

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Corpus Christi Nursing Home
<b>Centre ID:</b>	ORG-0000216
<b>Centre address:</b>	Brigown, Mitchelstown, Cork.
<b>Telephone number:</b>	025 84 844
<b>Email address:</b>	corpuschristinh@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Shannore Limited
<b>Provider Nominee:</b>	Michael O'Shea
<b>Person in charge:</b>	Sabeena Jose
<b>Lead inspector:</b>	Cathleen Callanan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	35
<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 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

From: 13 May 2014 09:30 To: 13 May 2014 16:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

The purpose of this inspection was to inform a registration renewal decision and to monitor ongoing compliance with the Regulations and the Standards. The inspection was announced and was carried out on 13 May 2014. Actions arising out of the previous inspection of 16 January 2014 had been completed.

The inspector met with staff, observed practices and reviewed documentation such as the statement of purpose, contracts of care, care plans, medical records, incident log, satisfaction surveys, financial records , personnel files and duty rosters. Based on a review of this and other documentation, discussion with the provider and person in charge and staff, and through observation in the centre, the inspector was satisfied that the nursing and other health care needs of the residents were met. The

provider played an active role in the management of the centre and it was evident that residents were personally known to him and to the person in charge.

The action plan at the end of this report identifies improvements 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 01: Statement of Purpose***

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The Statement of Purpose contained all the information required by the Regulations and there were copies readily available in the centre. The service provided was consistent with that outlined in the Statement of Purpose.

**Judgement:**

Compliant

***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

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

No actions were required from the previous inspection.

**Findings:**

There were written contracts of care and of the sample reviewed by the inspector, all had been signed within the required time frame and contained the necessary detail including an outline of any additional fees.

**Judgement:**

Compliant

**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

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

No actions were required from the previous inspection.

**Findings:**

The centre was managed by a suitably qualified person in charge who met the regulatory requirements in respect of qualifications and experience. In addition, she had engaged in continuous professional development in areas such as gerontology and organizational management. It was evident on the day of inspection that the person in charge had comprehensive knowledge of the day to day needs of residents and was actively involved in their care and in the supervision of staff.

**Judgement:**

Compliant

**Outcome 04: Records and documentation to be kept at a designated centre**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Records as required by the Regulations were maintained in an easily retrievable format. There were some shortcomings in records in relation to staff as required by Schedule 2 of the Regulations which will be discussed under Outcome 18. Records pertaining to residents and identified in Schedule 3 were adequately maintained and easily retrievable

and records in relation to residents' finances will be discussed under Outcome 6.

The directory of residents was complete and contained all the information required by the Regulations. The Resident's Guide was readily available but did not contain all the details as required by regulation, for example, a standard form of contract.

All relevant policies were in place and had been periodically updated and there was evidence that staff had reviewed policies appropriate to their roles.

There was evidence of sufficient insurance cover being in place to meet the regulatory requirements.

**Judgement:**

Non Compliant - Minor

***Outcome 05: Absence of the person in charge***

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Arrangements were in place for a suitably qualified member of staff to act in the post in the absence of the person in charge. The person in charge had not been absent for any period requiring notification to the Authority.

**Judgement:**

Compliant

***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

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

No actions were required from the previous inspection.

**Findings:**

There was evidence that staff had been trained in the recognition and reporting of suspected elder abuse and staff with whom the inspector spoke were clear about their reporting obligations. The provider informed the inspector that there were no known allegations of abuse at the time of inspection.

There was a clear system in place for the management of residents' finances and the inspector reviewed records that indicated that clear accounts were available in respect of residents for whom the provider acted as pension agent. The inspector reviewed the system for the management of funds held in the centre on behalf of residents, and found that it was subject to a clear system of double signatures for any lodgements or withdrawals.

**Judgement:**

Compliant

***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

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector noted that precautions were in place against risk of fire, and all servicing, certification and routine checks were up to date: exits were unobstructed. There was evidence that staff had completed mandatory fire training and staff with whom the inspector spoke confirmed their participation in this and in manual handling training. There was a dedicated smoking room to the front of the building and a smoking apron and fire extinguisher to hand. The care plans of residents who smoked contained a risk assessment including the level of supervision required while smoking, if any.

There was an up to date health and safety statement and a risk management policy containing details required by regulation. There was an emergency plan available that contained details of alternative accommodation should it be required, and alternative catering facilities available locally.

There was a policy in place for the prevention of infection, and personal protective equipment was available: hand sanitizing equipment was available throughout the building. Cleaning products were safely stored and staff with whom the inspector spoke understood the principles of infection control. Good segregation practices were observed in the laundry including the availability of alginate bags for the prevention of cross infection.

An accident and incident log was maintained and there was evidence of review of incidents to inform management procedures.

**Judgement:**

Compliant

**Outcome 08: Medication Management**

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

**Theme:**

Safe Care and Support

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There was a centre specific policy for medication management and clear procedures in place for ordering, prescribing and administering medication: no transcribing was undertaken.

A fridge for storing medication was maintained at the correct temperature and checked daily. Controlled drugs were appropriately stored and the sample checked by the inspector was consistent with the written record.

A medication management audit had been undertaken in April 2014 and the findings from this were being applied by the person in charge. A medication error monitoring system was in place and there was evidence that the person in charge had acted appropriately when an error occurred, and that additional training had been offered to staff where appropriate, arising from an error.

**Judgement:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Care and Support

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

No actions were required from the previous inspection.

**Findings:**

An accident and incident log was maintained and there was evidence that where, for example, an incident referred to a resident falling, this had been reviewed by the



general practitioner. There were no discrepancies between the accidents and incidents recorded on site and those notified to the Authority.

**Judgement:**

Compliant

***Outcome 10: Reviewing and improving the quality and safety of care***

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

**Theme:**

Effective Care and Support

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

No actions were required from the previous inspection.

**Findings:**

A wide range of audits had been undertaken in 2014 including:  
activities  
pressure ulcers  
accidents/falls  
personnel files  
equipment and maintenance.

In addition, there was evidence of a monthly audit of all rooms including the functioning of the call bell system and a weekly audit of water temperatures.

There was a system in place for weekly data collection to inform the care of residents. Among other items included was information on:  
challenging behavior  
use of nutritional supplements  
pain management  
weight  
significant events  
complaints.

Residents' meetings were convened regularly and there was evidence that the views expressed by residents were acted upon with regard to, for example, food preferences and heating levels in bedrooms and communal areas. Residents who were unable or did not wish to attend the group meeting were consulted individually. Questionnaires distributed by the provider on behalf of the Authority prior to inspection, and reviewed by the inspector, reflected a high level of satisfaction with the service and made particular reference to the high standard of general practitioner support and occupational therapy input. In addition, relatives noted that they were kept up to date on a monthly basis about the care of their resident relative where that was appropriate, and they made very positive comments about the kindness of the staff.

The inspector noted that the staff appraisal format was a two way process in that staff

were invited to rate the centre on its standard of delivery in relation to two specific regulatory outcomes.

**Judgement:**

Compliant

**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

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

No actions were required from the previous inspection.

**Findings:**

There was evidence that each resident's welfare was maintained to a high standard of nursing care. Care needs were set out in individual care plans and, where possible, countersigned by the resident. Where a resident lacked capacity to engage in their care planning, there was evidence that family members had been consulted. Care plans reflected the use of a range of assessment tools which were reapplied at three monthly intervals, and there was active and regular engagement by general practitioners. Where required, food and fluid intake was monitored on a daily basis: there was evidence of good communication between nursing and care staff. An out of hours general practitioner service was available as required. Flu vaccination was offered to any resident wishing to avail of it.

Where bedrails were used their use followed a comprehensive assessment involving the person in charge and the general practitioner and, where possible, consent had been secured from the resident: the use of bedrails for some residents had been initiated at their own request.

From a review of care plans and other supporting documentation, the inspector noted that allied health care such as podiatry, ophthalmology, and physiotherapy, was made available to residents who required it and the staff were diligent with regard to, for example, the need for good oral hygiene.

**Judgement:**

Compliant

<p><b>Outcome 12: Safe and Suitable Premises</b>  <i>The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.</i></p>
<p><b>Theme:</b>            Effective Care and Support</p>
<p><b>Outstanding requirement(s) from previous inspection:</b>            The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b>            The centre was clean and generally well maintained. Communal spaces were adequate and there was a visitors' room where residents could receive company in private. While there was one dining room, as a result of wishes expressed at the residents' meeting, some residents preferred to dine in one of the two large communal rooms, which was also used for activities.</p> <p>There were maintenance records available for equipment including beds, hoists and wheelchairs and evidence of appropriate waste disposal arrangements being in place. The lift had been serviced within the required time frame as had the callbell system</p> <p>The sluice room was suitably equipped and the laundry was well maintained and managed: appropriate infection control procedures and equipment were in place in both.</p> <p>There was a pleasantly appointed and safe outdoor area easily accessible to residents including those with limited mobility.</p>
<p><b>Judgement:</b>            Compliant</p>

<p><b>Outcome 13: Complaints procedures</b>  <i>The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.</i></p>
<p><b>Theme:</b>            Person-centred care and support</p>
<p><b>Outstanding requirement(s) from previous inspection:</b>            No actions were required from the previous inspection.</p> <p><b>Findings:</b>            There was a complaints policy available and the resident's guide also contained details</p>

of the complaints process. A complaints log was maintained outlining details of the complaint, the action taken and whether the complainant was satisfied with the outcome. In addition, questionnaires completed by residents indicated that they were clear about how they would go about making a complaint. The provider maintained a regular presence in the centre and was known to residents and relatives. He informed the inspector that he made a point of speaking with residents on a regular basis to ensure that they felt free to voice any complaints, and his practice was to have any difficulties dealt with at the earliest opportunity: this was also reflected in the complaints log.

**Judgement:**

Compliant

***Outcome 14: End of Life Care***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a policy on the management of end of life care and on reviewing the file of a deceased resident, the inspector found that the policy and procedures had been implemented in practice.

Care plans outlined end of life wishes where these had been expressed by the resident and it was evident that where, for example, a resident did not wish to discuss the issue, the family had been invited to put on record what they thought the resident's preferred arrangements might be. There were separate quarters available for relatives who wished to spend time with a relative at end of life. These included a bedroom and shower facilities and secure storage space, and were spacious and comfortable.

All religious denominations were catered for and religious services regularly available in the centre or through an audio connection if required.

**Judgement:**

Compliant

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**Outcome 15: Food and Nutrition**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The dining room was pleasant and comfortable and where - as referred to earlier - some residents preferred to dine in one of the communal areas, they were accommodated accordingly.

The inspector reviewed the menu which outlined a range of choices but it was evident in speaking to catering and other staff that residents could have any additional items of food not listed on the menu.

Most residents had breakfast in their bedrooms but some choose to eat in the dining room and the inspector noted that one resident was accommodated to partake of a late breakfast there. Information contained in questionnaires completed by relatives suggested that residents were accommodated to dine at a time convenient to them and were offered a choice of food not available on the standard menu.

There was evidence of good communication between the catering and care staff and catering staff were knowledgeable about residents' dietary needs: nutritional advice from an external agency was available as required. Training in food preparation and hygiene, and training in nutrition, had been provide to staff as appropriate to their roles.

Residents who required assistance with eating dined earlier than more independent residents and the inspector noted assistance being offered selectively and discreetly at lunchtime.

**Judgement:**

Compliant

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**Outcome 16: Residents Rights, Dignity and Consultation**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

While there was evidence, as referred to earlier, of participation by residents in a residents' committee, the capacity of a number of residents to participate was somewhat compromised due to their level of cognitive impairment. However, it was evident within the care plans that efforts were made by staff to determine their wishes.

A range of activities was available such as bingo, arts and crafts and quizzes. In addition, hand massage and nail care, knitting and baking sessions were available. For residents who did not wish to participate in group activities, a separate communal area was available with comfortable seating and flat screen TV. Newspapers were made available as required and part of the morning routine involved a staff member reading extracts from the newspaper to some residents who may have had difficulty holding a newspaper. Voting was available on site.

**Judgement:**

Compliant

**Outcome 17: Residents clothing and personal property and possessions**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

An inventory of clothing was taken for each resident on admission but this was not updated as required by the Regulations. The provider observed that many residents did not supplement their clothing after admission but agreed on the need to bring the

inventories up to date.

Personal laundry was done on site and care was taken to ensure that correct items were returned to the owner. There was sufficient room available in bedrooms for storage of laundry and personal items. Questionnaires completed by residents and relatives confirmed their satisfaction with the laundry arrangements.

**Judgement:**

Non Compliant - Minor

**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

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

No actions were required from the previous inspection.

**Findings:**

From observation on the day of inspection and based on a review of the rota, the inspector formed the view that there were sufficient staff in place to adequately meet the needs of residents. In discussion with the person in charge the inspector was informed that the staff complement was reviewed as the occupancy level fluctuated or dependency levels changed.

While there were clear recruitment procedures in place and evidence of staff induction and staff appraisals, of the sample of files reviewed by the inspector, there was no evidence of follow up checks on references: PIN numbers were available for registered nurses.

A comprehensive training matrix was available outlining staff attendance at mandatory training as well as supplementary training on issues such as medication management, dementia, pain management, infection control, and food hygiene. A review of the minutes of staff meetings confirmed the attendance of staff at training sessions.

There was a spacious training room for staff as well as dedicated staff storage and catering facilities.

**Judgement:**

Non Compliant - Moderate

## 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 all the people who participated in the inspection.

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

Cathleen Callanan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority



## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	Corpus Christi Nursing Home
<b>Centre ID:</b>	ORG-0000216
<b>Date of inspection:</b>	13/05/2014
<b>Date of response:</b>	24/06/2014

### 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 04: Records and documentation to be kept at a designated centre

**Theme:**

Leadership, Governance and Management

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

The Resident's Guide did not include a standard form of contract.

**Action Required:**

Under Regulation 21 (1) you are required to: Produce a residents guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

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

We have updated the Residents Guide to include the standard contract of care.

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

**Proposed Timescale:** 20/06/2014

**Outcome 17: Residents clothing and personal property and possessions**

**Theme:**

Person-centred care and support

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

Records of each resident's personal property was not kept up to date.

**Action Required:**

Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

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

The personal property list will now be updated every six months regardless if the resident has or has not received any new property.

**Proposed Timescale:** 20/06/2014

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

Some staff files did not contain any evidence of authentication of references.

**Action Required:**

Under Regulation 18 (2) (c) you are required to: Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2.

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

To date we have been verbally confirming references for staff. Effective immediately we will now note this on each staff file.

**Proposed Timescale:** 20/06/2014