

Unannounced Care Inspection Report

2 November 2017



Alpine House

Type of Service: Residential Care Home
Address: 20 Ballyholme Road, Bangor, BT20 5JN
Tel No: 028 9145 4904
Inspector: Alice McTavish

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 residential care home with 22 beds that provides care for older people.

3.0 Service details

Organisation/Registered Provider: Alpine House Responsible Individual: Mr Sathrouhun Bogun	Registered Manager: Ms Joanne Glendinning
Person in charge at the time of inspection: Joanne Glendinning	Date manager registered: 3 April 2009
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Number of registered places: 22

4.0 Inspection summary

An unannounced care inspection took place on 2 November 2017 from 10:30 to 15:30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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

Evidence of good practice was found in relation to staff induction, training, supervision and appraisal, infection prevention and control, the home's environment, communication between residents, staff and other key stakeholders, listening to and valuing residents, governance arrangements and to quality improvement.

An area requiring improvement was identified in relation to the frequency of staff meetings.

Residents said that they liked living in the home and that staff treated them well.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Joanne Glendinning, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspections on 1 June 2017 and 11 July 2017.

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 previous inspection reports, the returned QIPs and notifiable events received since the previous care inspections.

During the inspection the inspector met with six residents, one care assistant and the registered manager. No visiting professionals and no residents' representatives were present.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. The registered manager was provided with details of how staff could submit questionnaires electronically. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Care files of three residents
- The home's Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- A selection of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspections dated 1 June 2017 and 11 July 2017

The most recent inspections of the home were an unannounced care inspection on 1 June 2017 and an unannounced enforcement care inspection on 11 July 2017.

The completed QIP from the inspection dated 1 June 2017 was returned and approved by the care inspector. No new areas for improvement were identified during the inspection dated 11 July 2017 and a QIP was not required.

6.2 Review of areas for improvement from the last care inspection dated 1 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: Second time	The registered person shall ensure the following areas identified as requiring improvement are made good: the window and handles in the dining room need replaced, one identified vanity unit needs replaced, the pathway into the home needs repaired. This area for improvement formed part of a Failure to Comply Notice issued on 13 June 2017. Ref: 6.2	Met
	Action taken as confirmed during the inspection: Evidence was available to validate compliance with the Failure to Comply Notice.	
Area for Improvement 2 Ref: Regulation 19 (3) b Stated: First Time To be completed by: 1 July 2017	The registered person shall ensure that the records referred to in paragraphs (1) and (2) are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the home. Ref: 6.4	Met

	Action taken as confirmed during the inspection: The registered manager described the arrangements now in place to ensure the availability of records. These were found to be satisfactory.	
Area for Improvement 3 Ref: Regulation 20 (1) (a) Stated: First Time	The registered person shall ensure that alternative staffing arrangements are put in place when staff are not available for duty. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The registered manager described the process now in place to ensure that alternative staffing arrangements are made when staff are not available for duty. These were found to be satisfactory.	
Area for improvement 4 Ref: Regulation 19 (2) Schedule 4, 6 Stated: First time	The registered person shall ensure that the hours worked by the registered manager are recorded on the staff duty rota, that the designations of staff are noted and that the person in charge of the home is specified. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the staff duty rota confirmed that the hours worked by the registered manager were recorded, that the designations of staff were noted and that the person in charge of the home was specified.	
Area for improvement 5 Ref: Regulation 27 (2) (b) Stated: First time	The registered person shall ensure that all areas identified during inspection must be satisfactorily addressed. Damaged furniture/items must be repaired or replaced and lights in all residents' bedrooms must be functional and fit for purpose. A robust maintenance regime must be established and implemented to ensure that the home is well maintained on an ongoing basis. This area for improvement formed part of a Failure to Comply Notice issued on 13 June 2017. Ref: 6.4	Met

	Action taken as confirmed during the inspection: Evidence was available to validate compliance with the Failure to Comply Notice.	
Area for improvement 6 Ref: Regulation 27 (2) (d) Stated: First time	<p>The registered person shall ensure that a deep clean of the areas identified during the inspection is undertaken. A robust cleaning arrangement must be put in place to ensure that the home is maintained to a satisfactory standard of cleanliness and hygiene on an ongoing basis.</p> <p>This area for improvement formed part of a Failure to Comply Notice issued on 13 June 2017.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: Evidence was available to validate compliance with the Failure to Comply Notice.</p>	Met
Area for improvement 7 Ref: Regulation 27 (4) (d) Stated: First time	<p>The registered person shall ensure that fire doors must not be wedged open at any time; this will be with immediate effect. Safe alternative arrangements must be put in place to ensure adequate ventilation in the laundry room and the office.</p> <p>This area for improvement formed part of a Failure to Comply Notice issued on 13 June 2017.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: Evidence was available to validate compliance with the Failure to Comply Notice.</p>	Met
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for Improvement 1 Ref: Standard 20.9 Stated: First time	<p>The registered person shall ensure that the Residents Guide is reviewed to adequately describe any restrictions used within the home.</p> <p>Ref: 6.4</p>	Met

	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the home's Residents Guide confirmed that this was reviewed to adequately describe any restrictions used within the home.	
Area for Improvement 2 Ref: Standard 28.5 Stated: First time	The registered person shall ensure that all recommendations stated in the home's fire risk assessment are dated and signed when completed. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the fire risk assessment confirmed that all recommendations were dated and signed when completed.	
Area for Improvement 3 Ref: Standard 9.1 Stated: First time	The registered person shall ensure that the contact details of residents' dentists, opticians and other professionals involved in care are consistently recorded. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of care records confirmed that the contact details of residents' dentists, opticians and other professionals involved in care were consistently recorded.	
Area for Improvement 4 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that the diabetic needs of residents are noted in all relevant areas of the care records. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of care records confirmed that the diabetic needs of residents were noted in all relevant areas of the care records.	

Area for Improvement 5 Ref: Standard 1.2 Stated: First time	The registered person shall ensure that residents' meeting are held regularly. Ref: 6.6	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation confirmed that residents' meetings were held regularly.	
Area for Improvement 6 Ref: Standard 1.3 Stated: Frist time	The registered person shall ensure that residents' views and wishes are obtained and taken into account in regard to crockery options used in the home, menu choices and the provision of drinks. Ref: 6.6	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation confirmed that residents' views and wishes had been obtained and taken into account regarding these areas.	

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 advised that staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

In discussion with staff they advised that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager advised that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. A sample of a completed staff competency and capability assessment was reviewed and found to be satisfactory. It was noted, however, that several assessments were in use; some assessments did not comprehensively cover all of the areas which would provide sufficient assurances to the manager that staff were competent and capable to manage in her absence. In discussion with the registered manager it was agreed that the use of the most comprehensive version of this assessment would be beneficial.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. The registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The registered manager also advised that enhanced AccessNI disclosures were viewed by her for all staff prior to the commencement of employment. The area of staff recruitment and selection was examined during a recent care inspection and was found to be satisfactory. It was not reviewed on this occasion.

The registered manager described the arrangements in place to monitor the registration status of staff with their professional body (where applicable). This included regular spot checks of staff registration with the Northern Ireland Social Care Council (NISCC) and reminders to staff, during supervision and in staff team meetings, of the need to pay annual registration fees.

The adult safeguarding policy in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager remained aware of her obligations to fully and promptly refer any suspected, alleged or actual incidents of abuse to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably locked external doors with keypad entry systems and the management of smoking materials for those residents who chose to smoke. The registered manager advised that such restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the residents guide identified that restrictions were adequately described.

A review of the infection prevention and control (IPC) policy and procedure during a previous care inspection confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced.

The home had an up to date fire risk assessment in place dated 7 December 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed regularly, most recently on 20 July 2017 and 7 October 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Residents' records were stored safely and securely in line with data protection. A review of the care records of three residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, smoking, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how the individual preferences and choices of residents were met in the home.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. All care records were audited monthly. Advice was provided to the registered manager regarding the method used to record such audits. The registered manager advised that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. Minutes of resident meetings were reviewed during the inspection. A review of minutes of staff meetings identified that such meetings were not held with sufficient frequency. Action was required to ensure compliance with the standards in relation to staff meetings.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified during the inspection. This related to the frequency of staff meetings.

	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.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

It was established during previous care inspections that a range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. There was evidence that care plans and risk assessments had been shared with residents and that residents had signed to confirm this.

The registered manager and residents advised that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity; staff were also able to describe how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them and that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. There were residents' meetings and residents were encouraged and supported to participate in the annual reviews of their care in the home.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. There were also arrangements in place for residents to maintain links with their friends, families and wider community.

Staff spoken with during the inspection made the following comments:

- “I’m happy here, I feel comfortable and safe.”
- “I enjoy the company of the other residents here.”
- “I find the staff to be very helpful, cheerful in their work and attentive.”
- “When I came here I was welcomed into the home by the staff and made to feel very comfortable. I like my room which is very spacious, warm, clean and tidy. I like the food although I have a poor appetite. I have found all of the staff to be caring and approachable and friendly. I am settling in very well.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for 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 registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

A review of the complaints records established that arrangements present to effectively manage complaints from residents, their representatives or any other interested party. The registered manager advised that these records were in the process of being reviewed to fully reflect the process of complaints management; these would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. The registered manager advised that no complaints had been received since the last care inspection; should complaints be more regularly received, an audit of complaints would be used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. Discussion with the registered manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, oral hygiene, sensory awareness and end of life care.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. Two members of staff were in the process of completing the Qualifications and Credit Framework (QCF) level 5 award.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Residents Guide. The registered manager confirmed that the registered provider was a regular visitor to the home and was kept informed regarding the day to day running of the home.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and that management would offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Glendinning, registered manager, 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 residential care home. 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.8 Stated: First time To be completed by: 29 December 2017	The registered person shall ensure that staff meetings are held on a regular basis and at least quarterly. Ref: 6.5
	Response by registered person detailing the actions taken: This matter has now been addressed, regular meeting are planned.

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



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