

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated Centres under Health Act 2007



Centre name:	Kiltormer Nursing Home
Centre ID:	0352
Centre address:	Kiltormer
	Ballinasloe
	Co Galway
Telephone number:	090 9627313
Email address:	info@kiltormernursinghome.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Derek Glynn & Gordan Glynn Partnership trading as Kiltormer Nursing Home
Person authorised to act on behalf of the provider:	Derek Glynn
Person in charge:	Derek Glynn
Date of inspection:	19 and 20 June 2012
Time inspection took place:	Day-1 Start: 11:30 hrs Completion: 17:30 hrs Day-2 Start: 09:45 hrs Completion: 19:00 hrs
Lead inspector:	Jackie Warren
Support inspector:	N/A
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Date of last inspection:	27 April 2012

About inspection

The purpose of inspection is to gather evidence on which to make judgements 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* under 18 outcome statements. The outcomes set out what is expected in designated centres.

Outcome 1 <i>There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.</i>
Outcome 2 <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis.</i>
Outcome 3 <i>The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure</i>
Outcome 4 <i>Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.</i>
Outcome 5 <i>The health and safety of residents, visitors and staff is promoted and protected.</i>
Outcome 6 <i>Each resident is protected by the designated centre's policies and procedures for medication management.</i>
Outcome 7 <i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.</i>
Outcome 8 <i>Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.</i>
Outcome 9 <i>Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.</i>
Outcome 10 <i>Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.</i>

<p>Outcome 11 <i>Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.</i></p>
<p>Outcome 12 <i>Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.</i></p>
<p>Outcome 13 <i>The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.</i></p>
<p>Outcome 14 <i>There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</i></p>
<p>Outcome 15 <i>The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.</i></p>
<p>Outcome 16 <i>The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</i></p>
<p>Outcome 17 <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Outcome 18 <i>The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.</i></p>

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

The inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Kiltormer Nursing Home is located in the rural village of Kiltormer in County Galway, close to the towns of Loughrea and Ballinasloe. It is a single-storey purpose-built centre that opened in 1987. The centre has places for 39 residents and provides long and short-term care to persons over and under 65 years. On the day of inspection there were 30 residents living there, some of whom had dementia.

The main entrance is located at the front of the building. There is a small sitting area and nurses' office opposite the entrance door. Communal day space includes an oratory, a large day room and conservatory/dining room. The communal space is bright and comfortably furnished. The kitchen is beside the day room. There is a combined laundry and sluice room located at the end of the corridor.

Bedroom accommodation consists of ten single rooms, one double room, seven three-bedded rooms and one six-bedded room. The six-bedded room has an en suite toilet and no other bedrooms have en suite facilities. There are two bathrooms, each of which has an assisted bath, shower and toilet. There are two additional toilets for residents' use located near the day room. There is a separate staff toilet located in the reception area.

There is a secure enclosed garden area at the rear of the building which can be accessed directly from the conservatory and additional garden areas to the front and sides of the building, including a decking area which can be used by residents.

The building is wheelchair accessible and there is ample car parking available for staff and visitors to the front and sides of the building.

Date centre was first established:	1987
Date of registration:	4 August 2011
Number of registered places:	39
Number of residents on the date of inspection:	30

Dependency level of current residents as provided by the centre:	Max	High	Medium	Low
Number of residents	9	10	6	5

Gender of residents	Male (✓)	Female (✓)
	✓	✓

Management structure

The Provider is the Derek Glynn and Gordan Glynn Partnership trading as Kiltormer Nursing Home. Derek Glynn is the Person in Charge and the person nominated to act on behalf of the Provider. He is referred to as the Person in Charge throughout the report. Mary Mooney is a Senior Staff Nurse and she deputises for the Person in Charge in his absence. She reports directly to the Person in Charge. Gordon Glynn is the administrator and a partner in the business. Care assistants report to the nurse on duty, who in turn reports to the Person in Charge. Catering and housekeeping staff report to the Person in Charge.

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	4*	1	1	1	0

* also allocated to laundry duties

Summary of compliance with 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*.

This report sets out the findings of an unannounced inspection. This inspection took place over two days. As part of the inspection, inspectors met with residents and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Evidence of good practice was found in many areas of the service. Residents were supported to practice their religious beliefs as they wished and were encouraged to maintain their independence. There was a good standard of catering and residents were offered choices at mealtimes and snacks and drinks were available at all other times. The building was warm, clean and comfortably furnished, and residents had access to safe and secure outdoor space.

The person in charge had taken measures to protect the safety of residents. Mandatory training in fire safety and manual handling had been delivered to all staff and staff had also received training in the prevention and detection of elder abuse. Regular fire drills were organised in the centre.

Residents had good access to general practitioners (GPs) and there were generally safe medication practices in place.

However, during this inspection, the inspector found that the person in charge failed to adequately address areas for significant improvement which were identified in previous inspection reports. Inspectors found that while the person in charge had made some progress in addressing some of the actions from previous inspections, some significant issues had not been satisfactorily and consistently addressed.

There were some serious issues identified during the inspection which related to healthcare, including the management of nutritional issues and the development of appropriate care interventions. The inspector was concerned that adequate assessments and care plans were not in place and medication was not being administered from prescriptions but from lists which were not appropriately signed by the GP.

A process for the auditing and monitoring of incidents/accidents and complaints had not been introduced to improve the quality of service.

There was a risk management system in place which required some further development and updating.

While the residents occupied comfortable, homely accommodation and their bedrooms were personalised, there were some deficits in the structure of the building. There were inadequate numbers of bathrooms and toilets, the laundry and sluicing facilities were inadequate and there was no separate visitors' room.

The majority of the required information for staff recruitment, selection and vetting was available on staff files, but some further information had yet to be gathered. There were adequate staff on duty to care for the residents.

The statement of purpose and the directory of residents were not in line with legal requirements and required some further development.

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

Compliance 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*.

1. Statement of purpose and quality management

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose

Standard 28: Purpose and Function

Inspection findings

The statement of purpose had been drafted in line with the requirements of the Regulations but required some additional information such as the conditions attached to the registration of the centre, the intended aims, objectives and ethos of the centre, the type of nursing care provided and arrangements for the supervision of therapeutic services.

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life

Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

There was no formal process in place for the auditing and monitoring of incidents, accidents and complaints, although this action had been identified in the action plans of the two previous reports. There was no system to identify trends or to inform the introduction of preventative measures and to develop learning or improvement of practices.

The person in charge had commenced auditing of accidents and incidents in early 2011 but this system had not been maintained.

Quarterly medication management audits had been undertaken by the pharmacist until September 2011, but no medication audits had been carried out since that date.

Outcome 3

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures

Standard 6: Complaints

Inspection findings

There was a complaints policy and the complaints procedure was clearly displayed in the main hallway. The procedure outlined how to make a complaint and named the people that complaints should be addressed to. It also outlined an independent appeals process. The person who was responsible for ensuring that all complaints are appropriately responded to was not identified in the complaints procedure. Residents knew how to make a complaint and told the inspectors that they could raise any issue with the person in charge or staff and were satisfied that it would be addressed.

There had been no entries to the complaints register since the last inspection. The person in charge explained that the register was up-to-date as there had been no complaints made for a long time.

The person in charge and the administrator told inspector that they were present in the centre every day and knew the residents and their needs very well, and that this was the reason why there had not been any complaints for a long time. They explained that they were closely involved the provision and monitoring of the service. Staff confirmed that this was the case. The person in charge and the administrator said that they would consider tracking any comments of dissatisfaction to make the system more robust.

2. Safeguarding and safety**Outcome 4**

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Inspection findings

The person in charge had taken measures to protect residents from abuse. They had arranged training in detecting and reporting elder abuse and all staff had received this training within the past year. Staff who spoke with inspectors were clear on what constituted abuse and were aware of their responsibilities. The person in charge has also developed a policy on detecting and reporting elder abuse.

There was a secure process for the management of residents' finances and valuables. All transactions were recorded clearly in a transparent process and signed by the person in charge or a senior staff member. However, the system was not sufficiently robust, as some of the transactions were not signed by the resident, their representative or a witness.

Outcome 5

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

The provider had systems to protect the health and safety of residents, staff and visitors but some of these systems were not adequate and required improvements. There was a health and safety/risk management register which identified a range of risks which could occur in the centre and their control measures. However, this document had not been updated to include risks specific to the centre such as risks associated with residents smoking. All the risks specified in the Regulations were not included, such as the risk of self harm.

The person in charge had arranged for all staff to receive up to date training in moving and handling and this was confirmed by training records. Manual handling assessments had been carried out for all residents.

The inspector viewed the fire records which showed that all fire equipment had been regularly serviced. The fire extinguishers were serviced annually and quarterly servicing of the fire alarms was carried out. The fire extinguishers and the fire alarm system had been serviced in March 2012 and emergency lighting had been serviced in June 2012. The management team and staff confirmed that fire drills are carried out every month during which the staff on duty carry out an evacuation of a resident who had agreed to participate in the drill. Staff said that the drills are carried out at different times of the day to give a range of staff an opportunity to participate and that they found these drills to be very useful.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. The emergency plan included a contingency plan for the evacuation of residents from the building in the event of an emergency.

Measures were in place to reduce accidents and promote residents' mobility including staff supervision, safe floor covering and handrails on both sides of the corridors to promote independence. Residents, some of whom were being supported by staff, were observed moving about the building during the day.

The environment was clean and well maintained and there were ample supplies of hand sanitising gels for staff, residents and visitors to use.

Outcome 6

Each resident is protected by the designated centre's policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

While the processes in place for the management of medication were generally safe, secure and in accordance with current guidelines and legislation, some areas of medication management were not appropriate to safeguard residents and increased the risk of medication error. There was a medication policy which was available to nurses for guidance.

Medications requiring strict controls were stored safely in a double-locked cupboard. The stock levels were checked and recorded by two nurses at the morning change of shift. The balance was also checked and recorded by the nurse and another member of staff at the time of administration. The stock was not checked by two nurses at each change of shift in line with professional nursing guidelines. The inspector checked the balance of one medication and found that the balance recorded was consistent with the remaining stock.

An inspector accompanied a nurse on the midday medication round. The nurse demonstrated her competence and knowledge when outlining the procedures and practices on medication management and administration. The nurse had a lockable medication trolley and she locked the trolley while it was unattended. The nurse recorded and signed to confirm each medication administered. There was a blister pack system of medication administration in place and there were colour photographs of all residents on the blister packs. Nurses administered medications from a sheet which included the list of medication issued from the pharmacy and the administration records. A copy of each resident's prescription which had been issued and signed by the GP was attached to each administration sheet. The nurse informed the inspector that some residents required their medications to be crushed. The GPs individually prescribed some of these medications to be crushed, although some were not prescribed to be administered in a crushed state. As an additional safeguard the pharmacy had provided the centre with an advisory document detailing which medications were suitable for crushing and which were not.

However, inspectors identified some medication management practices which increased the risk of medication error:

- nurses administered medication from the list which had been issued by the pharmacy and not from the GPs prescription which was attached. The pharmacy list had been checked and signed by the person in charge but had not been verified or agreed by the GP
- medications which were no longer required were signed off as discontinued on the pharmacy administration sheet by the person in charge but this was not signed as having been agreed by the GP
- all medications which were intended to be administered to residents in a crushed state were not prescribed to be administered crushed, which posed a risk that some medications could be crushed which are not suitable for this process.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

The centre had sufficient GP cover provided by three local GPs who provided out-of-hours cover for each other. A review of residents' medical notes showed that GPs visited the centre regularly. Staff told the inspector that residents had access to their GP when necessary and their health needs were well monitored. The GPs reviewed and re-issued each resident's prescriptions every three months.

Dependency assessments using a recognised tool were being undertaken on residents. Assessments for mobility, falls risk, malnutrition, continence and tissue viability had been undertaken for all residents were not being suitably reviewed and updated. While staff recorded that three monthly reviews of assessments were being carried out, details of the outcomes of the reviews were not being recorded.

The person in charge had failed to develop care plans which were comprehensive and up-to-date and which provided adequate guidance for staff to deliver care. The documentation of care interventions was poor and did not reflect the care which staff outlined to the inspector. In some of the residents' files which the inspector reviewed, care plans had not been developed to address some identified risks, care interventions were not clearly identified and they did not provide adequate guidance for staff to deliver care. Staff who spoke with the inspector knew the residents well and were very aware of each resident's health care needs.

There were no care plans in place to address some of the assessed risks or identified needs of some of the residents. For example, staff had not developed interventions for the management of nutritional care, assessed risk of developing pressure ulcers, use of bedrails and mobility where these issues were identified as risks. Although a low level of falls was recorded, one resident had had a fall resulting in a fracture and a care plan had not been developed to reflect this change.

At the time of inspection there were no residents in the centre with wounds and pressure ulcers. Staff stated that the last time a resident had a pressure ulcer was six or seven years ago. Staff stated that pressure areas were closely monitored and that appropriate care was given to prevent the development of pressure ulcers. This was recorded in daily nursing notes.

The residents had access to the services of chiropodists and a physiotherapist by private arrangement. The person in charge had arranged for a dentist to come to the centre at the end of June to carry out dental screening on all residents. All new residents had an optical test carried out and this screening was followed up for all residents every two years. The service of a dietician was accessible as required through a private company. Private occupational therapy and speech and language therapy was not available but these services could be assessed through GP referral. Records of referrals were maintained on residents' files.

The inspector was not satisfied that residents' weights and nutritional issues were being satisfactorily monitored. Some residents had up to date nutritional assessments and some had not. There were no records of some residents having been weighed, while other residents were being weighed every three months. One resident had not been weighed since admission. As residents were not being regularly weighed, staff could not establish if residents' weights were stable or if they required review by nutritional specialists or their GPs. Nutritional care plans had not been developed for some residents who had specific dietary needs. A nutritional care plan had not been developed, or further assessment arranged for a resident who had a recorded weight loss of four kilograms and the recommendations issued by a speech and language therapist had not been incorporated into a residents care plan.

Some residents used bedrails while in bed and the inspectors reviewed the use and management of this restraint. Staff had not carried out sufficient assessments for the use of bedrails and the reasons for their use and alternatives which had been considered had not been consistently recorded. In addition, there was no record that the use of bed rails had been discussed or agreed with the resident.

At the time of inspection there were no residents with behaviour that is challenging but some residents had dementia. There were no care plans in place to address appropriate communication and meaningful activity which these residents would enjoy.

Residents had access to recreational and social activities such as music sessions, sports on television and books and magazines. An activity coordinator came to the centre twice a week. The person in charge had also organised a person to deliver a yoga session to residents once each week. She was in the centre at the time of inspection and many of the residents joined in the group yoga session in the sitting room. Residents also had access to the garden where the person in charge had provided a poultry enclosure and a paddock with two ponies and a young foal. Residents told the inspector that they enjoyed going outdoors to see the animals and the hens that that staff regularly accompanied them to the grounds when the weather was fine. However, there were no individual assessment to inform a person centred care plan and to ensure meaningful fulfilment for all residents, based on their interests, hobbies and capabilities.

Outcome 8

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

The person in charge had developed a policy on end-of-life care.

At the time of inspection, none of the residents were receiving end-of-life care. The nurse explained that residents who were nearing end of life had regular access to a priest or other religious ministers as required. The local priest administered the sacrament of the sick to all residents once a month or more often if required.

Although none of the staff had training in end-of-life care, the nurse outlined how they could access a local hospice team for palliative care. She stated that the person in charge provided accommodation adjacent to the centre for families if they wished to stay near their relative at end of life and that the person in charge also arranged transport to the centre for visitors who did not have cars. Residents at end of life were transferred to a single room whenever possible.

Outcome 9

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.

References:

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

Inspection findings

Residents received a nutritious and varied diet that offered choice. The daily menu was displayed on the notice board outside the sitting room and the staff spoke with residents each evening to discuss the choices for the following day.

The inspector visited the kitchen and spoke with the chef. The kitchen was well equipped and there were ample stores of fresh and frozen food. The chef was knowledgeable regarding residents' likes, dislikes and special dietary needs. The chef knew the residents well and said that she regularly chatted with them and asked if there was anything that they would like. The chef and the administrator had developed a menu based on the preferences of residents and which provided choice at all meal times. The chef explained that, although there was a menu plan, there was flexibility and that she sometimes adjusted the menu to suit the residents needs. On the day of inspection she offered chicken curry in addition to the two meals listed on the menu because some of the residents enjoyed curry. Residents confirmed this saying that they were offered choices and that they were very satisfied with the food provided.

Inspectors noted that residents were offered a variety of snacks and drinks throughout the day, including soups and baked products. Residents confirmed that they could have snacks and drinks at any time. Sandwiches and snacks such as yogurts and baked products were available to residents if they wanted something to eat in the evenings or during the night.

Some residents required special diets or a modified consistency diet and this was provided for them. These residents had the same choices as other residents and the food was presented in appetising individual portions.

The person in charge had developed a nutrition policy.

4. Respecting and involving residents

Outcome 10

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

All residents had contracts of care in place which outlined the fee, details of the service and facilities which were included in the fee and the type of room to be occupied.

Outcome 11

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

The inspector found that residents' privacy and dignity were respected by staff. Screening curtains were in place at beds in shared rooms, bedroom doors were closed when personal care was being delivered and staff knocking on the doors of occupied rooms and waiting for permission to enter. Inspectors observed staff interacting with residents in a courteous manner and addressing them by their preferred names. Inspectors observed good interactions between staff and residents who chatted with each other in a comfortable way.

Residents religious and civil rights were supported. Roman Catholicism was the only religion being practiced in the centre at the time of inspection, but the person in charge said that all religious denominations would be supported to practice their religious beliefs. There was a chapel in the centre which residents and relatives could use for prayer and reflection. A local priest said mass in the centre every second

week, administered the sacrament of the sick every month and heard confessions as required. He also said anniversary masses for deceased residents in the centre when the families requested it.

There was a plentiful supply of newspapers for residents in the sitting room. In the afternoon several residents were reading the papers and the staff discussed news items from the papers with them.

The person in charge, administrator and the staff had close links with the residents and they knew them very well. The person in charge and the administrator worked in the centre each weekday and were on call at all other times. There were regular monthly meetings for residents to meet and discuss their views or make suggestions. Ten to fourteen residents usually attended the meetings which were hosted by a staff member. Minutes of these meetings suggested that the residents expressed satisfaction with the service in the centre. Any issues raised at the meetings were taken seriously and addressed. For example, one resident's was dissatisfied with availability of newspapers and a record of how this had been resolved was recorded in the following month's minutes. The person in charge and the administrator also engaged in conversations with the residents on a daily basis and sought their views.

Residents had access to a range of information sources. There was an information stand in the reception area with a range of information leaflets on healthcare issues. There was a plentiful supply of newspapers and magazines for the residents to read and televisions were available in the sitting rooms. Televisions were also provided in every bedroom and residents had telephone and internet access as required.

Residents' independence was promoted by staff. Inspectors saw staff members assisting residents to walk in the centre at a leisurely pace and also to go outside for a walk or to smoke. Residents were encouraged to eat their meals independently and were given plenty of time to enjoy their food. Inspectors found that residents had flexibility in their daily routines and residents said they could decide when to get up and go to bed and whether to participate in activities available to them. The person in charge encouraged residents to maintain their independence in the local community and regularly brought residents to the local villages and towns to conduct business. During the inspection one of the residents was brought out to the hairdresser. Another resident was brought to the betting office as he wanted to place a bet for a horse race that he intended to watch in the afternoon.

Contact with family members was encouraged and although there was no designated visitors' room, arrangements were in place for residents to receive visitors in private, if required. There was a quiet area in the reception hall where visitors could meet residents and the person in charge said that, as an interim measure, he could make an office available for private use. The person in charge had identified the need for a designated visitors' room and had included this in plans to refurbish the building at a future date. This work had not yet commenced and the person in charge had not confirmed a date when the work would commence. Structural issues are further addresses in Outcome 15 of this report.

Outcome 12

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

Residents were encouraged to personalise their rooms and inspector saw rooms adorned with photographs, flowers, ornaments and other personal belongings. All residents had adequate storage space for clothes and personal possessions and lockable storage space for valuables was also provided.

Residents' personal clothing was clean, pressed and well cared for. Staff marked residents' clothing on admission to identify items and ensure that they were returned to their owners after laundering. The inspector discussed the laundry process with a care assistant and found that she was knowledgeable about infection control and the different processes for different categories of laundry.

5. Suitable staffing**Outcome 13**

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

The post of person in charge was full-time and was filled by a registered nurse with the required experience in the area of nursing of older people. Since the last inspection the person in charge had completed a gerontology course and he discussed a nurse management training course which he hoped to undertake in the near future. There were arrangements in place for a senior staff nurse to deputise for the person in charge in his absence.

Outcome 14

There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

The inspector found that the staffing levels and skill-mix at the centre were sufficient to meet the needs of residents. There was normally one nurse and four care assistants on duty during the day. One of these care assistants was allocated to laundry duties for a portion of the day after assisting with personal care. The person in charge also assisted in the delivery of care. He particularly looked after some of the male residents who preferred a man to attend to their care needs. There was one nurse and three care assistants on duty at night time. There was an additional staff member rostered each day to undertake cleaning duties. The person in charge and the administrator were also rostered five days a week. The administrator also attended to routine maintenance. The inspector viewed the staff rota and found that the planned staff rota matched the staffing levels on duty. Residents stated that they were satisfied with the levels of staffing.

The person in charge told the inspector that staffing levels were based on the assessed health, social and personal needs of residents using a validated tool, his own clinical judgment and consultation with nursing staff regarding residents' needs. The inspector observed staff being attentive to residents and performing their duties in a timely manner.

There was a low turnover of staff. Many staff had been working at the centre for many years. They spoke of knowing all the residents very well and said how they loved working there. Staffing records confirmed low rates of staff turnover. There were no agency staff employed, staff confirmed that they cover for each other in the event of a staff member being sick or unavailable to work.

The inspector was concerned that the delivery of health care, assessment of residents and the development of care plans were not adequately supervised by the person in charge. As discussed in outcome seven, there were significant gaps in the assessment of residents and suitable care interventions had not been developed for some residents identified healthcare needs. In addition, the arrangements for deputising for the person in charge were not robust. Although a senior nurse was

nominated to deputise for the person in charge, she was not rostered to deputise for the person in charge in his absence. At these times she was undertook her usual nursing shifts and did not have any time allocated to managerial and supervisory functions.

Records indicated that all staff had received up to date mandatory training. Since the last inspection some staff had received training in managing behaviour that is challenging, medication management and hydration and some care assistants had completed Further Education and Training Awards Council (FETAC) Level 5 training in Care of the Older Person and First Aid. Two care assistants told the inspector that they were scheduled to attend training in management of behaviour that is challenging in September 2012.

The person in charge had developed a policy on the recruitment, selection and vetting of staff. The inspector examined a sample of staff files which were generally in line with legal requirements and contained most of the information required by the Regulations. The file of one staff member, however, did not contain evidence of the employee's mental and physical fitness or full employment history and had only one reference instead of the required three. There was an unexplained gap in the employment history of another staff member.

Staff recruitment had been identified as an area for improvement in all previous inspection reports.

6. Safe and suitable premises

Outcome 15

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

During the three previous inspections of the centre it was found to be well maintained clean and comfortable. On this inspection the inspector found that this standard continued to be evident throughout the building and the external areas. Since the last inspection the person in charge had upgraded the central heating system and to provide individually controlled heaters in each room of the building.

There was appropriate assistive equipment provided to meet the needs of residents, including hi-low beds, a hoist, specialised mattresses and transit wheelchairs. The inspector viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order.

During the previous inspections some deficits in the building were identified and the building did not meet some of the requirements set out in the Regulations and Standards. Inspectors identified concerns in relation to the lack of a separate sluice room, visitors' room, smoking room and inadequate number of toilets and baths/showers. Sluicing facilities were in the laundry area and presented an infection control risk. During this inspection it was noted that there were no grip rails in some areas of the corridors and in a toilet in the reception area which the person in charge stated was used by residents. There was limited storage space and some assistive equipment was stored in communal areas.

The person in charge stated that he had plans prepared to renovate the building. This work had not commenced and the person in charge had not identified a date when this work would commence.

7. Records and documentation to kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Part 6: The records to be kept in a designated centre
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings

The person in charge had developed a range of operational policies and procedures. Most of the policies required in Schedule 5 of the Regulations were in place as well as additional policies to guide staff such as policies in oral care, pain management, staff induction and wound care. However, two of the policies required by the Regulations were not in place. There were no policies for admissions and provision of information to residents.

The person in charge had developed a Residents' Guide/information pack. The information pack was informative and contained all the information required by the Regulations such as a copy of the most recent inspection report. Copies of the Residents' Guide had been supplied to the residents.

The inspector found that some improvements were required in the directory of residents, which did not provide the required information about each resident. It contained each resident's name, address, date of birth, date of admission and names of their general practitioners and next of kin. There was no record of the sex of the residents and the names of the hospitals if residents were transferred from the centre. Details of residents' transfers from the centre were not clear and the phone numbers for next of kin and GP were not recorded in all instances.

The provider had an insurance policy which provided extensive insurance cover of the service. It provided cover for residents' personal effects subject to a maximum limit of €1,300 per person, but did not indicate if a maximum liability of up to €1000 per item was in place as specified in the Regulations.

Records relating to health care and staff recruitment are discussed under Outcome 7 and Outcome 14 of this report respectively.

Outcome 17

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

An inspector reviewed the accident and incident records and reviewed the practice in relation to notifications of incidents which were found to be unsatisfactory. Limited details of each accident/incident and action taken were recorded. There were no records maintained of who witnessed the incident, the time of the day when the incident occurred or whether or not the next of kin was notified.

The inspectors found that notification of an accident resulting in a fracture had not been made to the Authority, as required by the Regulations. The inspector also found that notifications of quarterly returns to the Chief Inspector were not up-to-date.

Outcome 18

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

The person in charge was aware of his responsibility to notify the Authority if the person in charge was to be absent for an extended period. A staff nurse deputised for the person in charge in his absence.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge, the administrator and two nurses to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, person in charge and staff during the inspection.

Report compiled by:

Jackie Warren

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

22 June 2012

Provider's response to inspection report*

Centre:	Kiltormer Nursing Home
Centre ID:	0352
Date of inspection:	19 and 20 June 2012
Date of response:	12 July 2012

Requirements

These requirements set out the actions that must be taken to meet 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*.

Outcome 1: Statement of purpose and quality management

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

The statement of purpose did not meet all of the requirements in Schedule 1 of the Regulations.

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

* 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>I am currently updating the statement of purpose and will include all matter listed in Schedule 1 of the Regulations and any changes as listed in provider newsletter June 2011.</p>	01/08/2012

Outcome 2: Reviewing and improving the quality and safety of care

2. The provider is failing to comply with a regulatory requirement in the following respect:	
There was no system in place to ensure that the quality of care given to residents was monitored, developed and improved on an ongoing basis.	
Action required:	
Establish and maintain a system for reviewing and improving the quality and safety of care provided to, and the quality of life of residents at appropriate intervals.	
Reference:	
<p>Health Act, 2007</p> <p>Regulation 35: Review of Quality and Safety of Care and Quality of Life</p> <p>Standard 30: Quality Assurance and Continuous Improvement</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>I have re-commenced an auditing system to ensure that the quality of care to residents is monitored, developed and improved on an ongoing basis.</p>	01/08/2012

Outcome 4: Safeguarding and safety

3. The provider is failing to comply with a regulatory requirement in the following respect:	
The system for the management of residents' finances and valuables was not sufficiently robust, as some of the transactions were not signed by the resident, their representative or a witness.	
Action required:	
Maintain an up-to-date record of each resident's personal property that is signed by the resident.	

Reference: Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 9: The Resident's Finances	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: I am developing a more robust system that will include signatures from two parties including the resident, their representative or a witness. I have a new recording process commenced that will incorporate two signatures.	01/08/2012

Outcome 5: Health and safety and risk management

4. The provider is failing to comply with a regulatory requirement in the following respect: The health and safety/risk management register had not been updated to include risks specific to the centre such as risks associated with residents smoking. All the risks specified in the Regulations were not included, such as the risk of self harm.	
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.	
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	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>I am currently updating the Health and Safety risk management register and will include all risks in Regulation 31 that are not in place at present. I am also looking at risks associated within and around the centre and am implementing policies in relation to same e.g. smoking use of kitchen, outdoor facilities etc. These risks will be reviewed on a regular basis and updated as required.</p>	01/09/2012
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Outcome 6: Medication management

<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Nurses administered medication from the list which had been issued by the pharmacy which had not been verified or agreed by the GP.</p> <p>Medications which were no longer required were signed off as discontinued on the pharmacy administration sheet by the person in charge but this was not signed as having been agreed by the GP.</p> <p>Prescriptions for crushed medications were not individually signed by the GP.</p>	
<p>Action required:</p> <p>Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</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 am currently putting in place suitable practices and written operational policies relation to ordering, prescribing, storing and administering of medicines to residents and will ensure that staff are familiar with these alterations. I will also speak with GPs in relation to signing off medication and re crushed medication. I had our pharmacist in the centre today conducting a medication audit.</p>	01/08/2012

Outcome 7: Health and social care needs

6. The person in charge is failing to comply with a regulatory requirement in the following respect:

Care plans did not include adequate assessments and plans of care to address the identified needs of some residents in sufficient detail and did not provide clear and adequate guidance for staff to deliver care.

Action required:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Reference:

Health Act, 2007
Regulation 8: Assessment and Care Plan
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 13: Healthcare

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

Timescale:

Provider's response:

I am currently developing a new format of care plans and have got somebody to speak with staff in relation to same. All current care plans will be changed to new care plans and staff are currently working on them. These care plans will address all resident needs/care and will provide clear guidance for staff to deliver care at the highest level.

01/09/2012

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

Nutrition and restraint were not managed effectively to ensure the safety of residents.

Action required:

Provide a high standard of evidence-based nursing practice.

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:
<p>Provider's response:</p> <p>Our new care plans will incorporate a high standard of evidence based nursing practice in which nutrition and restraint are managed effectively.</p>	01/09/2012

Outcome 14: Suitable staffing

8. The provider is failing to comply with a regulatory requirement in the following respect:	
Some staff files did not contain all the information required in Schedule 2 of the Regulations for the recruitment, selection and vetting of staff.	
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:	
<p>Health Act, 2007</p> <p>Regulation 18: Recruitment</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>All staff have been notified in relation to outstanding information in their files and have been advised to furnish me with the correct up to date information by the end of the month.</p>	01/08/2012

9. The person in charge has failed to comply with a regulatory requirement in the following respect:	
The deputising arrangement did not provide sufficient cover for the person in charge in his absence.	
Action required:	
Ensure that the numbers and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.	

Reference: Health Act, 2007 Regulation 16: Staffing Standards 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: In relation to deputising, the senior staff nurse will cover any absence of the person in charge, this arrangement has been agreed with both parties.	01/07/2012

Outcome 15: Safe and suitable premises

<p>10. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There were inadequate numbers of toilets and baths/showers for residents use. There was no designated area for residents to meet visitors in private.</p> <p>There were no grip rails in some areas of the corridors and in a toilet in the reception area which was used by residents.</p> <p>Sluicing facilities were in the laundry area and presented an infection control risk.</p> <p>There was limited storage space and some assistive equipment was stored in communal areas.</p>
<p>Action required:</p> <p>Put in place an adequate number of toilets having regard to the number of dependant residents in the home.</p>
<p>Action required:</p> <p>Put in place an adequate number of baths and showers having regard to the number of persons in the centre and that a sufficient number of assisted baths and showers are provided, having regard to the dependency of the persons in the centre.</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>

Action required:	
Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.	
Action required:	
Provide necessary sluicing facilities.	
Action required:	
Provide adequate storage facilities.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We currently have 5 toilets and 30 residents.</p> <p>We have installed a grip rail in the front toilet as highlighted in the report.</p> <p>We currently have two assisted baths and two assisted shower rooms.</p> <p>We currently have a front reception where visitors can meet with residents in private.</p> <p>We are using a large six bed room for storage at the moment as it is vacant, we have plans submitted to the County Council for an extension to address the above concerns of the sluicing facilities and are awaiting response re: same.</p>	Awaiting planning permission

Outcome 16: Records and documentation to be kept at a designated centre

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

The directory of residents, operational policies and the insurance policy were not in line with legal requirements and required some further development.

Action required:	
Maintain an up-to-date record of residents called the "directory of residents" and include the information specified in Schedule 3 of the Regulations.	
Action required:	
Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26.	
Action required:	
Put in place all of the written and operational policies listed in Schedule 5 of the Regulations.	
Reference:	
Health Act, 2007 Regulation 23: Directory of Residents Regulation 27: Operating Policies and Procedures Regulation 26: Insurance Cover Standard 32: Register and Residents' Records Standard 29: Management Systems Standard 31: Financial Procedures	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: I am currently updating the directory of residents in line with Schedule 3 of the Regulations. I am also putting in place all of the written and operational policies as listed in Schedule 5 of the Regulations. Our insurance policy covers residents personal effect for up to €1300 per resident, I was talking to my insurance company and they verbally advised me that the insurance is in line with the regulations, I am waiting on written confirmation to confirm same.	01/09/2012

Outcome 17: Notification of incidents

<p>12. The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>Notification of an accident resulting in a fracture had not been made to the Chief Inspector. Notifications of quarterly returns to the Chief Inspector were not up-to-date.</p>

Action required:	
Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.	
Action required:	
Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any recurring pattern of theft or reported burglary.	
Action required:	
Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any accident.	
Action required:	
Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any fire, or loss of power, heating or water.	
Action required:	
Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any incident where evacuation of the designated centre took place.	
Reference:	
Health Act, 2007 Regulation 36: Notification of Incidents 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>While I have been sending Quarterly reports to the Chief inspector, I did not send the notification of an accident in the centre within the 72 hour time frame, instead I sent it in with the quarterly report. I will ensure the chief inspector will be informed from now on within the 72 hours of any accident that occurs in the centre.</p>	10/07/2012

Any comments the provider may wish to make:

Provider's response:

None received.

Provider's name: Derek Glynn

Date: 11 July 2012