration status with An Bord Altranais.

Risk Management Procedures

Inspectors found that practice in relation to the health and safety of residents and the management of risk sufficiently promoted the safety of residents, staff and visitors.

There was a health and safety statement in place. Inspectors reviewed the risk management policy and found that it complied with the Regulations including the management of risks such as self harm, aggression and violence and assault.

There was an emergency plan in place. However, inspectors found that not all staff interviewed were aware of the emergency plan.

Inspectors found that although the person in charge was collecting data each week on the number of falls, there were limited arrangements in place for reviewing the number, location and pattern of falls to assist staff in carrying out a root cause analysis particularly for residents who experienced several falls. Therefore, there were inadequate arrangements in place for the investigation and learning from incidents.

Directory of Residents

Inspectors found that the register was updated to include details of a resident who was recently transferred to hospital.

Actions reviewed on inspection:

1. Action required from previous inspection:

Ensure that each resident's social and recreational needs are adequately reflected in their care plans and routinely reviewed.

Incorporate residents' abilities and strengths in the care planning process in order to inform realistic goal setting.

Provide evidence that residents nominated representatives are involved in the care planning process.

This action was not completed.

Inspectors found that several improvements were still required in the assessment and care planning process. Although each resident was assessed every three months, the assessment did not always reflect the resident's current condition. There was very little evidence that residents and their relatives were involved in the development of the care plan. There was some attempt made at gaining information about residents' lives prior to entering the centre. However, there was very little evidence that this information was used in a meaningful way to inform the residents' care plan. There was very little person-centred information in the care plans as they contained generic information as opposed to specific information on the residents' preferred routines, likes and dislikes.

In addition, there were no care plans developed for some care needs that were identified in assessments. Inspectors reviewed the nursing notes of a resident who experienced a significant number of falls and found that although the person in charge had implemented strategies to reduce the number of falls, the resident's falls risk assessment had not been updated since 2009. The resident's falls prevention care plan had not been updated since 2010 to reflect the number of falls and specific care to be given to the resident. There was no care plan developed for a resident who had experienced weight loss and no care plan developed for a resident with significant communication deficits to assist staff in meeting this resident's needs.

2. Action required from previous inspection:

Ensure that the Residents' Guide and the statement of purpose states that there is no bath in the centre.

This action was not completed.

Inspectors requested the provider to submit the Residents' Guide and statement of purpose and found that they did not include information on the lack of bathing facilities.

3. Action required from previous inspection:

Make arrangements to provide a suitable dedicated visitors' room for residents to use.

This action was not completed.

There were inadequate facilities for residents to meet visitors in a suitable private area which was separate from the residents' own private rooms. The provider told inspectors that plans were in place to address this issue.

Report compiled by:

Angela Ring

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

17 September 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
2 and 3 February 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
10 June 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 *

Centre:	Harvey Nursing and Convalescent Home
Centre ID:	0047
Date of inspection:	12 and 14 September 2011
Date of response:	17 October 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:

All staff were not fully aware of the procedures in place for the protection of residents.

Action required:

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 8: Protection

* 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:
<p>Provider's response:</p> <p>All our staff have received elder abuse video training and, as acknowledged in the report, we had already scheduled further training from the HSE, Senior Social Worker for Elder Abuse to carry out additional training on 29 September 2011 and 11 October 2011, which has now taken place.</p> <p>In addition to this we have a whistle blowing policy for staff to ensure that any alleged cases can be brought to the attention of the management team.</p>	Completed

<p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There were inadequate systems in the risk management process for the investigation and learning from serious or untoward incidents or adverse events involving residents.</p> <p>Some staff were not aware of the emergency plan.</p>
<p>Action required:</p> <p>Ensure that the risk management policy covers the arrangements for the investigation and learning from serious or untoward incidents or adverse events involving residents.</p>
<p>Action required:</p> <p>Put a plan in place to ensure that staff are aware of the emergency plan.</p>
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>As acknowledged by the inspectors we have an audit tools to ensure that any falls or incidents are not only accurately recorded but are audited and checked at regular intervals. The inspectors believed that we did not demonstrate enough clarity regarding</p>	December 2011

<p>the outcomes in this process and we are happy to review this to ensure that the analysis of this information is more clearly demonstrated with clear outcomes. Documentation being reviewed currently and will be completed by December 2011.</p> <p>There is mandatory fire training for all staff, which largely concentrates on what to in the event of an emergency to ensure that residents are safe. As part of this we have arrangements in place to accommodate an evacuation of the centre and not all staff were aware of this venue. If such an event were to happen these arrangements would be taken care of by the management team and fire officers but all staff are now aware of this.</p>	<p>Completed</p>
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<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Some staff were not aware of the procedures to be followed in the case of fire.</p>	
<p>Action required:</p> <p>Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety</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>I think it is important to highlight that the inspectors stated that they found that staff were aware of the procedures to be followed in the event of a fire when they spoke to them on day two of the inspection. Our Fire Consultant also discussed with the inspectors the content and scope of the training that staff receive as some of the staff believed that they were asked certain questions by staff on areas that would be dealt with by emergency services and not nursing home staff. We have already passed on to the inspectors that on the first day two members of staff felt they were rushed and not given sufficient time to answer to questions of fire safety.</p>	

<p>However, to address any concerns, we have conducted additional training on fire procedures, which took place on 5 and 6 October 2011 and have incorporated questions on fire safety as part of the staff review process. Additionally random fire alarm activations are being conducted.</p>	<p>Completed</p>
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<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>All residents were not provided with opportunities to participate in activities appropriate to his/her interests and capacities.</p>	
<p>Action required:</p> <p>Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 18: Routines and Expectations</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>All residents are encouraged and given the choice to participate in activities and for those residents that have difficulties in communicating we have spoken to relatives and compiled life histories to help us tailor activities to their interests. For a very small number of residents it has been difficult to find activities that provide stimulation and we acknowledge that our documentation seemed to indicate that we were not continuing to explore further opportunities. In practice this was not the case as we have found that activities such as Peata, Aromatherapy, music and reflexology are activities that are enjoyed by all residents. We have spoken to our activities coordinator to ensure that our documentation does not limit residents' interest to standard activities but is widened to include a broader spectrum of formal and non formal activities as well as those mentioned above. Documentation being reviewed and will be fully completed in December 2011.</p>	<p>December 2011</p>

<p>5. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There were inadequate screening facilities in some residents' bedrooms to allow them to undertake personal activities in private.</p>	
<p>Action required:</p> <p>Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and dignity</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>All shared rooms have dividing curtains for privacy but the inspectors noted that in certain rooms there was a possibility of viewing a resident's area around a door area. We will seek to address that by putting extensions to those curtained areas.</p>	<p>November 2011</p>

<p>6. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>All identified resident's needs were not included in their care plan.</p> <p>The residents' care plans did not reflect the residents' changing needs and circumstances.</p> <p>There was limited evidence of residents' involvement in the development of the care plan.</p>	
<p>Action required:</p> <p>Set out each resident's needs in an individual care plan developed and agreed with the resident.</p>	
<p>Action required:</p> <p>Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals.</p>	

Action required:	
Provide evidence that residents in as far as possible are involved in the development of their care plan.	
Reference:	
Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We are pleased that the inspectors acknowledged that the care given to the residents was adapted to reflect their changing needs albeit that our paperwork did not always reflect this. We will ensure that our resident notes and care plans reflect this.</p> <p>We always ask for resident and family participation in care plans and there is a section for the nurse to show that the family have been consulted. For various reasons families often decide not to participate in care plans and we are happy to ensure that the efforts made by staff to have resident and family involvement is more accurately reflected going forward. Documentation being reviewed and will be fully completed in December 2011.</p>	December 2011

7. The provider is failing to comply with a regulatory requirement in the following respect:
The new restraint assessments and risk management processes had not been implemented for residents who used bedrails, and current arrangements did not include an adequate risk assessment or demonstrate that alternatives to the use of bedrails had been considered.
Action required:
Provide a high standard of evidence based nursing practice.
Reference:
Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The inspectors were shown a copy of our new restraint policy which was updated following the recent publication of the HSE restraint guidelines. This is being implemented and will include assessments, which will incorporate alternatives considered, rationale for the use of bedrails as well as acknowledging some residents' wishes to use bedrails as enablers rather than restraint and as a comfort factor. New policy being implemented and be fully completed in December 2011.</p>	<p>December 2011</p>

<p>8. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There were inadequate facilities for residents to meet visitors in a suitable private area which was separate from the residents' own private rooms.</p>	
<p>Action required:</p> <p>Provide suitable facilities for residents to meet visitors in communal accommodation and a suitable private area which is separate from the residents' own private rooms.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We have received planning permission from Dublin City Council for an extension to the nursing home which will include a visitors' room. We hoped to have started this during the Spring 2011 but there were delayed due to new legislation introduced by Dublin City Council. We hope to commence this in Spring 2012 and it should take approximately 12 weeks to complete.</p>	<p>Summer 2012</p>

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

There was a lack of clarity about the independent appeals process and the person nominated to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

Action required:

Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.

Action required:

Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

Reference:

Health Act, 2007
Regulation 10: Complaints Procedures
Standard 6: Complaints

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

Timescale:

Provider's response:

As acknowledged in various other reports, communiqués from the Authority and Nursing Homes Ireland there has been considerable confusion regarding the interpretation of the Independent Appeals Process. For most operators it had been understood to be a role performed by a person independent of the nursing home, although recent guidance from the Authority suggests that it should be a person independent of the complaint but from within the group. We will have a new person appointed by the end of October 2011.

October 2011

10. The provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose and Residents' Guide did not inform residents and prospective residents that there was no bath in the centre.

Action required:	
Update the Residents' Guide and statement of purpose to ensure that it consists of the facilities and services which are to be provided by the registered provider to residents.	
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: This has been updated.	Completed

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 25: Physical Environment	<p>Ensure that communal rooms are domestic in character and suitable for the range of interests and activities preferred by residents.</p> <p>Provider's response:</p> <p>We will continue to try and strike the balance of creating a homely environment in our nursing home whilst complying with all of the legislation for fire safety, health and safety, infection control and the Authority's standards. As part of our extension works we will be continuing to upgrade communal areas.</p>
Standard 4: Privacy and Dignity	<p>Put procedures in place to ensure that resident's permission is sought prior to any person entering his/her room.</p> <p>Put procedures in place to ensure that residents have their own toiletries and personal care appliances.</p> <p>Provider's response:</p> <p>We apologise that some members of staff did not observe this, which is part of their basic training. We have spoken to staff and we will continue to monitor this on an ongoing basis.</p>

Any comments the provider may wish to make:

Provider's response:

We would like to thank the inspectors for the positive comments made about our nursing home. The feedback meeting was very useful and the inspectors were receptive and willing to consider and discuss our comments.

Provider's name: Seamus Brady

Date: 18 October 2011