

Unannounced Care Inspection Report 15 March 2018



Oakridge Social Education Centre incorporating McCague Day Centre & Coalisland Day Centre

Type of Service: Day Care Setting
Address: 20-26 Coalisland Road, Dungannon, BT71 6LA
Tel No: 02887752892
Inspector: Maire Marley
Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a day care setting providing a programme of day care and day time activities Monday to Friday for adults living with a learning disability. The setting operates from Monday to Friday and is open from 9.00 am - 4.00 pm.

The service incorporates three sites and includes Oakridge SEC, Mc Cague day centre and Coalisland day centre and is registered to accommodate a total of ninety eight service users across the three separate sites.

Oakridge SEC is the main centre and provides day care for those adults presenting with moderate, medium and severe learning disability including adults with autism. An intensive

support unit is located on the site and accommodates service users with complex medical/nursing needs. Oakridge also has a bespoke single unit “Little Oaks” for an identified service user.

The statement of purpose for Oakridge SEC states it has capacity for 76 service users, however the range and complexity of needs within Oakridge has greatly increased and this is an area identified for improvement in the main body of the report.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Shane Devlin	Registered Manager: Mrs Mairead Murphy made permanent manager of Oakridge SEC January 2018
Person in charge at the time of inspection: Mairead Murphy	Date manager registered: 26/02/2013
Number of registered places: 98	

4.0 Inspection summary

An unannounced inspection took place on 15 March 2018 from 9.15 to 17.00 hrs.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Service users spoke positively about their service in all three settings and said;

- “I love it”;
- “gets me out of the house”;
- “great”;
- “very good”;
- “we have a good laugh”;
- “coming here lifts my mood”
- “I go to the gym two days a week.”
- “The staff are great they know us well.
- “If I had any problems I would discuss them with staff no problem.”
- “I enjoy the activities here.”

Evidence of good practice was found in relation to the proactive approach to communication for service users with non- verbal communication, staff knowledge in regard to person centred safe

care, risk management, governance arrangements; good working relationships and commitment to service users and the ethos of day care.

Areas requiring improvement were identified and included the need to review the statement of purpose and fire risk assessment, submit notification in regard to the bespoke unit "Little Oaks" and consider further developing the minutes of staff meetings.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Mairead Murphy registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 14 & 15 October 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 and 15 October 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day care setting
- written and verbal communication received since the previous care inspection
- the previous care inspection report and quality improvement plan (QIP)

During the inspection the inspectors met with:

- the registered manager
- 8 staff in Oakridge SEC
- 2 staff in the McCague centre
- 2 staff in Coalisland centre
- 1 nurse in Oakridge centre
- 1 speech and language therapist
- 1 physiotherapist

The following records were examined during the inspection:

- RQIA registration certificate
- staff duty roster
- complaints and compliments records
- accident/untoward incident records
- staff supervision and appraisal records
- elements of five service users' care records
- sample of policies and procedures
- sample of quality assurance audits
- fire safety risk assessment
- fire drill records
- staff training information
- minutes of three staff meetings
- minutes of three service user meetings
- monthly monitoring reports

Questionnaires were given to the registered manager to distribute between service users and their representatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

The findings of the inspection were provided to the registered manager and day care workers at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 & 15 October 2016

The most recent inspection of the day care setting was an unannounced care inspection.

The area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

6.2 Review of areas for improvement from the last care inspection dated 14 & 15 October 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 21.1 Stated: First time	The registered provider should improve the induction process for new staff. The induction should include assessment of staffs understanding of their role and responsibilities and competency regarding the same.	Met
	Action taken as confirmed during the inspection: During the inspection the registered manager and staff interviewed confirmed that the induction for new staff followed the process set out in the SHSCT induction Policy. In addition staff undertakes induction as recommended by the NISCC. This induction incorporates assessments of staff understanding of their role and responsibilities and identifies training needs. The staff member maintains their NISCC induction book hand book. This induction is supported by the Trust checklist that details immediate areas covered. Record of induction for two staff were examined and found to be appropriately signed and dated and provided evidence of the induction process.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager explained the daily staffing levels for the three day care settings and it was evident the registered manager had oversight of the different settings. The allocation of staff within the different groups is based on the staff member's qualifications, experience and skills and it was confirmed that the staffing levels and allocations were regularly reviewed to ensure that the assessed needs of the service users were met.

A review of the staff duty roster for the month of February 2018 and week ending 09 March 2018 evidenced that the planned staffing levels had been followed. Staff consulted spoke of the improvement in recent months of staffing levels and confirmed that they met the assessed needs of the service users.

In the manager's absence the assistant manager or day care worker assume responsibility of the setting. Records examined confirmed that competency assessments were in place regarding these staff and focused on their knowledge and competence to ensure safe practices in the setting.

Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty. Service users who spoke with the inspectors confirmed they had no concerns regarding staffing levels.

The registered manager confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedules 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. Recruitment records are retained at the SHSCT human resources department and written confirmation is sent to the registered manager when all the relevant pre-employment checks are completed.

There was an SHSCT induction programme in place for all grades of staff and included the Northern Ireland Social Care Council (NISCC) competency standards, which assists new staff to identify skills they are confident in and areas they may require further development. The arrangements in place provide staff and management with an assurance that staff have the right level of knowledge, skill and understanding to provide safe, effective and compassionate care. Two staff who recently joined the staff team spoke confidently in regard to their induction and how it assisted them to become familiar with the day to day routines and the needs of individual service users. Both staff were fully aware of their role and responsibilities. A sample of comments made by staff in regard to their induction included;

- "My induction was comprehensive and relevant."
- "I learned so much during my induction and that is on-going"
- "All staff were committed to helping me with my induction"

Training records examined established that staff had received mandatory training and additional training relevant to their roles and responsibilities. Staff could describe how training had assisted them to provide safe, effective and compassionate care. Examples of additional training staff availed of in 2017/2018 were epilepsy, enteral theory and enteral feed competency, capacity and consent, choking and CRP, administration of inhalers, eye drops, behaviour support, and values and rights. Staff stated;

- "The training of staff is ongoing and ensures a good well trained staff team."
- "My supervision is one to one and is well supported by the manager."
- "We get a wide variety of training and the nurse on site ensures we can be deemed competent in different areas of administering medication"

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected indicated the relevant incidents/notifiable events had been reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the Trust policies and procedures. Where any shortcomings were identified safeguards were put in place. It was identified that the setting has reviewed and updated their policy and procedures to reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention to Protection in Partnership' issued in July 2015 and the Operational Procedures. There is a clear pathway to follow to refer any safeguarding concerns to the appropriate professionals. Staff were fully aware of the identified Adult Safeguarding Champion (ASC) and how to make contact with the identified person.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. It was established there are no on-going concerns or investigations.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after confidently. Service users' needs in the three settings were varied, some service users were observed moving around freely and could make decisions independently regarding what they wanted to be involved in, they were communicating confidently and were being encouraged to develop their independence skills. Other service users needed more staff support to get involved in activities and a small number required one to one support or the support of two staff.

Observation of the day care activities on offer provided assurance that staff were promoting service users to be involved in activities; they were checking the service users felt safe or were safe in their environment; staff encouraged service users to be independent when it was safe; and they encouraged service users to develop their concentration, social and creative skills.

In the intensive support unit, and other group rooms a number of staff were observed providing one to one or two to one support for service users who had been assessed as needing additional support to manage their behaviours. Staff discussed service users who were referred with a history of challenging behaviour. Staff had put safeguards in place to manage the risks and behaviours identified. However, they found the service users settled into the setting, risks were lower than anticipated and behaviours were settled.

Staff were observed talking or communicating using a range of methods with service users directly and discretely guiding them to engage with an activity. Staff advised the inspector that they work in partnership with the speech and language therapist to ensure they communicate effectively with service users particularly those service users who have no verbal communication.

The importance of the behaviour support team was discussed and staff related how this team had assisted them to recognise and identify triggers that would contribute to deescalating behaviours. A range of behaviour management plans were in place and it was evident that staff recorded behaviours, particularly those that had resulted in behaviour management that may be restrictive or involved restraint. Staff are commended on the progress individual service users have attained and how they had worked effortlessly to reduce or minimise restrictive practices yet keeping the safety of the individual and other service users to the fore.

All behavioural incidents are scrutinised, reviewed and audited regularly and if required service user's individual plans are amended accordingly. The review of the service user's individual care records confirmed this approach was being used to minimise behaviour management techniques being used in this setting that may be restrictive or involve restraint.

The staff stated their main priorities were to ensure the service users were safe and enjoying their day care experience. They confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive.

Service users who were asked if they felt safe in day care confirmed they felt safe and enjoyed coming to the day centre and this was attributed to the support and help from staff.

Five completed questionnaires were returned to RQIA from service users and one was returned from a relative. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Fire safety precautions were inspected, fire exits were observed to be unobstructed and the fire risk assessment had been reviewed on 25 May 2016, with a review date May 2018. The registered manager confirmed any recommendations had been actioned however there was no evidence to support the action taken. This is an area identified for improvement.

Observations of the environment in all three locations found them to be clean and tidy with appropriate infection prevention measures in place.

In 2008 Oakridge SEC incorporating the McCague day centre and Coalisland day centre was registered to accommodate up to 98 service users. However the needs of service users in Oakridge SEC have changed dramatically from traditional day care to a range of complex needs and the building which is dated is struggling to meet the assessed needs. Discussion with the registered manager centred on the over-all capacity of the day care setting. It was established that no more than 78 service users would ever be accommodated on a daily basis throughout all of the sites.

It is acknowledge that the SHSCT are currently reviewing their day care provision and are preparing a business case for a new building, in the interim period and in the interest of safe care a review of the current environment within Oakridge SEC registration should be undertaken.

This review should consider the specific day care settings, the range of needs each settings can meet, consideration should be given to service users specific identified risks, range of specialist equipment required to meet these needs, number of staff required and the number of service users each setting can safely meet on a daily basis. The statement of purpose should be reviewed to reflect the outcome of this review and submitted to RQIA.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge and competency in regard to person centred working, staff training, use of differing communication systems, risk management and the safe care.

Areas for improvement

Two areas for improvement were identified in regard to providing evidence of the action taken to address the recommendations outlined in the fire risk assessment, a review of the capacity of the day care setting and revising the statement of purpose to incorporate the outcomes of the review.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The statement of purpose and service users guide for the centre was in place. As stated in the previous section (6.4) the statement of purpose should be revised.

Five service users' care files in Oakridge were inspected; they contained the service user's individual assessments and care plans which described their physical, social and emotional needs and identified relevant risks and the management of the risks. Care plans were supported by a range of behaviour support plans.

Two care and support plans in the McCague centre and two care and support plans in the Coalisland centre were reviewed and found to be relevant and person centred whilst having been reviewed in line with changing need and experiences.

The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were stored safely and securely in line with data protection. Staff discussion confirmed they use the service user's individual records to guide their practice and recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Discussion focused on the volume of information in care documentation within the Oakridge setting and the management team were requested to review the different files and inform RQIA of the outcome of the review.

Care records examined and discussion with staff provided evidence of the multi-professional input into service users' health and social care needs, staff stated;

- "We have a good relationship with other HSC trust staff that can help with questions of care and support."
- "We work closely with all professional to ensure service users' needs are met"

During discussion with a physiotherapist and a speech and language therapist they described communication with the team as excellent and confirmed they worked cohesively with them to deliver an effective service.

Overall the inspection found the settings management of service user records and communication with the wider multi-disciplinary teams enabled staff to recognise service users' needs and respond to them effectively.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were made available for inspection concerning audits of the environment, staff training, accidents/incidents, care records and established that actions identified for improvement had been addressed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users meetings and the annual quality survey. The registered manager confirmed that service user meetings (Connexions) were held at least monthly. It was good to note that the minutes of the meetings were shared with service users who were unable to attend. Staff were commended on their commitment to communicating with service users who did not have verbal communication skills. They had worked in collaboration with the speech and language therapist and had devised a range of pictorial signs, posters and other non-verbal communication aids to facilitate communication with services users as appropriate.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff consulted stated there was effective teamwork and each staff member knew their role, function and responsibilities.

Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues, service users and other health care professionals.

Five completed questionnaires were returned to RQIA from service users and one was returned from a relative. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service users individual care records; activities, communication and providing the right care, in the right place, in the right time.

Areas for improvement

One area for improvement were identified during the inspection and related to reviewing the volume of information contained in care records in Oakridge.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussions with the registered manager, staff and service users during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. The review of training records established that staff had received training in human rights and restrictive practices and staff who met with the inspector demonstrated their commitment to ensuring that the rights of the people within the centre are upheld.

Staff confirmed they regularly reviewed activities provided to ensure they are person centred and tailored to the differing needs of the service users. When answering questions regarding this domain staff said;

- “The service provided is compassionate to the needs of service users.”
- “Compassionate care is at the heart of everyone’s care”
- “I believe staff deliver care that is really compassionate”

Discussion with service users confirmed that they felt their views and opinions were taken into account in all matters affecting them. Service users described feeling informed and involved regarding activity planning, opportunities for outings and availing of community facilities through service user meetings, informal discussions and their individual annual care reviews.

Service users reported that they knew staff in the setting; they could talk to staff or the registered manager if they were worried, or had a concern about their care and staff would help them resolve their concern. Service users knew what activity they were going to take part in and they were happy that their choices and needs were being met.

There was a robust system in place to promote effective communication between service users, staff and other key stakeholders. Service users were encouraged and supported to actively participate in the annual reviews of their care. An annual service users’ quality assurance survey was also completed. The registered manager confirmed that findings from the survey are collated into the annual quality review report which is available for service users and other interested parties to read.

Evidence was provided that service users are enabled and supported by staff to engage and participate in meaningful activities and outings. They discussed the range of activities they could take part in including arts and crafts, relaxation, cookery and indoor games. They told us about opportunities for them to participate in local community activities, for example football, attending the gym and swimming. The activity programme was noted as developing social opportunities for service users as well as their hobbies and interests. The centre maintains strong links with partner agencies and this was reflected in the wide range of activities on offer for service users taking into account their abilities and wishes.

Some of the comments received from service users are listed below:

- “I love coming here it helps me”
- “I go to the gym two days a week.”
- “The staff are great they know us well”
- “I enjoy entertaining everyone by playing music and telling them about places I have been”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service users’ involvement in the day to day running of the settings; activities, communication and staff commitment to providing compassionate care.

Areas for improvement

No areas of improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registration certificate was up to date and displayed appropriately. The registered manager outlined the management arrangements and governance systems in place within the day care setting and it was established that these were in line with good practice.

A review of RQIA records showed there had been no notification submitted to report that the day care setting had been altered to incorporate the bespoke unit "Little Oaks". The appropriate forms should be submitted to RQIA without delay.

The registered manager and staff advised that there was a range of policies and procedures in place to guide and inform staff. Policies were centrally indexed, retained in a manner which is easily accessible by staff and were reviewed every three years or more frequently if changes occurred.

Staff had recorded individual, formal supervision and a recorded annual appraisal. The registered manager advised that staff supervision was provided quarterly in order to ensure that staff are fully supported to meet the individual needs of service users.

There are monthly staff meetings with minutes and attendance recorded. A review of the minutes of staff team meetings evidenced that agreed actions, responsibilities and time frames were noted. The minutes also evidenced that person centred practice was promoted. It was suggested that the minute of the meeting should report on the action taken from the previous meeting.

Staff advised that they were provided with mandatory training and additional training opportunities relevant to any specific needs of service users, this was confirmed in the review of training records. Systems are in place to monitor that staff are registered with NISCC and to alert management when registration is due for renewal.

The SHSCT has a corporate complaints policy and procedure in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Service users were made aware of how to make a complaint by way of the Service Users Guide and displayed information.

The registered manager reported three complaints had been received since the last care inspection and were resolved satisfactory. There were systems in place to ensure that any complaint is recorded, responded to, investigated and the outcome recorded regarding the satisfaction of complainant. A review of the complaint information submitted to RQIA was verified during this inspection. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

There were systems in place for the routine audit of staff training, staff supervision, annual appraisals, care records and falls. The registered manager was confident that any trends or patterns would be quickly identified and the information used to enhance service provision.

The Regulation 28 monthly quality monitoring visits had been undertaken in accordance with legislation. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions, the reports commented on the conduct of the setting and did not reveal any outstanding concerns. Reports are available for service users, their representatives, staff, and other relevant stakeholders.

Five completed questionnaires were returned to RQIA from service users and one was returned from a relative. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

Two areas for improvement were identified during the inspection and related to the minute of staff meeting and submitting the required documentation in regard to the bespoke unit Little Oaks.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mairead Murphy registered manager and the day care workers, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 4 (1) (a) and 4 (2) Stated: First time To be completed by: 31 May	<p>The registered person shall undertake a review of the day care settings and consider the range of needs the settings can meet, consideration should be given to service users specific identified risks and range of specialist equipment required to meet these needs, number of staff required and the number of service users each setting can safely meet on a daily basis.</p> <p>The statement of purpose should be reviewed to reflect the outcome of this review and submitted to RQIA.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered person is undertaking a review of the day care setting and the statement of purpose will be updated to reflect the outcome of this review and submitted to RQIA.</p>
Area for improvement 2 Ref: Regulation 31 (h) Stated: First time To be completed by: 31 May	<p>The registered person shall submit in writing the details of the extension of the premises with the bespoke unit "Little Oaks."</p> <p>Ref:6.7</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 28.3 Stated: First time To be completed by: DD Month Year	<p>The registered person shall maintain a record of the action taken to evidence that recommendations detailed in the fire risk assessment has been addressed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered person has contacted the SHSCT Fire Safety Department and will maintain a record of the action taken.</p>
Area for improvement 2 Ref: Standard 19.1 Stated: First time To be completed by: 31 May 2018	<p>The registered person/manager shall review the volume of information in care documentation within the Oakridge setting and inform RQIA of the outcome of the review.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The registered manager, assistant manager and day care workers are presently reviewing the care documentation within Oakridge and will</p>

	inform RQIA on the outcome of the review.
<p>Area for improvement 3</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the minute of the staff meeting incorporates the action taken from the previous meeting.</p> <p>Ref: 6.7</p>
<p>To be completed by: 31 May 2018</p>	<p>Response by registered person detailing the actions taken:</p> <p>The assistant manager has implemented the SHSCT team talk template which incorporates the action taken from the previous staff meeting and is followed up at the next staff meeting.</p>

Please ensure this document is completed in full and returned via Web Portal



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