

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Kerlogue Nursing Home
<b>Centre ID:</b>	0240
<b>Centre address:</b>	Kerlogue
	Wexford
<b>Telephone number:</b>	053-9170400
<b>Email address:</b>	info@kerloguenursinghome.com
<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 provider:</b>	Candela Healthcare Ltd
<b>Person authorised to act on behalf of the provider:</b>	Edele Lee-Morris
<b>Person in charge:</b>	Mairéad O'Sullivan
<b>Date of inspection:</b>	20 March 2013 and 21 March 2013
<b>Time inspection took place:</b>	<b>Day 1-Start:</b> 08:40hrs <b>Completion:</b> 17:30hrs <b>Day 2-Start:</b> 08:45hrs <b>Completion:</b> 13:30hrs
<b>Lead inspector:</b>	Col Conway
<b>Support inspector:</b>	Geraldine Ryan
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>
<b>Number of residents on the date of inspection:</b>	89
<b>Number of vacancies on the date of inspection:</b>	0

## **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 judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Summary of 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*.**

This inspection report sets out the findings of a monitoring inspection, in which ten of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

<b>Outcome 1:</b> Statement of Purpose	<input checked="" type="checkbox"/>
<b>Outcome 2:</b> Contract for the Provision of Services	<input type="checkbox"/>
<b>Outcome 3:</b> Suitable Person in Charge	<input checked="" type="checkbox"/>
<b>Outcome 4:</b> Records and documentation to be kept at a designated centres	<input type="checkbox"/>
<b>Outcome 5:</b> Absence of the person in charge	<input type="checkbox"/>
<b>Outcome 6:</b> Safeguarding and Safety	<input checked="" type="checkbox"/>
<b>Outcome 7:</b> Health and Safety and Risk Management	<input checked="" type="checkbox"/>
<b>Outcome 8:</b> Medication Management	<input checked="" type="checkbox"/>
<b>Outcome 9:</b> Notification of Incidents	<input type="checkbox"/>
<b>Outcome 10:</b> Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
<b>Outcome 11:</b> Health and Social Care Needs	<input checked="" type="checkbox"/>
<b>Outcome 12:</b> Safe and Suitable Premises	<input checked="" type="checkbox"/>
<b>Outcome 13:</b> Complaints procedures	<input checked="" type="checkbox"/>
<b>Outcome 14:</b> End of Life Care	<input type="checkbox"/>
<b>Outcome 15:</b> Food and Nutrition	<input type="checkbox"/>
<b>Outcome 16:</b> Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
<b>Outcome 17:</b> Residents' clothing and personal property and possessions	<input type="checkbox"/>
<b>Outcome 18:</b> Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over two days. As part of the monitoring inspection inspectors met with residents and staff members. Inspectors observed practices and reviewed documentation such as residents' care plans, medical records, accident and incident logs, complaints records, policies and procedures and records maintained on staff files.

During the two days of inspection there was evidence that residents received overall a good standard of care. The Action Plans at the end of this report identify areas 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*.**

### **Theme: Leadership, Governance and Management**

*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

#### **Outcome 1**

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

#### **References:**

Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

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

No action was required from the previous inspection.

### **Inspection findings**

A written statement of purpose was available and it contained all of the information that is required by schedule 1 of the Regulations and it correctly described the care that was actually being provided.

#### **Outcome 3**

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

#### **References:**

Regulation 15: Person in Charge  
Standard 27: Operational Management

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

No action was required from the previous inspection.

## Inspection findings

The person in charge works full-time, is a registered nurse, holds current registration with the nursing professional body and has the required experience. She has a commitment to her own continued professional development as she had attended relevant short courses and conferences in the previous 12 months and during the two days of inspection she demonstrated the necessary knowledge.

### **Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

### **Outcome 6**

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

#### **References:**

Regulation 6: General Welfare and Protection  
Standard 8: Protection  
Standard 9: The Resident's Finances

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

No action was required from the previous inspection.

## Inspection findings

Both, the nominated provider and person in charge, informed inspectors that there had not been any allegations or suspected abuse in the centre. There was a written policy and procedures for the prevention, detection and response to abuse and all staff had been provided with regular opportunities to attend information sessions and updates in regard to the signs and symptoms of abuse and their responsibilities with regard to reporting an allegation of abuse.

An inspector reviewed a sample of the record keeping of handling residents' monies and appropriate procedures and documentation were in place to manage residents' finances in a transparent manner.

New staff commencing work without the required records in place as per schedule 2 of the Regulations is addressed in outcome 18.

While there were written contracts of care in place, some residents had an older version on their file which did not state all fees to be charged.

While there was a written record maintained of residents' valuables, there was not an up-to-date record of each resident's personal property signed by the resident.

### **Outcome 7**

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

#### **References:**

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

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

Ensure there is a comprehensive written risk management policy in place and that it is implemented throughout the centre. *This action had been completed.*

### **Inspection findings**

There was evidence of appropriate measures being in place in regard to ensuring the health and safety of residents, visitors and staff as:

- a written risk management policy that contained the required information as per the Regulations was in place with evidence that it was implemented throughout the centre
- an up-to-date health and safety statement, emergency plan and a health and safety policy were in place
- environmental risk assessments were undertaken to identify any hazards and there was documented evidence that actions were appropriately taken if required
- staff training in fire safety and moving and handling was up to date
- fire exits were unobstructed and records confirmed that fire equipment, fire prevention and suppression system checks were up to date
- the environment was well maintained, adequate lighting was in place, flooring was in a good condition and hand and grab rails were in the required places.

There was potential for cross-infection as some of the floor cleaning practices required review as did the storage of residents' toiletries.

While written risk assessments had been undertaken for residents that smoked, there was possibility of injury to residents as the degree of risk to each resident that

smoked or other residents was not clearly documented, therefore, it was not clear if all potential hazards were appropriately controlled or managed.

### **Outcome 8**

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

#### **References:**

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

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

No action was required from the previous inspection.

### **Inspection findings**

There were medication management written policies and procedures detailing ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out of date medicines.

Evidence was found of substantial compliance with residents' medicine prescriptions being reviewed at least three-monthly by medical practitioners. However, all of the necessary measures were not in place to reduce the potential risk of medication administration errors as:

- the maximum doses for some of the PRN (pro re nata-a medication that should be taken only as needed) medicines were not always prescribed
- some of the discontinued medicines were not signed by a medical practitioner
- administration records identified that some residents did not receive their medicines at the prescribed times.

### **Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

### **Outcome 10**

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

#### **References:**

Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

**Action required from previous inspection:**

No action was required from the previous inspection.

**Inspection findings**

Inspectors found evidence that the experience of residents had been monitored as some residents and/or their representative had completed satisfaction surveys in regard to the service.

Quality review activity had been undertaken that included for example: review and evaluation of residents' medicine prescription records, hand hygiene practices, management of a recent infectious outbreak, general infection control, recruitment practices, meals and menus.

There was evidence that incidents and accidents were analysed for possible causes and there were associated actions for improvements based on the findings.

**Outcome 11**

*Each resident's 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 resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**References:**

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

**Action required from previous inspection:**

No action was required from the previous inspection.

## Inspection findings

In the sample of residents' nursing records that were reviewed by inspectors, there was evidence that nursing staff used recognised assessment tools to frequently monitor residents' progress and to detect any deterioration and residents' specific needs were set out in individual written nursing care plans. Care plans were reviewed by nursing staff at least three-monthly or more frequently if required and there was evidence that this was done in consultation with residents and/or a representative.

While residents that required bed rails had documentation in place assessing any potential risks associated with using the restraint as well as care plans outlining the safe use of bed rail restraint, the same was not in place for those residents that required lap belt restraint.

A review of residents' medical records indicated that residents had access to allied health services as required. Frequent review by medical practitioners and residents' records confirmed that.

Throughout the two days of inspection there was evidence that residents were provided with a varied activities programme and staff were specifically employed to coordinate and facilitate a range of both group and one-to-one activities.

### **Outcome 12**

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

### **References:**

Regulation 19: Premises  
Standard 25: Physical Environment

### **Actions required from previous inspection:**

Ensure all the sluice facilities are maintained in good order. *This action had been completed.*

Provide suitable facilities separate to bedroom/private accommodation for residents to meet their visitors in Coolballow unit. *This action had been completed.*

Provide adequate communal seating/living space in the Ronan Avenue unit. *This action had not been completed.*

## Inspection findings

The premise was clean, well maintained and the fittings, fixtures, flooring, curtains and furniture were of good quality. There were appropriate beds and mattresses to meet residents' needs and the necessary assistive equipment was available such as

hoists and wheelchairs. Records indicated that equipment was checked regularly and maintained as required.

The laundry facility was maintained in good order as the sluice rooms and there was a sufficient number of toilets and washing facilities.

Bedroom accommodation was suitable, there was sufficient screening in rooms that were shared, adequate space was provided for residents' personal belongings and bedrooms were personalised.

Since the previous inspection in April 2012 an area had been developed in Coolballow unit, separate to the communal living space, so that residents could meet their visitors in private. The person in charge and staff confirmed that it was frequently used by residents' and their families.

There were adequate dining facilities for all residents as well as communal living and seating areas in three of the four units, however, the planned development of additional seating/living space in Ronan Avenue unit had not been undertaken.

There were safe and well maintained outdoor spaces for residents that consisted of both patio and garden areas.

#### **Theme: Person-centred care and support**

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.*

#### **Outcome 13**

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

#### **References:**

Regulation 39: Complaints Procedures  
Standard 6: Complaints

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

No action was required from the previous inspection.

### **Inspection findings**

There was a written complaints policy and procedures for making a complaint, there was evidence that residents were given details of how to complain about any aspect of the service or care and residents had access to an independent appeals process.

Inspectors read the records that were kept of any complaints and there was detail maintained of the actual complaints and the ongoing management. However, there was not always a record of the complainants' satisfaction with the outcome.

### **Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

### **Outcome 18**

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

### **References:**

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

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

*Review the adequacy of the number and skill mix of staff on the night shift. This action had been completed.*

## **Inspection findings**

During the two days of inspection the inspectors observed that the number of staff actually working as well as rostered to work was appropriate to meet the needs of the current residents.

Staff had been provided with mandatory training and staff had undertaken or attended updates, such as infection control, medication management and pain management.

In a sample of records that were maintained for staff, there were gaps in some of the written employment histories and not all staff had evidence on their file that they were physically and mentally fit for the purposes of the work that they were to perform.

## Closing the visit

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

### **Acknowledgements**

The inspectors wish to acknowledge the cooperation and assistance of the residents, provider, person in charge and staff during the inspection.

### ***Report compiled by:***

Col Conway  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

3 April 2013

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report\*

<b>Centre Name:</b>	Kerlogue Nursing Home
<b>Centre ID:</b>	0240
<b>Date of inspection:</b>	20 March 2013 and 21 March 2013
<b>Date of response:</b>	25 April 2013

### Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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*.

### Theme: Safe care and support

#### ***Outcome 6: Safeguarding and safety***

#### **The provider is failing to comply with a regulatory requirement in the following respect:**

Some residents written contracts of care did not state all of the fees to be charged.

There was not an up-to-date record of each resident's personal property signed by 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>	
Ensure all residents have a written contract of care that states the fees to be charged.	
<b>Action required:</b>	
Ensure there is an up-to-date record of each resident's personal property signed by the resident.	
<b>Reference:</b>	
Health Act 2007 Regulation 7: Personal Property and Possessions Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
All customers have been sent a revised contract of care for signing with the fees to be charged.	Ongoing
New resident's personal property listings have been circulated for updating every six months.	Ongoing

***Outcome 7: Health and safety and risk management***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>
There was potential for cross-infection to residents as some of the floor cleaning practices required review as did the storage of residents' toiletries.
There was potential for injury to residents as some residents that smoked did not have the degree of risk to themselves or others clearly documented and it was not clear if all potential hazards were appropriately controlled or managed.
<b>Action required:</b>
Ensure appropriate procedures and practices are in place for cleaning of floors.
<b>Action required:</b>
Ensure appropriate procedures and practices are in place for the storage of residents' toiletries.

<b>Action required:</b>	
Ensure residents that smoke are accurately assessed for any potential risk of injury to themselves and have a written plan of care in place that outlines the necessary measures to be taken to ensure that any identified hazards are controlled and managed appropriately.	
<b>Reference:</b>	
Health Act 2007 Regulation 30: Health and Safety Regulation 31: Risk Management Procedures	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
Policy and procedure for floor cleaning has been updated and implemented.	25 April 2013
All residents' bathrooms have been fitted with baskets to store toiletries immediately.	Completed
We have now assessed the residents for any additional risk of injury due to fire hazard.	Completed

***Outcome 8: Medication management***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>
The maximum doses for some of the PRN (pro re nata-a medication that should be taken only as needed) medicines were not always prescribed.
Some of the discontinued medicines were not signed by a medical practitioner.
Some residents did not receive their medicines at the prescribed times.
<b>Action required:</b>
Ensure the frequency of doses for all PRN medicines is prescribed.
<b>Action required:</b>
Ensure discontinued medicines are signed by a medical practitioner.

<b>Action required:</b>	
Ensure nursing staff administer medicines in accordance with any relevant professional guidelines.	
<b>Reference:</b> Health Act 2007 Regulation 25: Medical Records	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
Training being provided on 16 May 2013 by our pharmacist on best practice and guidelines for PRN medicines.	16 May 2013
Educating all general practitioners on medicine review and discontinued medicines.	Ongoing
All nursing staff educated on best practice for the administration of medicines in accordance with any professional guidelines.	25 April 2013

**Theme: Effective care and support**

***Outcome 11: Health and social care needs***

<b>The person in charge is failing to comply with a regulatory requirement in the following respect:</b>
For every resident that required lap belt restraint there was not documentation in place detailing assessment of any risks associated with using the restraint and there were not written care plans in place outlining the safe use of the restraint.
<b>Action required:</b>
Ensure there are up-to-date lap belt restraint risk assessments and care plans in place for each resident that is using the restraint.
<b>Reference:</b> Health Act 2007 Regulation 8: Assessment and Care Plan Regulation 31: Risk Management Procedures

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Occupational therapy assessment completed as requested. Lap belt restraint assessments for our two residents have been reassessed and completed.	22 April 2013

***Outcome 12: Safe and suitable premises***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There was not sufficient communal seating/living space provided in Ronan Avenue unit.</p>	
<p><b>Action required:</b></p> <p>Provide adequate communal seating/living space in Ronan Avenue unit.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007            Regulation 19: Premises            Standard 25: Physical Environment</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Finance currently unavailable to complete this project at present.	Ongoing

**Theme: Person-centred care and support**

***Outcome 13: Complaints procedures***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There was not always a record maintained of a complainants' satisfaction with the outcome of a complaint they had made.</p>	
<p><b>Action required:</b></p> <p>Ensure a record is maintained of whether or not a complainant is satisfied with the outcome of any complaint they have made.</p>	

<b>Reference:</b> Health Act 2007 Regulation 39: Complaints Procedure	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All our complaints records now include a satisfaction outcome section to close off all complaints.	Completed

**Theme: Workforce**

***Outcome 18: Suitable staffing***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>	
There were not written employment histories with gaps maintained for staff as well as evidence that all staff were physically and mentally fit for the purposes of the work that they were to perform.	
<b>Action required:</b>	
Ensure all records are maintained for staff in accordance with what is required by the Regulations.	
<b>Reference:</b> Health Act 2007 Regulation 18: Recruitment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All current staff files are being audited for gaps in employment and this will be work in progress. All staff employed since 2009 have been requested to furnish the centre with a physical and mental certificate to work.	Ongoing

**Any comments the provider may wish to make<sup>1</sup>:**

**Provider's response:**

We would like to thank our inspection team for their openness and frankness in dealing with management and staff here in Kerlogue Nursing Home.

**Provider's name:** Edele Lee Morris

**Date:** 25 April 2013

---

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