La Verna Nursing Home inspection report, 13 January 2011

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	La Verna Nursing Home
Centre ID:	146
Centre address:	30 Haddon Road Clontarf Dublin 3
Telephone number:	01-8339879
Fax number:	01-8330529
Email address:	info@laverna.ie
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	MV Nursing Ltd
Person in charge:	Susan McGuire
Date of inspection:	13 January 2011
Time inspection took place:	**Start:** 10.35 hrs **Completion:** 17.15 hrs
Lead inspector:	Leone Ewings
Support inspector(s):	None
Purpose of this inspection visit	☐ Application to vary registration conditions ☐ Notification of a significant incident or event ☐ Notification of a change in circumstance ☐ Information received in relation to a complaint or concern ☒ 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 well-being 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

La Verna is a 28-bedded residential unit for people over the age of 65 years. It is set back from the road and is accessed by steps to the front door, or if level access is required, through double doors to the dining room, from the paved parking area to the front. The reception hall leads to the front sitting room, which overlooks the road. A further sitting room is located on the ground floor at the back of the centre.

Care is provided on a long and short term basis and includes respite, convalescence, dementia, six residents with mental health difficulties, some of whom are under 65 and one resident with an acquired brain injury.

The centre is laid out over four floors with access to the upper levels by stairs with three separate stair lifts in place. There is one private single bedroom, nine twin rooms which have an en suite shower and toilet, and three three-bedded rooms.

A newly built extension to the rear of the ground floor provides for a further four single rooms each with en suite shower room. An additional assisted toilet and multipurpose room, and bright day room.

The ground floor contains the kitchen, dining room, laundry room and six bedrooms, four twin and two three-bedded rooms. The ground floor bedrooms all have shared en suite shower and toilet facilities.

The assisted shower room and a separate bathroom are located on the ground floor level. There is also a small nurses' station and clinical store room on this level.

An outside smoking area is in place in a small shed/sheltered area.

There are two sitting rooms, one to the front of the house, and a second sitting area, overlooking the garden to the rear of the ground floor. The dining room is adjacent to the kitchen on the ground floor.

The first floor has an office for the person in charge, and two twin rooms with interconnecting en suite shower and toilet facilities.

The second floor has one single bedroom with hand-washing sink, and two twin bedrooms both with en suite shower and toilet facilities. The resident in the single room does not have access to shower facilities on this floor.

The third floor contains two residents' bedrooms with an interconnecting en suite shower and toilet room facilities for all five residents.

Limited space is available for car parking on the front driveway, and on the residential street it is situated on.

Location

La Verna is located on a tree-lined residential road in Clontarf, Dublin 3. It is a short walk to the sea front. Clontarf is served by many bus routes and has a nearby Dart Station. Shops and other amenities are located close by.

Date centre was first established:	1996 (this provider)
Number of residents on the date of inspection	22 (2 In hospital)
Number of vacancies on the date of inspection	4

Dependency level of current residents	**Max**	**High**	**Medium**	**Low**	***Independent**
Number of residents	7	3	2	2	8

* 8 residents assessed as independent using a modified Barthel Index dependency tool.

Management structure

The provider is MV Nursing Limited and director Vincent McDonald has owned the centre since 1996. The General Manager Shane Kelly oversees the management of this and another centre for the provider. The Person in Charge, Susan McGuire is in post since May 2010 and is responsible for the day to day management of La Verna. Ms McGuire reports to the General Manager, who meets with the provider weekly to report on issues.

Six staff nurses report to the Person in Charge, a further two relief staff nurses are available when required. 15 care assistants report to the person in charge or staff nurse in charge if she is not on duty. The activities coordinator, kitchen staff, maintenance person and cleaning staff report to the person in charge.

Administrative support staff are shared between the two centres and report to the General Manager.

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	2	2	0	1*

*Maintenance person

Background

La Verna Nursing Home was first inspected by the Health Information and Quality Authority's (the Authority) Social Services Inspectorate on 14 and 15 April 2010. This was a registration inspection and the inspectors found that overall the standard of governance at the centre was poor, staff were inadequately trained to look after residents with mental health difficulties and behavioural issues. The complaints procedure had not been updated to meet legislative requirements. Recruitment practices were not consistent with best practice, and staff files were not in compliance with legislation. The design and layout of the premises did not ensure the privacy and dignity of all residents. The standard of hygiene, maintenance and upkeep was found to be poor and staff employed did not demonstrate competence regarding moving and handling techniques. The chronology of the Authority's previous inspections is included at the end of this report.

A number of improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The provider was required to complete an action plan to address areas where significant improvements and some improvements were required. The inspection report can be found at www.hiqa.ie.

Subsequent to this inspection the provider appointed a new person in charge who took up her post in May 2010. A satisfactory fit person interview took place on 26 July 2010 with the general manager and the provider's nominated representative. Furthermore, on 28 July 2010 a satisfactory fit person's interview took place with the new person in charge.

This additional inspection report outlines the findings of a follow-up inspection that took place on 13 January 2011. The inspection was unannounced and focused on the 28 action plans and five recommendations where significant improvements and some improvements were required, outlined as points one to 27 in this report.

Summary of findings from this inspection

The follow-up inspection was facilitated in a helpful and welcoming way by the person in charge and other staff on duty. The inspector arrived unannounced and found the centre was warm and clean. There was activity going on throughout. The person in charge, key senior manager and four care staff were on duty. The inspector spoke to a number of residents. All were complimentary about the staff, facilities and the care they were receiving. The inspector also interviewed the person in charge and the activities staff.

The progress of the actions agreed with the provider to address the issues outlined in the report of 14 and 15 April 2010 was reviewed. The inspector found that all of the 28 actions outlined in the Action Plan had been fully addressed. The provider and person in charge have put in place actions to address the five issues raised in best practice recommendation in line with the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Documents such as the fire compliance certificate, statement of purpose and the safety statement requested on the previous inspection had been submitted in a timely fashion and meet legislative requirements. Residents care plans were being reviewed on a monthly basis. Medication management issues identified on the previous inspection had been addressed satisfactorily.

Overall, the management and staff have made substantial improvements, implemented policy and training needs, and addressed the actions in their Action Plan.

Overall the provider had addressed the action plans further to the previous inspection. Changes included appointment of a new person in charge, who is experienced and demonstrated good communication and leadership skills. Additional staff appointments included additional laundry and household staff and a part time maintenance person.

Three recommendations at the end of this report relates to information about chemical safety in the cleaner's rooms, provision of outside activities and signage at the centre.

Actions reviewed on inspection:

1. Action required from previous inspection:
Review staffing roster, and undertake staff appraisal to ensure that the assessed needs of the residents are met relating to residents with cognitive impairment, mental health difficulties and acquired brain injury.

This action had been addressed in full.

A new person in charge had been employed following the last inspection. She has the necessary skills, qualifications and experience required by legislation to be the person in charge. She spoke enthusiastically about changes which had taken place over the previous nine months at the centre. For example, closer links had been established with the community mental health team staff nurses had training at the dementia services information and development centre at St James' Hospital. Staff appraisal has commenced and a training plan developed further to this by the person in charge.

The inspector reviewed residents' records and found that detailed care plans for all residents were in place and full reassessments had taken place for each resident. The plans in place were found to be individualised and demonstrated the increased links with community services. The person in charge confirmed that she contacted the community psychiatric nurse for advice and guidance on agreeing care plans with residents. She was resident focused in her approach to all residents living at the centre.

The inspector reviewed the staffing roster and found that household staff had been recruited to provide laundry and household cleaning cover over seven days. A dedicated maintenance person had been employed two days per week. Arrangements were in place for administrative support from staff working at the other centre owned by the provider.

2. Action required from previous inspection:
Implement complaints procedure in full, and ensure a record of all complaints is kept in line with legislative requirement.

This action had been addressed in full by the provider.

The inspector reviewed the records of complaints, and follow up and found a full and complete record in place in line with legislative requirements. The complaints procedure was displayed in a prominent place and contained all aspects of the complaints procedure as required by the regulations.

The person in charge informed the inspector that she dealt with issues as they arose. For example, one relative was concerned that the alternative shed and outdoor space provided for the smoking room during the recent building works was not suitable for his relative. This matter was dealt with and records maintained of the outcome.

A system was in place whereby a weekly meeting was held with the general manager and any issues and complaints were discussed, the general manager would meet anyone who was dissatisfied in the first instance with the complaint response.

3. Action required from previous inspection:
Review the contents of the residents' guide and ensure that it meets legislative requirements.

This action had been addressed in full by the provider. The inspector reviewed the revised residents' guide and found that it met legislative requirements. A hard copy was available at reception for residents and visitors information.

4. Action required from previous inspection:
Review the statement of purpose and function and ensure it contains all the information required by the legislation outlined below.

This action had been addressed in full. The inspector reviewed a revised and updated version of the statement of purpose and which met legislative requirements. A statement of purpose was available in hard copy to residents and visitors at reception.

5. Action required from previous inspection:
Undertake a review of the safety management system in place, including risk assessments and a revised safety statement.

This action had been addressed in full. A full review of risk assessments had been completed and an updated safety statement was in place which addressed all the hazards identified in the risk assessments. A detailed safety statement was also submitted by the contractor prior to commencement of building works, the aim of this document was to minimise risk to residents living at the rear of the centre.

6. Action required from previous inspection:
Cease practice of using other residents' rooms for examination by visiting medical staff.

Review provision of curtains and screening in bedrooms, to ensure it is adequate to respect privacy at all times.

Review training needs of staff with regard to maintaining the privacy, dignity and modesty of residents during personal care.

These actions had been addressed in full.

The staff nurses and the provider confirmed to inspectors that the practice of using another resident's room for medical examinations had ceased. The visiting professionals were requested to see residents in their own rooms, or in the private multi purpose room on the ground floor if appropriate.

Adequate screening was seen to have been put in place in all shared rooms.
The inspector saw care assistants knocking on doors before entering, and all doors to communal toilets and bathrooms were kept closed to ensure privacy when in use.

7. Action required from previous inspection:
Ensure a readily accessible supply of fresh drinking water/other fluids is available to all residents at all times.

This action had been addressed in full.

Fresh drinks were seen in both day rooms and a cold water system was in place on the ground floor in the dining room. Fruit juices and other drinks were available from the kitchen staff that were easily accessible to residents from the dining room area. Hot drinks were seen being distributed at regular intervals during the day.

8. Action required from previous inspection:
Provide hand washing basin in the laundry room and the cleaner's store.

Review the practice of storing records and continence supplies in a locked cupboard in the laundry.

Review provision of a separate cleaners' room for the kitchen.

These actions had been addressed in full.

The inspector observed that a hand washing basin had been put in place in the laundry room and the cleaner's store. Records have been moved from the laundry room store and were now being stored in a secure locked area. Continence supplies were stored on the corridor to the laundry room in a covered cupboard.

A separate cleaners' room has been put in place for the kitchen. The safety data sheets were not found to be available to household and kitchen staff in both cleaner's rooms.

9. Action required from previous inspection:
Provide training to staff in how to use the assisted bath safely.

Review practices relating to bathing and showering of residents and ensure a policy is in place which supports practice in this area, which encompasses the privacy, dignity and respect for the resident.

These actions had been addressed in full.

Training had been provided to all staff in the use of the assisted bath. The care assistants spoken to on the day of the inspection explained to the inspector how to operate the equipment safely. The person in charge informed the inspector that she would arrange training on an ongoing basis.

The inspector noted that privacy for residents had been improved with provision of privacy locks, improved pictorial signage on the bathroom, shower and toilet doors.

The inspector observed staff working at the centre and noted that they were courteous and showed respect for all residents in their work and interaction with them.

10. Action required from previous inspection:
Provide a written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

This action had been addressed in full.

A written confirmation from a competent person was received by the Authority from the provider in relation to fire safety compliance for La Verna Nursing Home dated 15 December 2010. This compliance was received following completion of building works at the centre.

11. Action required from previous inspection:
Ensure a detailed ongoing maintenance programme is in place, which includes communal areas, residents' rooms, and toilet and bathing facilities.

This action had been addressed in full.

A part time maintenance person has been employed for two days per week. A substantial new extension has been completed and hygiene and maintenance of the remaining parts of the centre has much improved.

All toilet, bathing and communal areas had been maintained to a high standard. The person in charge has a rolling programme in place of maintenance works required at the centre.

12. Action required from previous inspection:
Devise and implement a policy for the creation, access, retention and destruction of records.

Devise and implement a policy for the provision of information to residents.

Review policies in place and ensure they are signed and have an implementation date.

This action had been addressed in full.

Policies were in place for the creation, access, retention and destruction of records, and provision of information to residents.

All policies reviewed by the inspector had been signed with an implementation date, and were found to be contemporary and evidence-based.

13. Action required from previous inspection:
Ensure an accurate record of hours worked by the person in charge is recorded on the staff roster.

This action had been addressed in full.

The staff roster reviewed contained the name and working hours of the person in charge recorded.

14. Action required from previous inspection:
Review staffing provision relating to laundry during day-time hours, cleaning at weekends and cover for leave, and maintenance requirements.

The inspector was satisfied that this action had been addressed in full.

A full laundry service was found to be working during the day time hours only. A staff member was allocated to laundry seven days a week. The inspector spoke to this staff member and found she was knowledgeable in her role and infection control policy.

15. Action required from previous inspection:
Review residents' dependencies using a validated dependency rating tool.

This action had been addressed in full.

The person in charge had completed a full reassessment of residents' dependencies using a validated dependency rating tool. The tool was used as part of a larger range of assessment tools used to assess and reassess each resident. The resident assessments reviewed by the inspector were clearly focused on the residents abilities and maintaining independence.

16. Action required from previous inspection:
Audit the policy on recruitment of staff in relation to interviewing staff for employment.

Review and amend policy if necessary.

This action had been addressed in full.

The person in charge advised the inspector that the policy for recruitment of staff had been implemented. A second interviewer was now always in place, the notes of these interviews were kept and signed by both staff members. The person in charge informed the inspector that she may meet with a candidate informally if appropriate to assess suitability for the post.

17. Action required from previous inspection:
Review sluice room and provide adequate sluicing facilities to meet the needs of all residents.

Ensure staff all are trained in infection prevention and control best practice.

This action had been addressed in full.

The sluice room contained all the requirements of the standards. The inspector found it clean with a clear system of waste management and high standard of hygiene in place.

Staff working at the centre demonstrated a high level of awareness of infection prevention and control. All staff had access to hand gels and hand-washing sinks to support their work.

18. Action required from previous inspection:
Notify the resident of any review of the care plan, and document any such consultation or review with the resident or their representative.

This action had been addressed in full.

The provider informed the inspectors that each resident (or their representative) were notified of any planned review of their care plan.

The care plans reviewed by the inspector were found to be resident focused and accurately documented the care needs and personal preferences of the residents.

19. Action required from previous inspection:
The provider to ensure that the person in charge undertakes training in complaint's management, and keeps adequate records of any complaints made at the centre.

The provider to ensure that the complaint's policy is implemented in full and all complaints are appropriately responded to, and recorded in line with legislative requirements.

This action had been addressed in full.

The person in charge at the time of the registration inspection on 14 and 15 April 2010 had left her post. The new person in charge had been involved with a small number of verbal and written complaints, and she demonstrated that she was competent with complaint's management and follow up, including documentation in line with the written complaints policy and procedure in place at the centre.

20. Action required from previous inspection:
The provider to ensure all staff have access to and undertake training in dementia care and personhood.

This action had been addressed in full.

The dementia training with the acute services was found to be planned for and ongoing. The person in charge also lead by example and demonstrated her skills and experience for staff with the management of residents with dementia or a cognitive impairment.

21. Action required from previous inspection:
Review each individual staff file and ensure full and complete information is on file to meet the requirements of the relevant legislation outlined below.

This action had been addressed in full.

A sample of staff files reviewed by the inspector were found to meet legislative requirements.

22. Action required from previous inspection:
Provide a visitors' room to meet the needs of all residents and their visitors.

This action had been addressed in full.

The new multipurpose room has been identified for use as a visitors' room, in addition to the two day rooms, and large dining room.

23. Action required from previous inspection:
The person in charge to ensure that minimum mandatory training requirements are met and updated on an ongoing basis. Ensure the training record is kept up to date.

This action had been addressed in full.

Mandatory training requirements in fire, manual handling and elder abuse were met and updated on an ongoing basis. The training records were reviewed and kept up to date since the last inspection.

24. Action required from previous inspection:
Review training and supervision needs of the staff nurse, and ensure medication is administered according to best practice.

The person in charge to put in place a system of audit for medication management at the centre.

These actions had been addressed in full.

Training has been provided for the staff nurse involved with the incident during the last inspection, and competencies assessed following a medication update. A sample of staff files was reviewed by the inspector and evidence of medication management training and updates were found.

A system of monthly medication management audit was found to be in place with the involvement of the pharmacist and the person in charge.

25. Action required from previous inspection:
Provide training for all staff in relation to pressure ulcer prevention and equipment used.

This action had been addressed in full.

The inspector saw that residents were appropriately assessed and appropriate supportive equipment provided and maintained relating to pressure ulcer prevention and management. The pressure relieving mattresses in use were being used as per the manufacturer's instructions and settings appropriate to each resident needs.

Staff files reviewed provided evidence that pressure ulcer prevention and management training had taken place.

26. Action required from previous inspection:
Provide training and information regarding the relevant legislation for all staff working at the centre.

The inspector was satisfied that this action had been addressed in full.

The person in charge had experience of regulation both in the last centre she managed and in the United Kingdom. She was familiar with the legislation and standards. Each staff member spoken with was familiar with local policy, standards and the purpose of inspection relative to the legislation.

27. Action required from previous inspection:
Review cover for annual leave and other absences of the person in charge. Put in place a suitably qualified person to manage the centre in the absence of the person in charge.

This action had been addressed in full.

A key senior manager has been formally appointed and notified to the Authority on the NF31 documentation. The key senior manager covered the absence of the person in charge in the gap between the previous person in charge leaving and the appointment of the present person in charge. She also covered for annual and other leave.

The inspector was satisfied with the information and verifications provided with the skills and experience of the key senior manager. She was present at the centre during the follow up inspection and during discussion with the inspector demonstrated her knowledge and experience.

28. Action required from previous inspection:
Review training needs, and identify and provide staff with training identified to meet the needs of the residents at the centre, particularly relating to residents with dementia, acquired brain injury and mental health difficulties.

This action had been addressed in full.

The person in charge had met individually with each member of staff, performed an appraisal and a record of each staff members training needs was documented.

Dementia, communication and training in mental health difficulties had taken place since the last inspection. Staff spoken with were knowledgeable regarding the needs of all the individual residents living at the designated centre.

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.	Review signage in place at the centre, and put in place appropriate signage that meets the needs of all residents. Consider residents' need for a private telephone. Repair or replace clock in sitting room, consider a further clock for the back sitting room. Review seating requirements in sitting room, and replace or re-upholster arm chairs that have worn out. Review use of bed covers / counterpanes which touch the floor, and need frequent cleaning. Review the environment in some residents' rooms, as there is a lack of personalisation in these shared rooms. Provide a lockable storage area for each resident in their rooms. **Provider's response:** I have placed appropriate signage around the centre as suggested in research by The University of Stirling Dementia Services Development Centre. The clock in the residents lounge has been repaired. A cordless telephone is available for residents to make or receive calls in private. The counterpanes will be replaced with duvets and covers which are on order. I am waiting for a delivery date. The general manager and the maintenance person will be attending to the lockable storage areas for residents and replacement of chairs in the residents lounge.

	Quotes have been sought for lockable spaces and replacement furniture as part of new build/renovation project. **Inspector findings:** The inspector found that the recommendations had largely been addressed as outlined in the provider's response.
Standard 1 Information	Provide information on advocacy services available to residents. Make this information accessible in a format where the person in charge does not need to be consulted to access telephone numbers. **Provider response:** I have placed a list of advocacy services in the entrance foyer and residents/visitors are encouraged to take a copy. **Inspector findings:** The inspector found that the recommendations had largely been addressed as outlined in the provider's response.
Standard 24 Training and Supervision	Review the use of incontinence sheets on beds with pressure relieving mattresses in place. Ensure all continence products used are evidence-based. **Provider response:** Incontinence sheets are no longer used in La Verna. Assessments have taken place and submitted for the provision of continence wear from the Health Service Executive. Staff training has taken place on 13 May 2010 facilitated by a continence product provider in continence management. **Inspector findings:** The inspector found that the recommendations had largely been addressed as outlined in the provider's response.
Standard 2 Consultation and Participation	Review activities programme to include outdoor activities and outings and to ensure that residents and relatives are consulted and involved with any planning. Provider response: The activities programme has been extended and the activities organiser is currently undertaking an activities assessment for each resident to establish their wishes for

	particular activities. Activities that have taken place in the past few weeks have included a fun day with clowns, horse racing and world cup penalty shoot out. The residents meetings are a forum for the residents to plan what their choice of activities are. **Inspector findings:** The inspector found that the recommendations had largely been addressed as outlined in the provider's response. A Christmas lights bus outing was enjoyed by the residents, further outings were planned and activities had been enhanced by the new larger day room in place at the back of the centre.

Report compiled by:

Leone Ewings

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

9 March 2011

Chronology of previous HIQA inspections	
Date of previous inspection	**Type of inspection:**
14 and 15 April 2010	☒ Registration ☐ Scheduled ☐ Follow up inspection ☒ Announced ☐ Unannounced

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 2: Consultation and Participation	Review the activities programme to ensure outside activities are made available to residents. Further develop links with advocacy services relevant to the resident profile at the centre.
Standard 26: Health and Safety	Provide the chemical safety data sheets for cleaning products, in use in the cleaner's rooms at the centre.
Standard 25: Physical Environment	Review signage and use of colours in place at the centre, and ensure pictorial signage is appropriately placed.

Any comments the provider may wish to make:

Provider's response:

I would like to thank the inspector for this report, which we are delighted with. The inspector's professional approach throughout the process has enabled us to work well in a partnership to achieve best results. I believe it conveys the huge amount of work which has been done over the last year at La Verna Nursing Home and highlights our true commitment to providing quality care to our residents.

I must congratulate Susan McGuire our Director of Nursing whose leadership has facilitated enormous improvements in the service provided at La Verna Nursing Home where we are delighted to be opening our new extension and are confident it will add to the quality of life of our residents.

Provider's name: Shane Kelly, General Manager.

Date: 29 March 2011.