

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



|  |  |
|--|--|
| <b>Centre name:</b>                      | Riverdale House  |
| <b>Centre ID:</b>                        | 0448   |
| <b>Centre address:</b>                   | Blackwater   |
|  | Ardnacrusha  |
|  | Co Clare   |
| <b>Telephone number:</b>                 | 061340525  |
| <b>Fax number:</b>                       | 061341874  |
| <b>Email address:</b>                    | riverdalenursinghome@eircom.net  |
| <b>Type of centre:</b>                   | <input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>  |
| <b>Registered providers:</b>             | Riverdale Nursing Home Ltd   |
| <b>Person in charge:</b>                 | Maura McGrath  |
| <b>Date of inspection:</b>               | 15 November 2011   |
| <b>Time inspection took place:</b>       | <b>Start:</b> 09:30 hrs <b>Completion:</b> 15:00 hrs   |
| <b>Lead inspector:</b>                   | Mary Costelloe   |
| <b>Support inspector:</b>                | N/A  |
| <b>Type of inspection:</b>               | <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced   |
| <b>Purpose of this inspection visit:</b> | <input type="checkbox"/> Application to vary registration conditions<br><input type="checkbox"/> Notification of a significant incident or event<br><input type="checkbox"/> Notification of a change in circumstance<br><input type="checkbox"/> Information received in relation to a complaint or concern<br><input checked="" type="checkbox"/> Follow-up inspection |

## About the inspection

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

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

Additional inspections take place under the following circumstances:

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

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

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

## About the centre

### Description of services and premises

Riverdale Nursing Home is a two-storey centre and first opened in 1990 as a family-run business. Two extensions were added in 1997 and 2001. There are places for 29 residents providing long-term, palliative and respite care. At the time of inspection 25 residents were living there including some residents with dementia.

The dining room, kitchen, day-room, and some of the residents' bedrooms are located on the ground floor. The entrance door is fitted with a key pad system and leads to a small reception area which includes a reception desk. A small seating area is located in the reception area and at the entrance to the dining room.

Communal accommodation comprises of a day-room, dining room and visitors room. The kitchen is located beside the dining room.

Bedroom accommodation is provided on both floors. There are 20 bedrooms in total, eleven single bedrooms and nine twin rooms. Seven single and five twin rooms are located on the first floor with the remaining four single and four twin rooms on the ground floor.

Three single bedrooms and three twin rooms have en suite toilet and hand-wash facilities. One twin room located on the ground floor has an en suite shower, toilet and hand-wash basin. The remaining bedrooms have hand-washing sinks provided.

There are four additional assistive bathrooms/shower rooms - two on the ground floor and two on the first floor for residents' use only. On the ground floor there is one assistive bathroom with bath, wash-hand basin and toilet and also an assistive shower room with shower, toilet and wash-hand basin. Two assistive shower rooms with shower, wash-hand basin and toilet are located on the first floor. One of these shower rooms is also used for hairdressing and a second sink is provided for this purpose.

An additional toilet for residents use is provided directly opposite the day-room and a visitor's toilet is also provided on the ground floor. There is a designated staff toilet in a separate building which is used by both catering and non catering staff. There is a separate sluice and cleaner's room. A laundry room is provided separately in an external building.

There are three separate stairs and a lift provided between floors. Two of the staircases are used specifically as fire escape routes.

Outdoor space with seating and tables is available for residents' use. A mature garden is provided to the side of building and a small shrubbery is located at the front. The centre is wheelchair accessible and has limited car parking for relatives, staff and visitors.

## Location

Riverdale House is located in Blackwater, Co Clare and is approximately six kilometres from Limerick city.

|   |                    |
|---|--------------------|
| <b>Date centre was first established:</b>             | 1989               |
| <b>Number of residents on the date of inspection:</b> | 25 + 1 in hospital |
| <b>Number of vacancies on the date of inspection:</b> | 3                  |

| <b>Dependency level of current residents</b> | <b>Max</b> | <b>High</b> | <b>Medium</b> | <b>Low</b> |
|--|------------|-------------|---------------|------------|
| <b>Number of residents</b>                   | 11         | 4           | 5             | 5          |

## Management structure

The Provider is Riverdale Nursing Home, a limited company and there are two Directors, Mary Keane-Storey and Stephen Storey. The designated person to act on behalf of the company is Mary Keane-Storey. The Person in Charge, Maura McGrath reports directly to the Providers. In the absence of the Person in Charge, a senior staff nurse deputises. The Person in Charge is supported by a team of nurses and care assistants, who report directly to her. Catering and housekeeping staff report to the Provider and in the absence of the Provider, to the Person in Charge. Maintenance work is the responsibility of Stephen Storey whilst Mary Keane-Storey assumes responsibility for human resources (HR) and administration.

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

\* Provider Mary Keane-Storey (Administration )

\*\* Provider Stephen Storey (Maintenance)

## Background

Riverdale House was first inspected by the Health Information and Quality Authority's (the Authority) Social Services Inspectorate on 19 and 20 May 2010 and it was an announced registration inspection. The provider had applied for registration under the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Good practice was observed across all domains. There were adequate staffing levels on duty with appropriate skill-mix to meet the needs of the residents. The provider attended the centre on a daily basis as support to the person in charge. On the day of inspection there was an additional staff nurse on duty to allow the person in charge to be available for the inspection.

Staff demonstrated a comprehensive knowledge of residents' needs and this was reflected in the way staff interacted with residents including those with dementia and communication difficulties.

Inspectors were satisfied that residents' medical and nursing needs were being met to a satisfactory standard.

Inspectors identified some significant areas of concern in regard to risk management and in relation to infection control. There were also some improvements required to meet the Regulations such as amending and implementing the statement of purpose.

The inspection report can be found at [www.hiqa.ie](http://www.hiqa.ie).

## Summary of findings from this inspection

This additional inspection report outlines the findings of a follow up inspection that took place on 15 November 2011. The purpose of this unannounced inspection was to review progress on the actions of the registration inspection of 19 and 20 May 2010.

Overall, the inspector was satisfied that the provider had implemented many of the actions required from the previous inspection within the agreed timeframes. The provider and person in charge were positive in their attitude and were committed to ensuring ongoing improvements.

The key measures taken by the provider since the previous inspection were as follows:

- medications requiring strict controls (MDA's) were now managed appropriately
- risk assessments had been reviewed and updated
- control measures had been put in place to reduce identified risks
- a bedpan washer had been provided to improve sluicing facilities
- arrangements were in place for segregation and laundering of linen and residents' personal clothing
- the system used to supply hot water to the building had been improved, new taps had been provided to the wash-hand basin in the nurses' office
- the statement of purpose had been reviewed and updated
- the complaints policy had been updated
- the Residents' Guide had been updated to reflect staff numbers on duty
- all care assistants had completed Further Education and Training Awards Council (FETAC) Level 5.
- additional screening curtains had been provided in some shared bedrooms to ensure privacy
- the person in charge had commenced the auditing of incidents and accidents
- staff files had been updated to comply with the requirements of the Regulations
- the provider had introduced a staff appraisal system
- the directory of residents had been updated
- policies had been signed, dated and implemented
- a space for residents to meet visitors in private had been provided
- a lockable storage space was provided to residents who wished to have one.

## **Actions reviewed on inspection:**

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

Ensure appropriate and suitable practices relating to the storing of medicines are in place in that medications requiring strict control are checked and signed by two nurses at each change of shift.

Maintain a record of medications returned to the pharmacy other than medications requiring strict control which is signed by the pharmacist and nurse. Ensure this practice reflects the medication policy.

This action was completed.

The inspector observed that medications requiring strict control (MDA's) were checked and signed by two nurses at the each change of shift. The inspector checked the MDA register, counted some MDA's and found them to be correct. A record was maintained of all medications which were returned to the pharmacy. The log book was signed and date stamped by the pharmacist.

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

Update care plans to reflect the current condition of the resident following assessment.

This action was partially completed.

The inspector reviewed a sample of resident's files including the files of residents who were confused, had infections and those with bedrails in place at night time. The person in charge had completed a detailed social and activity assessment which provided detailed and person-centred information on each resident. Individual risk assessments for falls, risk of developing pressure ulcers and nutritional assessments were reviewed regularly and up to date. Residents were weighed and weights were recorded monthly.

Comprehensive nursing assessments were completed but were not reviewed and updated regularly and some did not therefore reflect the current condition of the resident. The care plans in place were reviewed regularly but there were no care plans in place for some identified issues such as risk of falling, osteoporosis and confusion.

The person in charge told the inspector that they had recently adapted and implemented the national policy on use of restraint. She told the inspector that bed rails were the only form of restraint being used and that approximately 13 residents had bedrails in place at night time. She had completed 'Train the Trainer' course and was due to complete training with all staff in house. The inspector noted that an assessment for the safe use of restraint and consent forms was completed. Two-

hourly checks were carried out and documented on residents at night time. There was no indication that alternatives to the use of restraint had been considered or tried in line with the national policy 'Towards a Restraint Free Environment in Nursing Homes'.

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

Review and the risk management policy to include the identification and assessment of environmental risks.

Secure access from the garden to a river and unlocked workshop.

Secure the loose section of the stair rail and fit grab rails to one set of stairs used as a fire escape.

Ensure fire escapes are not obstructed.

Alert residents to the sloping floor surface on the first floor.

This action was partially completed.

The inspector reviewed the updated risk management policy and register. Risks associated with access from the garden, fire escapes and uneven floor levels had been included. Risks identified at the previous inspection had been acted upon. A lockable gate had been provided in the garden to prevent residents accessing the equipment store and river area, handrails had been provided to stairwells and a notice alerting residents to the sloping floor was provided. However, other environmental risks associated with the stairs, kitchen and laundry area were not included.

The inspector noted a wheelchair stored in front of a fire exit. The door to the sluice room which was also used to store clinical waste was not locked, this posed a risk to residents and visitors.

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

Put in place suitable practices in infection control in accordance with current Regulations and best practice guidelines.

Provide adequate sluicing and bed pan washing facilities.

Put in place adequate arrangements for segregating and laundering soiled linen.

Provide an adequate supply of hot water to all wash-hand basins in the kitchen, toilets and at the nurses' station.

Ensure the flow of water at the nurses' station is sufficient to allow for adequate hand washing.

This action was completed.

A new bedpan washer was provided to the sluice room to ensure adequate sluicing in line with best practice. Colour coded laundry bins and alginate bags were provided to segregate soiled linen. The inspector spoke with the housekeeping staff on duty and she was clearly able to explain the arrangements in place to segregate and launder infected linen and clothing.

An adequate supply of hot water was available to all wash-hand basins and new taps had been fitted to the wash-hand basin in the nurses' office to ensure adequate flow of water. The provider showed the inspector the new separate thermostat that had been provided to the hot water system to ensure ongoing supply of hot water. There was adequate hot water at the time of inspection.

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

Implement the statement of purpose and amend it to include all of the information as required by the Regulations.

This action was partially completed.

The statement of purpose required some further updates in order to comply with requirement of the Regulations. The statement of purpose did not include the conditions attached as per the registration certificate, the current professional registration of the person in charge, the type of nursing care to be provided, the size of the communal day spaces, arrangements made for residents to attend religious services of their choice, the fire precautions and associated emergency procedures and the updated arrangements for dealing with complaints.

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

Put in place arrangements for dealing with complaints in line with the Regulations.

This action was partially completed.

The inspector reviewed the updated complaints policy dated June 2010 which included the details of the appeals procedure and reference to the Authority had been removed. The inspector noted that the complaints procedure displayed did not clearly outline how to make a complaint, who to complain to, timeframes involved and how to appeal the decision if dissatisfied with the outcome. The inspector reviewed the register of complaints and noted that no complaints had recently been received. The form used to log complaints did not include outcome of complaint or details as to whether the complainant was satisfied or not with the outcome.

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

Amend the residents guide to accurately reflect the minimum number of staff on duty.

This action was completed.

The Residents' Guide had been updated to reflect the minimum staff on duty.

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

Ensure all fees are listed in the new contracts of care.

This action was not completed.

The inspector reviewed some contracts of care and noted that the fees to be charged were not included.

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

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

This action was completed.

Ten care assistants had completed FETAC level 5 training. Training records reviewed and staff spoken to confirmed this. The provider and person in charge were committed to ongoing professional development of staff and a wide range of training had taken place over the past year. Training included dealing with dementia, elder abuse, care planning and documentation, nutrition and menu planning, MUST training, guidelines on how to assist with hearing deficit/vision impairment, medication management, wound management, end-of-life care and diabetes.

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

Review arrangements to safeguard the privacy of residents when undertaking personal activities.

This action was completed.

The provider had reviewed the screening curtains in place in all shared bedrooms and had provided additional curtains. Screening curtains now fully enclosed each bed.

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

Arrange for the regular laundering of linen and clothing.

This action was completed.

The inspector noted facilities in place for laundering of residents' private clothing. Housekeeping staff told the inspector that residents clothing was laundered separately and individually for each resident. All clothing was returned to residents bedrooms by the housekeeper.

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

Establish and maintain a system for auditing and monitoring of incidents and accidents to ensure learning and improvements in practice take place.

Record the time of accidents and incidents and complete sections with the correct information.

This action was partially completed.

The person in charge had reviewed and documented the number of falls on a monthly basis but had not yet commenced formal auditing of incidents and accidents therefore there were limited improvements or learning documented as a result.

The time of accidents was now being recorded on accident/incident sheets but there was no record maintained if the general practitioner (GP) or relatives were notified or not.

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

Ensure all information maintained on staff files meet the requirements of Schedule 2 of the Regulations.

Complete the staff appraisal system with all staff and ensure all relevant information is recorded in appraisal forms to inform staff training and development.

This action was completed.

The inspector reviewed a number of staff files. The files contained all documentation as required in Schedule 2 of the Regulations.

The provider had introduced a staff appraisal system. She told the inspector that she was using this information to identify and plan training needs for staff. Some training needs identified had already been completed by staff.

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

Maintain a record of all the matters listed in Schedule 3 of the Regulations in the directory of residents.

This action was completed.

The inspector reviewed the directory of residents and found it to be up-to-date and contained the information as listed in Schedule 3 of the Regulations.

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

Sign and date all policies as implemented.

This action was completed.

All policies had been signed, dated and implemented. Staff informed the inspector that policies were discussed formally at staff meetings and informally at break times.

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

Provide a suitable private area which is separate from the resident's own private rooms.

This action was completed.

A separate visitor's room had been provided in the location of the former smoking room. The provider told the inspector that there were currently no residents who wished to smoke. The provider told the inspector of her intention to extend the building and showed a draft set of plans which included increased communal space, visitors' room and increased size to some bedrooms and provision of more en suite facilities.

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

Provide a lockable space for residents to store their possessions.

This action was completed.

A lockable storage space had been provided to some bedrooms. The provider and person in charge told the inspector that all residents were given the choice of having a lockable space in their bedroom. The inspector observed that some residents choose to have a lockable drawer in their locker, some choose a lock for their wardrobe and one resident had a key to lock her own bedroom.

**Report compiled by:**

Mary Costelloe

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

17 November 2011

| <b>Chronology of previous HIQA inspections</b> |  |
|--|--|
| <b>Date of previous inspection:</b>            | <b>Type of inspection:</b>   |
| 19 and 20 May 2010                             | <input checked="" type="checkbox"/> Registration<br><input type="checkbox"/> Scheduled<br><input type="checkbox"/> Follow-up inspection<br><br><input checked="" type="checkbox"/> Announced<br><input type="checkbox"/> Unannounced |

## Provider's response to inspection report \*

|                            |                  |
|----------------------------|------------------|
| <b>Centre:</b>             | Riverdale House  |
| <b>Centre ID:</b>          | 0448             |
| <b>Date of inspection:</b> | 15 November 2011 |
| <b>Date of response:</b>   | 16 December 2011 |

### Requirements

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

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

Comprehensive nursing assessments were not reviewed and updated regularly and some did not therefore reflect the current condition of the resident. There were no care plans in place for some identified issues such as high risk of falling, osteoporosis and confusion.

There was no indication that alternatives to the use of restraint had been considered or tried in line with the National policy 'Towards a Restraint Free Environment in Nursing Homes'.

#### Action required:

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

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

|   |                   |
|---|-------------------|
| <b>Action required:</b>   |                   |
| Update care plans to reflect the current condition of the resident following assessment.  |                   |
| <b>Reference:</b>   |                   |
| Health Act, 2007<br>Regulation 8: Assessment and Care Plan<br>Standard 10: Assessment<br>Standard 11: The Resident's Care Plan            |                   |
| <b>Please state the actions you have taken or are planning to take with timescales:</b>   | <b>Timescale:</b> |
| Provider's response:  |                   |
| All care plans have been updated in accordance with the Health Act 2007, Regulation 8 - Assessment and Care Plan and Standards 10 and 11. | Completed         |

|   |
|---|
| <b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b>   |
| Environmental risks associated with the stairs, kitchen and laundry area were not identified.   |
| The inspector noted a wheelchair stored in front of a fire exit.  |
| The door to the sluice room which was used to store clinical waste was not locked, this posed a risk to residents and visitors.   |
| <b>Action required:</b>   |
| 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. |
| <b>Action required:</b>   |
| Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.   |
| <b>Reference:</b>   |
| Health Act, 2007<br>Regulation 31: Risk Management Procedures<br>Standard 26: Health and Safety<br>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>Risk management assessments and policies have been updated.</p> <p>An external company is to carry out a full audit of Riverdale House to ensure that all legal requirement and legislation have been complied with.</p> <p>Door to sluice room is now locked.</p> | <p>Completed</p> <p>Mid January</p> <p>Completed</p> |

| <p><b>3. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The statement of purpose did not include the conditions attached as per the registration certificate, the current professional registration of the person in charge, the type of nursing care to be provided, the size of the communal day spaces, arrangements made for residents to attend religious services of their choice, the fire precautions and associated emergency procedures and the updated arrangements for dealing with complaints.</p> |                     |
|---|---------------------|
| <p><b>Action required:</b></p> <p>Update the Statement of purpose to include of all matters listed in Schedule 1 of the Regulations.</p>  |                     |
| <p><b>Reference:</b></p> <p>Health Act, 2007<br/> Regulation 5: Statement of Purpose<br/> Standard 28: Purpose and Function</p>   |                     |
| Please state the actions you have taken or are planning to take with timescales:  | Timescale:          |
| <p>Provider's response:</p> <p>All details are updated in the Statement of Purpose to include all matters listed in Schedule 1 of the Regulations. This is now ready to go to the printers but because of Christmas will not be printed until January 2012.</p>   | <p>January 2012</p> |

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

The complaints procedure displayed did not clearly outline how to make a complaint, whom to complain to, timeframes involved and how to appeal the decision if dissatisfied with the outcome. The form used to log complaints did not include outcome of complaint or details as to whether the complainant was satisfied or not with the outcome.

**Action required:**

Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

**Action required:**

Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

**Reference:**

Health Act, 2007  
Regulation 39: Complaints Procedures  
Standard 6: Complaints

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

**Timescale:**

Provider's response:

Complaint policy and records to be updated as per Health Act 2007, Regulation 39 and Standard 6

January 2012

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

Some contracts of care did not include the fees to be charged.

**Action required:**

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

**Reference:**

Health Act, 2007  
Regulation 28: Contract for the Provision of Services  
Standard 7: Contract/Statement of Terms and Conditions

| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
|--|------------|
| Provider's response:<br><br>Contract of Care updated to include fees.            | Completed. |

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

The person in charge had commenced the auditing of incidents and accidents on a monthly basis however there were limited improvements or learning as a result of the audits documented.

There was no record maintained on the incident/accident report form to state if the general practitioner (GP) or relatives were notified or not.

**Action required:**

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

**Reference:**

Health Act, 2007

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

Standard 30: Quality Assurance and Continuous Improvement

| Please state the actions you have taken or are planning to take with timescales:   | Timescale: |
|--|------------|
| Provider's response:<br><br>Audits to now also be done on a three-monthly basis as advised by the inspector to indicate if there is any patterns occurring. It has always been our policy to inform both the doctor and next of kin of any accident. This will now be documented on the accident form. | Completed  |

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

**Provider's response:**

None

**Provider's name:** Mary Keane Storey

**Date:** 16 December 2011