Day Care Inspection Report
20 March 2017

George Sloane Centre incorporating Scope

Type of service: Day Care Service
Address: 21 Pennybridge Estate, Ballymena, BT42 3HB
Tel no: 02825646266
Inspector: Priscilla Clayton

1.0 Summary

An unannounced inspection of George Sloane Centre incorporating Scope took place on 20 March 2017 from 9.00 to 17.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice from various sources found throughout the inspection in relation to positive feedback from service users and staff, records examined, staff training, risk assessments, availability of associated policies/procedures and infection, prevention and control measures in place.

One satisfaction questionnaire which was completed and returned to RQIA indicated that the respondent was satisfied that the care provided was safe.

Recommendations made for improvement included:

- Provision of staff supervision no less than every three months
- Undertake competency and capability assessment with one senior day care worker
- Ensure that the recommendations recorded within the fire risk assessment dated 07 April 2016 are addressed
- Areas of flooring and walls within the annex and widening of the doorway in one corridor to allow free movement of service users who use wide wheelchairs require attention.

Is care effective?

There were examples of good practice from various sources found throughout the inspection in relation to maintenance of care records, care reviews, communication and multi-professional collaboration.

One satisfaction questionnaire which was completed and returned to RQIA indicated that the respondent was satisfied that the care provided was effective.

No areas for improvement were identified within this domain.

Is care compassionate?

There were examples of good practice from various sources found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing service users and taking account of the views of service users.

One satisfaction questionnaire which was completed and returned to RQIA indicated that the respondent was satisfied that the care provided was compassionate.

No requirements or recommendations were identified for improvement within this domain.

Is the service well led?

There were examples of good practice from various sources found throughout the inspection in relation to systems and processes for the daily management of the centre including, the management of incidents, complaints, quality improvements and maintaining good team working relationships.

Recommendations were made for improvement included:

- Place an index within one of two policy/procedures manual
- The outcome of investigation of one complaint and action taken is to be submitted to RQIA when available
- Ensure that general team meetings are held at least on a three monthly basis with minutes recorded
- Commentary should be made on complaints within the monthly monitoring report as one complaint which remains unresolved was not reflected
- Development of an action plan from the completed service user survey conducted during 2015/16
- Records should be made of when the evaluation report is shared with service users and where appropriate their representatives/carers. (Recommendation from the previous inspection stated for a second time).

One satisfaction questionnaire which was completed and returned to RQIA indicated that the respondent was satisfied that the centre was well led.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	10

Details of the Quality Improvement Plan (QIP) within this report were discussed with Dorothy Robinson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection on 23 and 24 July 2015.

2.0 Service details

Registered organisation/registered person: Northern HSC Trust/Dr Anthony Baxter Stevens	**Registered manager:** Dorothy Robinson
Person in charge of the service at the time of inspection: Dorothy Robinson	**Date manager registered:** 25 August 2010

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous care report and QIP
- Notifications
- Correspondence.

During the inspection the inspector met with the registered manager, all residents in a small group format, five care staff, and three service users' representative.

The following records were examined during the inspection:

- RQIA registration certificate
- Statement of purpose
- Service user guide
- Selection of policies and procedures including those in respect of adult safeguarding, whistleblowing, staff recruitment, complaints and infection prevention and control
- Staff training
- Staff meetings
- Staff supervision and appraisal
- Service user meetings
- Monthly monitoring visits
- Staff duty roster
- Four care records
- Complaints
- Accidents/incidents.
- Fire risk assessment.

Fifteen satisfaction questionnaires were given to the manager for distribution to service users (5), staff (5) and relatives (5). One questionnaire was completed and returned to RQIA within the timescale. This respondent indicated satisfaction that the care provided was safe, effective, compassionate and was well led.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 February 2017

The most recent inspection of the day care centre was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 23 and 24 July 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 26(4)(b) **Stated:** First time	The registered persons must ensure fire doors are never wedged open. **Action taken as confirmed during the inspection**. Fire doors were observed to be closed. The manager confirmed that staff were aware of the importance of ensuring fire doors were kept closed.	**Met**
Requirement 2 **Ref**: Regulation 29 **Stated:** First time	The registered manager must ensure accidents and untoward incidents are reported to RQIA as per regulation 29. **Action taken as confirmed during the inspection**: Accidents and incident records reviewed provided evidence that notifications were submitted to RQIA as required.	**Met**
Requirement 3 **Ref**: Regulation 26(2)(j) **Stated:** First time	With regards to the new porta cabin; the registered persons must ensure that: a) Suitable protective covers are provided to the heating radiators to prevent the risk of scalding to service users; b) thermostatic control is provided to the heating radiators to ensure that suitable temperatures are maintained in accordance with DHSSPS minimum standards (19-22 degrees centigrade); c) room temperatures are monitored to ensure they are maintained in accordance with	**Met**

	DHSSPS minimum standards; d) a review of the entrance to the porta cabin is undertaken to ensure heat loss is kept to a minimum in cold weather and to prevent the ingress of rain to the floor when the door opens during inclement weather conditions. The completed returned QIP must state the outcomes of this review including an action plan with timescales of when identified works will be completed.	
	Action taken as confirmed during the inspection: The registered manager confirmed that work has been completed. Radiator covers were applied to radiators. Room temperatures were being monitored with heating increased as necessary. Work at the entrance to the porta cabin had been addressed and the hallway painted. Excluders were added to doors in the hallway of the porta cabin.	
Requirement 4 **Ref**: Regulation 26(2)(b) **Stated:** First time	With regards to the annexe of George Sloane Centre, the registered persons must: 1. Clear, clean and flush the gutters. Investigate the reason/s for the areas of flaking paint above the entrance doors and carry out remedial works to make this area good.	**Met**
	Action taken as confirmed during the inspection: Guttering was cleaned and flushed as required. Painting of the entrance was undertaken.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 5.2 **Stated:** First time	With regards to continence promotion, the registered manager should ensure the care plans are reviewed of those service users who need staff support or assistance. Where relevant, the revised care plans should reflect: • How the service user is approached • The language used by staff • If a preferred bathroom is used • The name and size of continence product used and where this is stored	**Met**

	• The name and type of equipment used and the type and size of sling • The number of staff needed to provide assistance • The level of staff support and assistance needed • If a change of clothes is available and where these are located.	
	Action taken as confirmed during the inspection: The registered manager confirmed that review of all care plans was undertaken and where required details, as reflected within this requirement were included. This was evidenced within three care plans reviewed.	
Recommendation 2 **Ref**: Standard 5.2 **Stated:** First time	The registered manager should ensure service user's annual review reports reflect their views and opinions and where appropriate their carers or representatives.	**Met**
	Action taken as confirmed during the inspection: Review of three reports provided evidence that service user views and opinions were recorded.	
Recommendation 3 **Ref**: Standard 8.5 **Stated:** First time	The registered manager should ensure the annual quality assurance evaluation report completed as the result of service users surveys contains: • the outcomes of actions from completed surveys in the previous year; • an action plan from the completed surveys in the current year. Records should be made of when the evaluation report is shared with service users and where appropriate their representatives/carers.	**Partially Met**
	Action taken as confirmed during the inspection: The outcome of actions taken following completion of surveys was recorded and shared with service users. Development of an action plan for 2015/16 survey was reported to be work in progress.	

Recommendation 4 **Ref**: Standard 17.9 **Stated:** First time	The registered manager should review the current after lunch time practice in the dining room with service users.	**Met**
	Action taken as confirmed during the inspection: The after lunch time practice had been reviewed with service users. A CD player was positioned in the canteen and television/DVD within the lunch area. Service users are encouraged to bring their favourite music to play after lunch. Service users who spoke with the inspector confirmed that they liked this arrangement.	

4.3 Is care safe?

Discussion with the registered manager confirmed that staff employed were sufficiently qualified, competent and experienced to meet the assessed needs of service users in attendance. A total of 82 service users attended the centre on the day of inspection.

Staff who met with the inspector demonstrated good understanding of their roles and responsibilities in meeting the needs of service users and associated policies and procedures in the running of the centre.

Staff working in the centre each day was recorded within the duty roster.

Staff supervision was being provided twice yearly. It was recommended that supervision is provided no less than every three months.

Annual appraisal was provided with records retained.

The registered manager confirmed that staff employment records were held within the Northern Health and Social Care Trust (NHSCT) human resource department and that all staff appointments made was in accordance with the trust policy/procedures with required documentation checked and in place before a new employee would commence work. The recruitment aspect of procedures was confirmed by staff members who met with the inspector.

The registered manager explained that all staff were registered with the Northern Ireland Social Care Council (NISCC). Monitoring arrangements were in place.

Induction records reviewed contained a comprehensive account of the indicators to be achieved. Induction programmes were noted to be signed and dated by the staff member and mentor on the achievement of each activity. A staff induction policy was in place and available to staff.

Competency and capability assessments were in place for two of the three staff members who would be in charge when the manager is out of the centre. One recommendation was made in regard to the undertaking of the assessment of the one senior day care worker.

Mandatory staff training was discussed with the senior care assistant and staff. A staff training analysis for 2017 was undertaken with a training analysis developed. Mandatory training provided was recorded within a staff training matrix which included adult safeguarding and whistleblowing. Staff confirmed that mandatory training was provided alongside other areas of professional development including dysphasia, epilepsy care and deprivation of liberty.

The registered manager confirmed that no safeguarding allegations were currently active and should any arise the correct procedure would be followed in accordance with NHSCT recently revised policy/procedure. Staff training in the safeguarding was provided on a two yearly basis. The manager explained that staff update training in adult safeguarding and the Department of Health (DOH) regional policy titled "Prevention, Protection in Partnership" (April 2015) was planned to take place when the revised policy was distributed. The named safeguarding "champion" was to be confirmed. A policy on whistle blowing was available to staff.

The registered manager and staff confirmed that no restrictive practice takes place in the centre. Policies and procedures on restrictive practice were in place and available to all staff. Staff training in this regard had been provided.

Accidents and incidents were being entered into the corporate datix system. Monitoring is carried out by the manager, locality manager and the NHSCT governance officer. The registered manager demonstrated awareness of the procedure to follow should incidents/accidents/notifiable events require to be notified to RQIA and other relevant organisations in accordance with legislation and procedures.

Necessary infection protection and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included, for example; "seven step" hand hygiene notices positioned at all wash hand basins, availability of disposable gloves and aprons; provision of staff training in infection, prevention and control, and availability of electronic trust policies/procedures on infection prevention and control.

An inspection of the centre was undertaken. All areas were observed to be appropriately heated. Several areas of flooring within the annex require attention as these are stained and unsightly. Walls were also noted to be marked in several areas. Staff reported that the narrow doorway within the corridor leading to room 7 was causing difficulty for service users who use wide wheelchairs. Assessment and widening of this doorway should be considered. Substances Hazardous to Health were securely stored.

The centre's fire risk assessment, dated 07 April 2016 was available and reviewed. Two recommendations had been made by the fire safety officer. The registered manager agreed to follow up on the action taken to address recommendations. Weekly and monthly fire safety equipment checks were undertaken and recorded. All fire doors were closed and exits unobstructed.

Care staff who met with the inspector gave positive feedback in regard to the provision of safe care and confirmed that staff training, supervision, appraisal and staff meetings were provided and ongoing. Staff also explained that there was very good multi-professional working in the planning and monitoring of service users' care.

Service users who met with the inspector indicated that attending the centre meant a lot to them and explained how the support provided by staff was very good and they were always asked about their likes and dislikes. No issues or concerns were raised or indicated.

One completed questionnaire returned to RQIA within the timescale indicated that the respondent was satisfied that the care provided was safe.

Areas for improvement

- Provision of staff supervision no less than every three months
- Undertake competency and capability assessment with one senior day care worker
- Ensure that the recommendations within the fire risk assessment dated 07 April 2016 are addressed
- Areas of flooring and walls within the annex and widening of the doorway in one corridor to allow free movement of service users who use wide wheelchairs requires attention.

Number of requirements	0	Number of recommendations	4

4.4 Is care effective?

Four service users' care records were provided by the registered manager for review. These were found to be in keeping with legislation and minimum care standards including, holistic health and social care needs assessments which were complemented with risk assessments; person centred care plans and regular records of the health and wellbeing of the service user. Records of review reports in place included participation of the service user and where appropriate their representative. There was recorded evidence of multi-professional collaboration in planned care. One recommendation made related to ensuring that the date is recorded within the care plan when an additional identified need is identified and that staff cease to leave spaces between recorded entries within progress notes.

The registered manager explained the systems in place to promote effective communication between service users, staff and other stakeholders. This was evidenced within a number of sources including: discussions with staff and service users, care records examined; minutes of service users' meetings, minutes of staff meetings, information notices displayed on health and social care and photographs of various activities and social events.

Staff confirmed that the modes of communication in use between the staff team, service users/representatives and other stakeholders were effective and that communication was enhanced through the "open door" arrangements operated by the manager and senior care assistant.

Service users who met with the inspector confirmed they were aware of whom to contact if they had any issues or concerns about the service and that staff were approachable and always willing to help and provided assistance when required. No issues or concerns were raised or indicated.

Areas for improvement

- Ensure that the date is recorded within the care plan when an additional identified need arises and that staff cease to leave spaces between recorded entries within progress notes.

Number of requirements	0	Number of recommendations	1

4.5 Is care compassionate?

The registered manager and staff confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users. This was reflected within policies, statement of purpose, service user guide, care records and minutes of service user meetings reviewed.

There was a range of policies and procedures available to staff which supported the delivery of compassionate care.

Observation of staff interactions with service users demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity.

Discussions with staff, service users, review of care records and observation of staff practice and interactions confirmed that service users' needs were acknowledged and recorded.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities noted within the activity schedule, care records, service user meetings and reviews of care.

Service users confirmed that they were consulted and felt very much involved about arrangements within their centre. Comments from staff, service users and three service user representatives were very positive in regard to the service provided. No issues or concerns were raised or indicated in this regard.

One completed questionnaire returned to RQIA indicated that the respondent was satisfied that the care provided was compassionate.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.6 Is the service well led?

Dorothy Robinson, the registered manager who was on duty throughout the inspection explained that she was very well supported in her role by the locality manager who visits the centre on a monthly basis or more often if necessary. At operational level support is provided by a mixed skill team of care and ancillary staff.

The registered provider is kept informed regarding the day to day running of the centre by the locality manager who undertakes monthly monitoring visits on behalf of the registered provider to ensure that the centre is being managed in accordance with minimum standards and the Day Care Setting Regulations (Northern Ireland) 2007.

There was a defined organisational and management structure that identifies the lines of responsibility and accountability within the centre. This was reflected within the statement of purpose which was available within the centre.

The centre's RQIA registration certificate was displayed in a prominent position.

The registered manager confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the centre's statement of purpose.

The registered manager and staff confirmed that staffing levels were satisfactory in meeting the needs of service users in attendance each day.

The centre had copies of pictorial service user agreements which were signed by both parties.

There was a range of policies and procedures to guide and inform staff. Staff demonstrated awareness of policies including the policy and procedure relating to whistle blowing and adult safeguarding. One recommendation made related to the inclusion of an index within one of two policy/procedure manuals to provide ease of access to staff.

The registered manager explained the range of audits conducted during 2016 which included audit fire safety, environmental cleanliness and activities. Where necessary improvements identified were implemented into practice. A service user satisfaction survey was conducted during 2016. Analysis of the outcome was work in progress. The manager confirmed that an action plan would be developed when the analysis was completed.

Development of an action plan from the completed service user survey conducted during 2015/16 was discussed with the registered manager as this recommendation was made following the previous care inspection. The registered manager explained that this was work in progress. This recommendation was therefor stated for a second time in the appended QIP.

The centre had a corporate policy and procedure on complaints. The registered manager and staff demonstrated awareness of the procedure to follow should a complaint be received. Service users knew how to complain if they were not satisfied with the service provided. Information on how to complain was reflected within the statement of purpose and service user guide. Two complaints received since the previous inspection had been recorded. One was resolved to the complainant's satisfaction. The second complaint remains unresolved. The outcome of investigation and action taken as a result is to be submitted to RQIA.

Many thank you letters and cards from service users and relatives complementing the staff on the good care and service provided had been received.

The manager and staff confirmed that annual appraisal and staff supervision was provided with records retained. Staff supervision was being provided twice yearly. Recommendation is cited within 4.1 of this report as supervision should be provided at least on a three monthly basis.

The registered manager and staff confirmed that staff meetings were being held twice yearly with minutes recorded including the names of staff in attendance and discussions held. Daily team meeting were held each morning in preparation for the arrival of service users. One recommendation made related to ensuring that general team meetings are held at least on a three monthly basis to ensure that staff are kept fully informed of all NHSCT governance matters. Staff confirmed that there was very good working relationships within the team and that the registered manager was responsive to suggestions/comments raised during staff meetings.

Monthly monitoring report visits made on behalf of the registered provider were available.

The registered manager confirmed that these reports were available, when requested, to service users, their representatives, staff, trust representatives and RQIA. One recommendation made related to ensuring that commentary is made regarding monitoring of complaints received as one complaint remains unresolved.

Areas for improvement

- Place an index within one of two policy/procedures held on file.
- Ensure that general team meetings are held at least on a three monthly basis with minutes recorded.
- Commentary should be made within the monthly monitoring report regarding the monitoring of complaints received as one complaint remains unresolved. The outcome of one complaint investigation and action taken is to be submitted to RQIA.
- Development of an action plan from the completed service user survey conducted during 2015/16.
- Records should be made of when the evaluation report is shared with service users and where appropriate their representatives/carers. (Recommendation from the previous inspection stated for a second time).

Number of requirements	0	Number of recommendations	5

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dorothy Robinson, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 centre. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 31 May 2017	The registered provider should ensure that the recommendations recorded within the fire risk assessment dated 07 April 2016 are addressed. **Response by registered provider detailing the actions taken:** An urgent request to Estate service action desk has been submitted following inspection, NHSCT estates personel have visited and are allocating this work to outside contractor.
Recommendation 2 **Ref**: Standard 23.8 **Stated:** First time **To be completed by:** Ongoing	The registered provider should ensure that staff supervision is provided on a regular three monthly basis or more often as deemed necessary. **Response by registered provider detailing the actions taken:** Flow chart is up and running to ensure all staff have adequate supervision. Management will continue to have an open door policy as we are very aware of the increasing pace of work within the centre and and staff often have to 'check something out' with management in between formal supervision sessions these are written up as informal supervision.
Recommendation 3 **Ref**: Standard 23.3 **Stated:** First time **To be completed by:** 31 May 2017	The registered provider should undertake and record the competency and capability assessment with one senior day care worker. **Response by registered provider detailing the actions taken:** This has been completed and filed on 27th March 2017.
Recommendation 4 **Ref**: Standard 21.5 **Stated:** First time **To be completed by:** 31 June 2017	The registered provider should ensure that areas of badly marked flooring and walls within the annex is addressed and widening of the doorway in one corridor to allow free movement of service users who use wide wheelchairs should be considered. **Response by registered provider detailing the actions taken:** Chill room has been completed, Minor works form has been submitted to up-grade and make good remaining annexe area as highlighted in RQIA report. This may have to be put into a business plan due to the volume of work requested and costs.
Recommendation 5 **Ref**: Standard 8.5 **Stated:** Second time	The registered provider should ensure the annual quality assurance evaluation report completed as the result of service users surveys contains an action plan from the completed surveys year 2015/16. Records should be made of when the evaluation report is shared with service users and where appropriate their representatives/carers.

To be completed by: 31 May 2017	**Response by registered provider detailing the actions taken:** Copy of outcome and evalution to be completed and forwarded to RQIA before the 31st May 17.
Recommendation 6 **Ref**: Standard 18.3 **Stated:** Second time **To be completed by:** 31 May 2017	The registered provider should ensure that one policy manual has a central index for ease of access.
	Response by registered provider detailing the actions taken: Since having the care inspection we have decided to print off the index of all the policies and procedures which are located on the staff intranet, this will ensure that all staff will be obtaining the most up-date policy. Staff will be given clear instructions on how to access.
Recommendation 7 **Ref**: Standard 5.6 **Stated:** First time **To be completed by:** 31 May 2017	The registered provider should ensure: • The date is recorded within the care plan when an additional need is identified • Staff cease to leave spaces between recorded entries within progress notes.
	Response by registered provider detailing the actions taken: All staff have been informed of this recommendation in the morning meetings and this will also be added to the audit file check form.
Recommendation 8 **Ref**: Standard 14.10 **Stated:** First time **To be completed by:** when investigation is completed	The registered person should ensure that the outcome of investigation and action taken regarding one complaint is submitted to RQIA. Request should be made to the trust complaint officer in this regard.
	Response by registered provider detailing the actions taken: The responce from the trust investigating officer has been filed with the complaint. Action Taken: Estate services are researching suitable flooring. A review with the family and professionals has been held at end of April and everyone has been up-dated. Family are satisfied at this stage.
Recommendation 9 **Ref**: Standard 17.10 **Stated:** First time **To be completed by**: 31 May 2017	The registered person should ensure that commentary is made regarding complaints within the monthly monitoring report. One complaint remains unresolved.
	Response by registered provider detailing the actions taken: This will be shared with my line manager in supervision and other band 7 staff who carry out monitoring visits to check on outstanding as well as new complaints.

Recommendation 10 **Ref**: Standard 23.8 **Stated:** First time **To be completed by**: ongoing	The registered person should ensure that staff team meetings are held no less than three monthly.
	Response by registered provider detailing the actions taken: Full staff meetings will be held at the end of all training days on a quarterly basis -Day Care Workers and Suport Workers will have separtate meetings in between. Morning meetings will continue to be held each day and written records will be available to all staff not in attendance.

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