

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Kenmare Nursing Home 'Tir na nOg'
<b>Centre ID:</b>	ORG-0000239
<b>Centre address:</b>	Killaha East, Kenmare, Kerry.
<b>Telephone number:</b>	064 66 41 315
<b>Email address:</b>	nursinghome@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Tim Harrington
<b>Provider Nominee:</b>	Tim Harrington
<b>Person in charge:</b>	
<b>Lead inspector:</b>	John Greaney
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	20
<b>Number of vacancies on the date of inspection:</b>	2

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 04 March 2014 10:15 To: 04 March 2014 19:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

Overall the inspector was satisfied that staff provided care to residents in a homely and relaxed manner. Residents were complimentary of staff and staff members appeared to be knowledgeable of residents individual needs. Improvements made since the last inspection were noted in relation to access to allied health/specialist services and the patio to the rear of the premises had been resurfaced.

The person in charge had recently resigned her position and while interim arrangements were in place for the management of the centre and a recruitment process had commenced, the centre did not have a person in charge as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

As outlined in previous inspection reports significant improvements were required in relation to the design and layout of the premises. A number of the bedrooms were inadequate in size for the needs of residents and to enable staff move comfortably around the bedrooms in order to care for residents. In addition to the inadequate size of the bedrooms, three of the single bedrooms did not have a window view of the exterior.

In addition to the absence of a person in charge and the required improvements in bedroom accommodation, other required improvements included:

- sluicing/cleaning facilities
- contracts of care

- risk management
- policies and procedures
- personnel files

The action plan at the end of this report identifies where improvements are needed to meet the requirements of 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.

**Section 41(1)(c) of the Health Act 2007 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.**

**Outcome 02: Contract for the Provision of Services**

*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.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed a sample of contracts of care, however, not all residents had an agreed up-to-date contract in place. While the contract specified the amount payable each week by the resident or their representative, it did not clearly specify what services were covered by the basic weekly fee and what services incurred an additional fee.

**Outcome 03: Suitable Person in Charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Major

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The person in charge resigned in January 2014 and the provider has commenced a recruitment process for a new person in charge. In the interim a staff nurse has been managing the centre as Acting Person in Charge, however, the provider is in contravention of his statutory requirements of the Regulations, as the centre does not have a person in charge with the required experience in the area of nursing of the older person.

**Outcome 06: Safeguarding and Safety**

*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.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There was a policy on the prevention, detection and response to abuse, however it was not signed or dated. The policy was not sufficiently comprehensive as it did not provide adequate guidance on abuse, the measures in place to safeguard residents from abuse, the investigative process in the event of suspicions or allegations of abuse or the safeguarding of residents in the event of an investigation.

Staff were facilitated to attend training on the detection and response to abuse - most, but not all staff had up-to-date training. Staff spoken with by inspectors were knowledgeable of what to do in the event of an allegation of abuse. Residents spoken with by the inspector stated that they felt safe in the centre. There were adequate systems in place for the management of residents' finances.

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There was a health and safety statement dated 2012. There was a risk assessment and management policy most recently reviewed in September 2012, however, it did not adequately address the investigation and learning from serious incidents/adverse events and there was inadequate evidence of a systematic review of accidents and incidents to promote learning. The policy addressed the risks specified in Article 31 of the Regulations but not in sufficient detail as it did not identify the precautions in place for all the risks specified. There was evidence of risk assessments being carried out for individual residents for issues such as the use of mobility aids, use of the hoist and for risk of absconsion through windows that did not have window restrictors in place.

Training records indicated that not all staff had received up-to-date training in manual handling.

There was an emergency plan that was most recently reviewed in November 2012. The plan addressed the emergency evacuation of residents and safe placement of residents in the event of a prolonged evacuation. The plan, however, did not address in adequate detail what to do in the event of other emergencies such as loss of electricity, loss of water and loss of gas.

The inspector reviewed the fire safety register, which detailed the annual service and inspection of fire safety equipment and the quarterly service of the fire alarm. Records indicated that there was a daily inspection of means of escape, weekly sounding of the fire alarm and weekly inspection of door release mechanisms. All emergency exits were seen to be unobstructed on the day of inspection. Training records indicated that most, but not all, staff had received up-to-date training in fire safety. Staff members spoken with by inspectors were knowledgeable of what to do in the event of a fire.

**Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There was a medication management policy dated July 2009 and most recently reviewed in September 2012. The policy was not comprehensive and did not provide adequate guidance on the ordering, prescribing, storing and administration of medications in the centre. There were adequate procedures in place for the management of controlled drugs. Medication administration practices observed by the inspector were in compliance

with relevant professional guidance.

There was a fridge for storing medications requiring refrigeration and there was a record maintained of the fridge temperature, however the temperature recorded was not always within the recommended range. There was evidence that residents' prescriptions were reviewed regularly and at a minimum three-monthly. There were appropriate systems in place for the return of unused or out-of-date medicines.

### **Outcome 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Residents had access to general practitioner (GP) services and a sample of records viewed by the inspector indicated that residents were reviewed regularly by their GP. Access to out-of-hours GP services was also available. There was evidence of referral and review by allied health/specialist services such as physiotherapy, dietetics, speech and language and chiropody.

Residents were comprehensively assessed on admission and at regular intervals thereafter using evidence-based tools for issues such as pressure sore prevention, falls risk assessment, nutritional status and dependency levels. However, some residents were assessed using different tools and it was not clear which one was used to support the development of care plans. Care plans were developed based on these assessments, however, many of the care plans were generic and did not provide adequate detail in relation to the care to be provided on an individual basis. For example, even though staff spoken with were knowledgeable of residents' dietary requirements, care plans did not reflect advice from dieticians/speech and language therapists.

The only restraint in use was in the form of bed rails and there was evidence of risk assessments for the use of bed rails and there were records detailing the type and time bed rails were in place and of safety checks.

Residents had opportunities to participate in activities including a programme of exercises, skittles, bingo and ball games.

### **Outcome 12: Safe and Suitable Premises**

*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.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Major

**Outstanding requirement(s) from previous inspection:**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Kenmare Nursing Home is a single storey facility located approximately four kilometres from Kenmare town. Bedroom accommodation consists of eight twin-bedded rooms and six single bedrooms. Two of the twin bedrooms are en suite with toilet and wash-hand basin and all of the other bedrooms have a wash-hand basin. Bathroom facilities comprise three shower rooms each with toilet and wash-hand basin and two communal toilets. The entrance to one of the shower rooms is narrow making it difficult to access by residents requiring mobility aids.

Communal living space consisted of a sitting room and a separate dining room. There was a small enclosed patio area to the rear of the building and the ground had been resurfaced since the last inspection. There was inadequate space, separate from bedrooms, for residents to meet with visitors in private.

Three of the twin bedrooms were not adequate in size to support privacy and dignity of two residents sharing each room and did not provide sufficient physical space for staff to move comfortably around both bed spaces, for example to reposition residents, access residents clothes or wash their hands. While space was severely restrictive in all three of the bedrooms, it was not possible to access the wardrobe and wash-hand basin in one of the bedrooms without moving the bed. Three of the single bedrooms were internal rooms, were not adequate in size to meet the needs of residents and did not have a window view of the exterior; two of these bedrooms overlooked the dining room and the other looked out on the entrance lobby to the rear of the building. There was an adhesive cover on the windows of these rooms to facilitate residents to look out from their rooms but created a mirror effect from the opposite side.



There was adequate assistive equipment and there were records available indicating that preventive maintenance had taken place. There was, however, limited storage space and equipment continued to be stored in shower rooms, bedrooms and on corridors.

There was a laundry in a separate building to the rear of the centre. There was a room off the laundry used to store cleaning equipment/chemicals which also contained a sluice sink. The inspector was not satisfied that this arrangement supported good infection prevention and control practice and posed a risk for cross contamination.

### **Outcome 18: Suitable Staffing**

*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.*

**Theme:**

Workforce

**Judgement:**

Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the staff roster and observed practice and was satisfied that on the day of inspection there were adequate numbers and skill mix of staff to meet the needs of residents based on dependency levels and the size and layout of the premises.

Staff were facilitated to attend training on relevant topics such as nutrition, wound care, end of life and the promotion of continence, however as discussed in Outcomes 6 and 7, not all staff had up-to-date training in the prevention and detection of abuse, fire safety and manual handling.

The inspector reviewed personnel records and most, but not all, of the requirements of Schedule 2 of the Regulations had been met, however not all files contained two written references, including one from the most recent employer.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

John Greaney  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

Action Plan

Provider's response to inspection report<sup>1</sup>

Centre name:	Kenmare Nursing Home 'Tir na nOg'
Centre ID:	ORG-0000239
Date of inspection:	04/03/2014
Date of response:	28/03/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The inspector reviewed a sample of contracts of care, however not all residents had an agreed up-to-date contract in place.

**Action Required:**

Under Regulation 28 (1) you are required to: Agree a contract with each resident within one month of admission to the designated centre.

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

We had sent out to all residents' representatives 2014 contracts for signing but we are still waiting for some to come in. We will remind them on a monthly basis until all contracts are received.

**Proposed Timescale:** Ongoing

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The contract specified the amount payable each week by the resident or their representative, however it did not clearly specify what services were covered by the basic weekly fee and what services incurred an additional fee.

**Action Required:**

Under Regulation 28 (2) you are required to: Ensure each residents 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.

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

We are writing to all our residents / resident's representatives to inform them exactly what the fee covers, and what the extra services are and the fees to cover them e.g. Chiropodist, Physiotherapist, etc. This will be included in all new contracts.

**Proposed Timescale:** 30/04/2014

### **Outcome 03: Suitable Person in Charge**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The person in charge does not meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Action Required:**

Under Regulation 15 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge is a nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years.

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

I am currently advertising with two nursing recruitment agencies for the post of Person in Charge, and I am awaiting suitable candidates to be referred to me.

**Proposed Timescale:** Unknown

## Outcome 06: Safeguarding and Safety

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was a policy on the prevention, detection and response to abuse, however it was not signed or dated. The policy was not sufficiently comprehensive to provide guidance on what to do in the event of suspicions or allegations of abuse.

**Action Required:**

Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

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

On the date of the inspection there was only page 1 of a 3 page policy in our policy folder, the other two pages had been misfiled including the final page which was signed and dated, this has now been filed correctly.

**Proposed Timescale:** 28/03/2014

## Outcome 07: Health and Safety and Risk Management

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The risk management policy addressed the risks specified in Article 31 of the Regulations but not in sufficient detail as it did not identify the precautions in place for all the risks specified.

**Action Required:**

Under Regulation 31 (2) (c) you are required to: 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.

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

We will review & amend our risk management policy to cover the above risks.

**Proposed Timescale:** 09/05/2014

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was a risk assessment and management policy most recently reviewed in September 2012, however it did not adequately address the investigation and learning from serious incidents/adverse events and there was inadequate evidence of a review of accidents and incidents to promote learning.

**Action Required:**

Under Regulation 31 (2) (d) you are required to: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

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

We will review and amend our risk management policy to cover the above issues.

**Proposed Timescale:** 09/05/2014

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The emergency plan did not address in adequate detail what to do in the event of other emergencies such as loss of electricity, loss of water and loss of gas.

**Action Required:**

Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

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

We will review and amend our emergency plan to cover response to all emergencies.

**Proposed Timescale:** 09/05/2014

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Training records indicated that not all staff had received up-to-date training in manual handling.

**Action Required:**

Under Regulation 31 (4) (f) you are required to: Provide training for staff in the moving and handling of residents.

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

We have arranged training for all staff in May for Moving and Handling of Residents.

**Proposed Timescale:** 03/05/2014

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Training records indicated that most, but not all, staff had received up-to-date training in fire safety.

**Action Required:**

Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

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

We have arranged for staff who were unable to attend fire training in January to attend fire training in April.

**Proposed Timescale:** 13/04/2014

**Outcome 08: Medication Management**

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The policy was not comprehensive and did not provide adequate guidance on the ordering, prescribing, storing and administration of medications in the centre and the medication fridge temperature was not always within the recommended range.

**Action Required:**

Under Regulation 33 (1) you are required to: 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.

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

We will update our medication management policy to show more in-depth the above points. Also we are going to purchase a new medication fridge.

**Proposed Timescale:** 15/05/2014

**Outcome 11: Health and Social Care Needs**

**Theme:** Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Many care plans were generic and did not provide adequate detail in relation to the care to be provided on an individual basis.

**Action Required:**

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

Each care plan has been audited. Results have been discussed and the named nurse for each care plan are rewriting / updating their care plans. We aim to have all completed by the end of April and all care plans will be audited again in June.

**Proposed Timescale:** 30/04/2014

**Outcome 12: Safe and Suitable Premises**

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was inadequate space, separate from residents bedrooms, for residents to meet with visitors in private.

**Action Required:**

Under Regulation 19 (3) (i) you are required to: 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.

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

We are in the process of having plans re-drawn to accommodate the above; we will be applying for planning permission again as soon as the drawings are completed.

**Proposed Timescale:** Ongoing

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Three of the twin bedrooms were not adequate in size to support privacy and dignity of two residents sharing each room and three of the single bedrooms were internal rooms, were not adequate in size to meet the needs of residents and did not have a window view of the exterior.

**Action Required:**

Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

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

We are in the process of having plans re-drawn to accommodate the above; we will be applying for planning permission again as soon as the drawings are completed.

**Proposed Timescale:** Ongoing

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was a room off the laundry used to store cleaning equipment/chemicals which also contained a sluice sink, which was not good infection prevention and control practice and posed a risk for cross contamination.



**Action Required:**

Under Regulation 19 (3) (k) you are required to: Provide necessary sluicing facilities.

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

We are in the process of having plans re-drawn to accommodate the above; we will be applying for planning permission again as soon as the drawings are completed.

**Proposed Timescale:** Ongoing

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was limited storage space and equipment continued to be stored in shower rooms, bedrooms and on corridors.

**Action Required:**

Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

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

We are in the process of having plans re-drawn to accommodate the above; we will be applying for planning permission again as soon as the drawings are completed.

**Proposed Timescale:** Ongoing**Outcome 18: Suitable Staffing**

**Theme:** Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not all personnel files contained two written references, including one from the most recent employer.

**Action Required:**

Under Regulation 18 (2) (a) and (b) you are required to: 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 have been obtained in respect of each person.

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

One personal file belonging to a new staff member was missing a reference from her previous employer, since the date of inspection we have received this reference.

**Proposed Timescale:** 28/03/2014