

Unannounced Care Inspection Report 12 June 2018



Camlo Homes

Type of Service: Residential Care Home
Address: 3-5 North Parade, Belfast, BT7 2GF
Tel No: 028 9064 5127
Inspector: Bronagh Duggan

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 registered to provide care and accommodation for 29 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Camlo Homes Responsible Individuals: Mrs Lois Emerson Mr Stephen Emerson Mr Campbell Emerson	Registered Manager: Mrs Joanne Smart
Person in charge at the time of inspection: Mrs Joanne Smart	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years A - Past or present alcohol dependence	Number of registered places: 29 places RC – LD/LD (E) maximum 6 places RC-A maximum 1 place RC-PH/PH (E) maximum 1 place

4.0 Inspection summary

An unannounced care inspection took place on 12 June 2018 from 10.25 to 18.15.

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 recruitment, training, supervision and appraisal, adult safeguarding, audits and reviews, communication between residents, staff and other interested parties, the culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement were identified relating to fire safety, review and updating of needs assessments, maintaining adequate records of food provided, staff training in swallowing/dysphagia awareness, and frequency of staff meetings.

Residents said they liked living in the home, the food was good and they were happy. 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	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Joanne Smart, 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 inspection on 5 October 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 report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, deputy manager, 12 residents, and four staff.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by residents and or residents' representatives. One staff response was received within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessment information
- Staff training schedule and training records
- One staff file
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records

- Audits of care plans, care reviews; accidents and incidents (including falls), complaints, catering, Infection Prevention and Control (IPC), NISCC registration
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Sample 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 inspection dated 4 January 2018

The most recent inspection of the home was an unannounced finance inspection.

The completed QIP was returned and approved by the finance inspector.

6.2 Review of areas for improvement from the last care inspection dated 5 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	The registered person shall ensure a review of cleaning arrangements is undertaken to ensure good levels of cleanliness are maintained, especially in residents' bedrooms. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the home confirmed general cleanliness of the home had improved including the bedrooms.	

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 the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota 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. The need to ensure completed inductions were signed by the staff member and registered manager was discussed with the registered manager.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the registered manager confirmed 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. Staff competency and capability assessment information was reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of one recently recruited staff file confirmed 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 advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. The staff file reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. 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.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

The registered manager advised there were restrictive practices within the home, notably the use of locked doors, keypad entry system, CCTV on the entrance/exits, management of smoking materials etc. The home was registered with Information Commissioners' Office (ICO) in respect of the CCTV. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose and residents' guide.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records evidenced 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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.

IPC compliance audits were undertaken and action plans developed to address any deficits noted. The registered manager was advised bins used in bathroom and toilet areas should be replaced with closed lid alternatives.

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 individualised with photographs, memorabilia and personal items. The registered manager advised that all bedrooms had recently been repainted and work was ongoing regarding the provision of new bedding. 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 and accessible to residents, staff and visitors. It was noted however that in the enclosed outdoor smoking area a metal bin contained a plastic bin liner that was over hanging, the bin was approximately half full of papers and tissues. The fire risk was discussed with the registered manager this should be removed. A system to ensure and record the regular checking of the identified smoking area to reduce risk should be introduced. This was identified as an area for improvement. The registered manager confirmed a Legionella risk assessment

had been completed in June 2018 the report had not been provided to the home on the day of inspection. This shall be followed up at a later inspection.

It was established that 15 residents smoked. A review of two care records of these residents identified that risk assessment and corresponding care plans had been completed in relation to smoking.

A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 19 October 2017 recommendations made had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis the most recent was in April 2018. It was noted 10 staff had not completed a fire drill in the past year. This was identified as an area for improvement to comply with the standards. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

One completed questionnaire was returned to RQIA from staff. The respondent described their level of satisfaction with this aspect of care as satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, supervision and appraisal and adult safeguarding.

Areas for improvement

Areas for improvement were identified during the inspection regarding introducing a system to ensure regular checks to the designated smoking area and ensuring all staff complete at least one fire drill per annum.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

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

Records were stored safely and securely within the home. Three care records were reviewed, it was noted that the assessment of needs for two identified residents should be reviewed and updated to reflect changes. This was identified as an area for improvement. The care records also included risk assessments, care plans and daily/regular statement of health and well-being

of the resident. Care needs assessment and risk assessments (e.g. 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.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example staff shared how one resident was supported with their particular religious observance.

Systems were in place to regularly record residents' weights. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments. Relevant information was also available for kitchen staff. Review of records maintained regarding food provided in the home did not provide sufficient detail regarding choices made by residents. This was identified as an area for improvement. In addition the benefit of staff completing training in relation to swallowing/dysphagia awareness was discussed with the registered manager. This was identified as an area for improvement to comply with the standards.

Discussion with the registered manager confirmed that wound care was managed by community nursing services. The registered manager confirmed staff were able to recognise and respond to pressure area damage. Referrals would be made to the multi-professional team regarding any areas of concern.

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. Audits of care plans, care review, accidents and incidents (including falls), complaints, environment, catering were available for inspection. The registered manager was advised to record how actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The registered manager advised 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. Minutes of staff meetings and resident meetings were reviewed during the inspection. The need to ensure staff meetings were held at least quarterly with minutes maintained was discussed with the registered manager. This was identified as an area for improvement.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports and annual

quality review report were available on request for residents, their representatives any other interested parties to read.

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.

One completed questionnaire was returned to RQIA from staff. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

Four areas for improvement were identified during the inspection these related to the review and updating of needs assessments for two identified residents, recording of meals provided in sufficient detail, provision of swallowing/dysphagia awareness for staff and to ensure staff meetings are held at least quarterly.

	Regulations	Standards
Total number of areas for improvement	1	3

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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

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.

The registered manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected. For example ensuring the office door is kept close during the staff handover.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

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 for example the daily menu was displayed in the dining room.

Discussion with staff, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were

listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, regular resident surveys and visits by the registered providers representative.

Residents were consulted with regularly about the quality of care, menus and environment through the completion of questionnaires. The benefit of compiling this information into a summary report and outline an action plan from the findings was discussed with the registered manager. This information can be added to the homes annual quality review report.

Discussion with staff, residents, and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities if they so wished. For example games, nail art, social events. The registered manager advised that some residents did not like to participate in activities in the home. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example some residents attend local day centres others visit local shops and cafes in the area.

Residents and staff spoken with during the inspection made the following comments:

- "I just love it here, the staff are so good they really are. I couldn't ask for better." (resident)
- "I have been here for five years, the longest I have stayed anywhere. Its good, I have whatever I need." (resident)
- "I am happy here, my room is nice, the staff I couldn't say a bad word about them. They are awful good." (resident)
- "This is the best place I have ever been, the food is good and the staff are kind." (resident)
- "I like it here, it is dead on. Joanne and Grant are really good and will help you out." (resident)
- "I think it is fantastic here, I really do. There is good teamwork, the management are very approachable." (staff)

One completed questionnaire was returned to RQIA from staff. The respondent described their level of satisfaction with this aspect of care as very satisfied.

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 and stated that 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. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included 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.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these 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. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

A visit by the registered provider representative 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. The registered manager confirmed information regarding for example marital status, and religious beliefs were gathered at admission. The registered manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

One completed questionnaire was returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents 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 Smart, 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: 13 June 2018</p>	<p>The registered person shall ensure there is a system in place to complete regular checks of the designated smoking area.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>There is now a system in place to ensure the designated smoking area is checked at regular intervals during the day and night. The checks are documented on a recording sheet held in this area.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2018</p>	<p>The registered person shall ensure the assessment of needs for the two identified residents is revised at any time when necessary to do so and in any case no less than annually.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The changes in the two resident's care needs have been updated.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2018</p>	<p>The registered person shall ensure all staff participate in a fire evacuation drill at least once a year.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>As of 15/06/18 all staff have participated in a fire drill (including those who remained outstanding)</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.11</p> <p>Stated: First time</p> <p>To be completed by: 13 June 2018</p>	<p>The registered person shall ensure 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.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A record is maintained of the meals that are provided. Each individual resident's food choice is documented, detailing exactly what they consumed.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 9.2</p> <p>Stated: First time</p> <p>To be completed by: 13 September 2018</p>	<p>The registered person shall ensure the general health and social care needs of residents in the home are understood by staff and they have knowledge of basic health practices that promote health and welfare for example swallowing/dysphagia awareness.</p> <p>Ref: 6.5</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 13 August 2018</p>	<p>The registered person shall ensure staff meetings take place on a regular basis and at least quarterly.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Next staff meeting will be held on 31/07/18.</p>

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



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