



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment: Crozier House

Establishment ID No: 1559

Date of Inspection: 4 June 2014

Inspector's Name: Priscilla Clayton

Inspection No: 17582

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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GENERAL INFORMATION

Name of Home:	Crozier House
Address:	Meeting House Road Banbridge BT32 3ER
Telephone Number:	(028) 4066 2734
E mail Address:	Iris.cromie@southerntrust.hscni.net
Registered Organisation/ Registered Provider:	Southern Health and Social Care Trust
Registered Manager:	Mrs Iris Cromie
Person in Charge of the home at the time of Inspection:	Pauline Grattan. (senior care assistant)
Categories of Care:	RC-I Condition – 4 service users day care
Number of Registered Places:	35 4 service users availing of a day care service
Number of Residents Accommodated on Day of Inspection:	25 residents 3 residents – day care
Scale of Charges (per week):	Trust rates
Date and type of previous inspection:	5 June 2013 Primary announced inspection.
Date and time of inspection:	04 June 2014 (10.00 – 5.00pm)
Name of Inspector:	Priscilla Clayton

1.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

2.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

3.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

4.0 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

Standard 12 (Meals and Mealtimes)

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

5.0 PROFILE OF SERVICE

Crozier House is owned and operated by the Southern Health and Social Care Trust. (SHSCT) and is situated within the town centre of Banbridge close to all local amenities.

The registered manager is Iris Cromie.

Accommodation is a single storey purpose built facility which can provide accommodation in single bedrooms for thirty five residents. .

Facilities provided include communal lounges situated close to the central dining room, large kitchen, hair dressing room, visiting areas, treatment room, laundry and bathrooms / toilets. Seated areas are positioned at the reception areas where residents frequently like to sit and watch the comings and goings, meeting and greeting people as they enter the home.

Externally there are shrubs and flower gardens to the front of the home with seated areas available.

Limited car parking spaces are available to the front of the building.

The home is currently registered to accommodate a maximum of 35 residents requiring residential care in Category I - Old and Infirm. The home provides intermediate and respite care within this category of care and is approved by RQIA to provide a maximum of four persons for day care.

6.0 SUMMARY

This secondary unannounced care inspection of Crozier House was undertaken by Priscilla Clayton on 04 June 2014 between the hours of 10.00am and 5.00pm.

Pauline Grattan, senior care assistant who was in charge of the home as the manager was on leave was available throughout the inspection and for verbal feedback at the conclusion of the inspection. Tena Armstrong, Head of Residential and Day Care visited the home to receive feedback at the conclusion of the inspection.

Action taken to address requirements and recommendations made as a result of the previous inspection conducted on 5 June 2013 was examined. There was evidence that the home had addressed all issues with the exception of one recommendation, relating to the inclusion of contact telephone numbers of safeguarding staff, which has been reiterated.

The focus of this unannounced inspection was on standard 12 (Meals and Mealtimes) There was good supporting evidence of compliance with thirteen of the fourteen criterions in this standard. One area identified for improvement related to the availability of food and appropriate fluid intake charts

Residents who spoke with the inspector confirmed that the food was always good with variety and choice afforded at meals. Three weekly rotating seasonal menus were in use.

The serving of the midday meal was observed. Dining room tables were nicely set with provision of; table cloths, central flower arrangement, napkins, condiments and choice of drinks.

Meals were served by staff in a respectful unhurried manner providing supervision and assistance to residents as required.

There was good evidence that this important social occasion was enjoyed by residents.

There were processes in place to ensure the effective management of the standard inspected.

During the inspection the inspector met with residents, staff, one relative and two visiting district nurses.

The inspector discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. One visitor indicated their satisfaction with the provision of care and life afforded to their relative and complimented staff in this regard.

All residents were observed to be appropriately clothed with obvious time and attention afforded to personal care needs.

Staff indicated that they felt they were supported in their respective roles by management and that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 10.0 of the main body of the report.

A number of additional areas examined these included management arrangements, views from residents, staff, and visiting professional, accidents / incident, training and care plans, further details in this regard can be found in section 8.0 of this report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

One requirement and five recommendations were made as a result of this secondary unannounced inspection, details can be found in section 8.0 of the report and the attached Quality Improvement Plan (QIP).

The inspector wishes to thank the residents, one relative, visiting professional staff and staff for their assistance and co-operation throughout the inspection process.

7.0 FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation3 (1) (c) Sch 1.	<u>Statement of Purpose</u> The home's Statement of Purpose requires to be amended to include the new manager's name.	Examination of the Statement of Purpose evidenced that the manager's name was included.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Additional matters 1.8	<p><u>Laundry</u></p> <p>The arrangement of the daily distribution of laundry around residents' bedrooms by care staff should cease and an alternative arrangement made.</p>	<p>Additional staff had been identified to carry out the distribution of laundry.</p>	<p>Compliant</p>
2	Additional Matters 1.8	<p><u>Supplementary food storage</u></p> <p>The storage of supplementary foods in the corner of the dining room is to be reviewed and alternative storage space identified. Review of the quantity is also recommended.</p>	<p>Food supplements are no longer stored in the dining room. Orders for supplementary food are now controlled with no routine ordering of supplies.</p>	<p>Compliant</p>
3	Standard 11.1	<p><u>Care review records</u></p> <p>It is recommended that the care management review meeting record is signed by the social worker involved.</p>	<p>Examination of two randomly selected care review records showed these were signed by the social worker.</p>	<p>Compliant</p>
4	Standard 11.4	<p><u>Care review report</u></p> <p>It is recommended that the financial affairs in regard to any payments are reflected within the review report.</p>	<p>Financial affairs were observed to be recorded with care review reports.</p>	<p>Compliant</p>

5	Standard 16.1	<p><u>Modes of referral</u></p> <p>It is recommended that a copy of the flow chart is displayed with contact telephone numbers inserted.</p>	<p>The flow chart was not displayed within the main office. Examination of the record retained did not reflect telephone contact numbers or out of hours arrangements.</p>	Not compliant
6	Standard 19.6	<p><u>Selection – Residents input</u></p> <p>The involvement of residents in the selection of staff is not policy within Crozier House. However the manager has agreed to discuss this with her line manager to see how best this can be achieved.</p>	<p>The senior care staff member confirmed that residents would be consulted at residents meetings about the qualities they would like to see in staff. No new staff appointments had been made since the previous inspection.</p>	Compliant

STANDARD 12 - MEALS AND MEALTIMES Residents receive a nutritional and varied diet in appropriate surroundings at times convenient to them.	
Criterion Assessed: 12.1 Residents are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents or guidance provided by dietitians and other professionals and disciplines.	COMPLIANCE LEVEL
Inspection Findings:	
Examination of the three weekly rotating menus evidenced that these were varied and appeared nutritious. Residents and staff confirmed meals were varied and nutritional.	Compliant
Criterion Assessed: 12.2 Residents are involved in planning the menus.	COMPLIANCE LEVEL
Inspection Findings:	
Examination of residents meeting dated 17 April 2014 evidenced resident consultation. This was confirmed by residents who spoke with the inspector.	Compliant
Criterion Assessed: 12.3 The menu either offers residents a choice of meal at each mealtime or when the menu offers only one option and the resident does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets.	COMPLIANCE LEVEL
Inspection Findings:	
The inspector observed a member of the kitchen staff team interview and record each resident's choice in regard to the menu to be served on the day. Should a resident prefer something rather than the planned meals every effort would be made to provide the alternative meal. Records of choice were recorded and retained.	Compliant

STANDARD 12 - MEALS AND MEALTIMES Residents receive a nutritional and varied diet in appropriate surroundings at times convenient to them.	
Criterion Assessed: 12.4 The daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each mealtime.	COMPLIANCE LEVEL
Inspection Findings:	
The daily menu was displayed on a white board within the dining room.	Compliant
Criterion Assessed: 12.5 Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals, and fresh drinking water is available at all times.	COMPLIANCE LEVEL
Inspection Findings:	
Staff and residents confirmed meal times as follows; Breakfast served between 8.45am and 10.00am Dinner served at 12.45pm High tea served at 5.00pm Snacks are served mid-morning and afternoon Drinks were observed to be readily available.	Compliant
Criterion Assessed: 12.6 Residents can have a snack or drink on request or have access to a domestic style kitchen.	COMPLIANCE LEVEL
Inspection Findings:	
Residents confirmed they could have a snack at any time they wanted. Drinks were observed to be readily available to residents.	Compliant

STANDARD 12 - MEALS AND MEALTIMES Residents receive a nutritional and varied diet in appropriate surroundings at times convenient to them.	
Criterion Assessed: 12.7 Menus provide for special occasions.	COMPLIANCE LEVEL
Inspection Findings:	
Staff, residents and kitchen staff confirmed menus were always provided for special occasions.	Compliant
Criterion Assessed: 12.8 Residents are consulted and their views taken into account regarding the home’s policy on “take away” foods.	COMPLIANCE LEVEL
Inspection Findings:	
The home has a policy on “Take Away foods” which was dated 01 July 2010 and reviewed July 2013.	Compliant
Criterion Assessed: 12.9 Meals are served in suitable portion sizes, and presented in a way and in a consistency that meets each resident’s needs.	COMPLIANCE LEVEL
Inspection Findings:	
The serving of dinner was observed by the inspector. Meals were nicely presented with adequate portions served and where required soft diets were served. Adequate portions of food were provided with additional helpings offered. Residents who spoke with the inspector following the meal indicated they were very satisfied with the quality and quantity of food served. No issues or concerns were raised.	Compliant

STANDARD 12 - MEALS AND MEALTIMES Residents receive a nutritional and varied diet in appropriate surroundings at times convenient to them.	
Criterion Assessed: 12.10 Staff are aware of any matters concerning residents’ eating and drinking as detailed in each resident’s individual care plan, and there are adequate numbers of staff present when meals are served to ensure: - <input type="checkbox"/> Risks when residents are eating and drinking are managed <input type="checkbox"/> Required assistance is provided <input type="checkbox"/> Necessary aids and equipment are available for use.	COMPLIANCE LEVEL
Inspection Findings:	
Staff who spoke with the inspector demonstrated knowledge of residents dietary needs, associated risks, supervision and where required assistance. No special aids or equipment were required for residents at this time. However, if required, referral would be made to the therapist.	Compliant
Criterion Assessed: 12.11 A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each resident is satisfactory.	COMPLIANCE LEVEL
Inspection Findings:	
Examination of records verified that this information was being recorded and retained.	Compliant
Criterion Assessed: 12.12 Where a resident’s care plan requires, or when a resident chooses not to eat a meal or is unable to eat a meal, a record is kept of all food and drinks consumed. Where a resident is eating excessively, a similar record is kept. Such occurrences are discussed with the resident, and reported to the registered manager or senior staff in charge of the home. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.	COMPLIANCE LEVEL
Inspection Findings:	
The senior care confirmed that currently no residents are experiencing needs in regard to not eating and if this was the case food intake charts would be recorded. This could not be verified on the day of inspection as no food intake charts/templates were available. Fluid intake charts were available, however these were	Substantially Compliant

considered to be unsuitable as information to be recorded related in the main to intravenous fluids. One recommendation was made in regard to the availability of food intake and fluid charts.

Each resident is weighed on a monthly basis with records retained and monitored by staff.

STANDARD 12 - MEALS AND MEALTIMES Residents receive a nutritional and varied diet in appropriate surroundings at times convenient to them.	
Criterion Assessed: 12.13 Menus are rotated over a three-week cycle and revised at least six monthly, taking into account seasonal availability of foods and residents' views.	COMPLIANCE LEVEL
Inspection Findings:	
Three weekly seasonal menus were in place. Minutes of residents' meetings evidenced they views were sought.	Compliant
Criterion Assessed: 12.14 Variations to the menu are recorded.	COMPLIANCE LEVEL
Inspection Findings:	
Examination of records retained verified that variations to the menu were being recorded.	Compliant

8.0 ADDITIONAL AREAS EXAMINED

8.1 Management arrangements

Iris Cromie, the registered manager of the home currently on leave. Senior care staff have been in charge since her leave commenced. Arrangements are being made by senior management to appoint an “acting” manager until the return of the registered manager. RQIA are to be officially notified of this arrangement and appropriate “Leave of Absence” forms completed and returned to RQIA as discussed and agreed with Tena Armstrong, Head of Residential and Day Care..

There is a defined management structure that identifies the lines of accountability, specifics roles and details responsibilities for areas of activity.

The manager is supported in her role at senior management level by the Head of Residential and Day Care Services who conducts monthly unannounced monitoring visits and undertakes supervision and annual appraisal of the manager.

At operational level the manager is supported in her role by a mixed skill team of care and ancillary staff. Senior care staff is on duty each shift.

8.2 Residents

The inspector spoke with eight residents individually and with others in small group format. All residents were observed to be relaxed, spoke freely with the inspector, were appropriately dressed with obvious care and attention provided to personal care needs.

Comments made by residents included:

“The staff is really good here, they see to everything”

“Food is good and I can choose what I want, even if it’s not on the menu”

“It’s not home, but I suppose it’s the next best thing”

“We have a good times and there is always something going on which puts in the day”

“The home is kept clean and tidy and our rooms are comfortable”

“I can get up each day when I want and have breakfast when I choose”

“Snacks are provided each morning, afternoon and evening.”

No issues or concerns were expressed by residents.

8.3 Professional views

Opportunity was afforded to the inspector to meet with two visiting district nurses. Both district nurses confirmed that staff are always very receptive of them and undertake prescribed care as required. District nursing care plans are retained in the home for staff reference to ensure that the care prescribed is provided.

No issues or concerns were raised by district nurses.

8.4 Visitor's view

The inspector met with one visitor during the inspection. Positive comments were made about care and life in the home. No issues or concerns were raised.

8.4 Care records

Examination of two care records evidenced that review and revision is necessary. Areas identified for improvement included;

- Currently some of the recommendations made by the dietician are held in separate records and not reflected within the care plan. Individualised care plans should reflect all recommendations made by the dietician, or other professional staff following assessment.
- Staff should cease to record named medications prescribed by the GP in care plans as this practice can result in maladministration should changes to the prescribed medication take place.
- Interventions recorded in the "needs" column of care plans should be recorded in the designated intervention section in order to avoid confusion.

8.5 Staffing

Staff and residents who spoke with the inspector confirmed that staffing was satisfactory for the number and dependency levels of residents currently accommodated.

Examination of the staff duty roster evidenced the following staff were on duty:

Senior care x1
 Care assistants x 3
 Kitchen x 3
 Domestic staff x 2
 Night shift x 2 care staff plus one senior care on immediate call.

One issue arising related to the provision of formal staff meetings as the last recorded minutes of a meeting held was on 06 February 2013. One recommendation was made in this regard..

8.5 Accidents /Incidents

Discussion regarding the reporting of accidents took place and Datex information inspected. One requirement was made as cross referencing of data held on Datex showed that four incidents had not been notified to RQIA. One requirement was made in this regard as all accidents / incidents must be notified to RQIA must within three working days.

8.6 Mandatory training

Examination of staff training records evidenced that annual update training in first aid is required.

The development of a programme of mandatory training for 2014 is recommended to ensure annual update training is planned and provided in keeping with RQIA Mandatory Training Guidelines

8.7 Environment

Inspection of the home was undertaken. All areas were observed to be clean, tidy, organised and fresh smelling.

Fire doors were closed and emergency exits unobstructed.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Pauline Grattan, senior care and Tena Armstrong, Head of Residential and Day Care at the conclusion of the inspection.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Priscilla Clayton
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Priscilla Clayton
Inspector/Quality Reviewer



Quality Improvement Plan

Secondary Unannounced Care Inspection

Crozier House

4 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Pauline Grattan, Senior Care and Tina Armstrong, Head of Residential and Day Care on conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 30 (2)	<p><u>Notification of Accidents / Incidents</u></p> <p>The registered person must ensure that all accidents / incidents are notified to RQIA within three working days.</p> <p>Ref:8.5</p>	Once	The Acting Registered Manager has held a staff meeting within the required time frame and informed Senior Staff that all accidents/ incidents are notified to RQIA within three working days..	Immediate

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 12.12	<p><u>Intake charts</u></p> <p>It is recommended that appropriate food and fluid intake charts are available for use as required.</p> <p>.</p> <p>(Fluid intake charts were available, however these were considered to be unsuitable as information to be recorded related to intravenous fluids)</p> <p>.</p>	Once	<p>The Acting Registered manager has put in place a food and intake chart for residents if required.</p> <p>The registered manager has ammended a fluid intake chart and removed the intravenous fluid section from it.</p>	30 June 2014
2	Standard 16.1	<p><u>Modes of referral- safeguarding</u></p> <p>It is recommended that a copy of the flow chart is displayed with contact telephone numbers inserted.</p> <p>.</p>	Two	The Acting Registered manager has displayed a copy of the flow chart with contact numbers for the safeguarding team.	30 June 2014
3	Standard 8.3	<p><u>Care plans</u></p> <p>A central individualised care plan record should reflect all recommendations made by other professional staff including the dietician. Staff should not have to refer to other assessments for recommendations in respect of planned care.</p> <p>Additionally it is recommended that staff cease to record named medications</p>	Once	<p>Senior residential care staff have ammended their care plans to reflect other professionals assessments including the recommendations made by the dietician in the care plan.</p> <p>Senior staff have removed named medications from their</p>	30 June 2014

		<p>prescribed in care plans.</p> <p>Ensure interventions are recorded within the appropriate section of the care plan and not within the identified “needs section”.</p> <p>As agreed care plans should be reviewed and revised in light of the aforementioned recommendations. Ref: 8.3</p>		<p>care plan.</p> <p>Senior residential care staff have reviewed documentation and interventions recorded in the appropriate section of the care plan.</p> <p>Care plans have been reviewed and revised in light of the recommendations made by the Inspector.</p>	
4	Standard 23.3	<p><u>Staff training.</u></p> <p>Staff update training in First Aid is recommended.</p> <p>The development of a programme of mandatory training for 2014 is recommended to ensure annual update training is provided in keeping with RQIA Mandatory Training Guidelines</p>	Once	<p>First Aid Training dates have been requested and dates have been sent for training.</p> <p>The Acting Registered Manager and Senior staff have developed a programme to ensure annual update training is provided in keeping with RQIA Mandatory Training Guidelines.</p>	30 July 2014
5	Standard 25.8	<p><u>Staff meetings</u></p> <p>It is recommended that formal staff meetings are held on a regular basis.</p>	Once	<p>The Acting Registered Manager has arranged and facilitated a programme of formal staff meetings and has ensured that these are now being held on a regular basis.</p>	30 June 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Mrs HYLDA PATTERSON
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mrs Angela McVeigh Director Older People & Primary Care

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	P.Clayton	11 Aug 2014
Further information requested from provider			