

Unannounced Care Inspection Report 3 July 2019



Evergreen Centre

Type of Service: Day Care Service

Address: Gransha Park, Limavady Road, Derry, BT47 2TP

Tel No: 02871865109

Inspector: Angela Graham

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

This is a day care setting that provides care and day time activities for up to 50 service users with a learning disability. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).

3.0 Service details

Organisation/Registered Provider: WHSCT Responsible Individual: Dr Anne Kilgallen	Registered Manager: Natasha McElhinney (registration pending)
Person in charge at the time of inspection: Natasha McElhinney	Date manager registered: Registration pending
Number of registered places: 50	

4.0 Inspection summary

An unannounced inspection took place on 3 July 2019 from 09.05 to 16.30.

This inspection was underpinned by the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

Evidence of good practice was found in relation to staff training, risk management and infection prevention and control practices. Further areas of good practice were also noted in relation to care reviews, communication between service users, staff and other key stakeholders, the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users. In addition, good practice was also observed in regard to governance arrangements, staff supervision and appraisal, quality improvement and maintaining good working relationships.

There was evidence identified throughout the inspection process that the day centre promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, decision making, privacy, confidentiality and service user involvement.

Areas requiring improvement were identified regarding fire drills and policies and procedures. Service users' comments are included throughout the report.

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

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Natasha McElhinney, 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 dated 20 July and 10 August 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 July and 10 August 2018.

5.0 How we inspect

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

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that 21 incidents had been reported to RQIA since the care inspection on 20 July and 10 August 2018
- unannounced care inspection and QIP report dated 20 July and 10 August 2018.

During the inspection, the inspector met with the manager, a senior day care worker, two day care workers and four care assistants. Introductions were made to all service users while walking around the setting with individual interaction with nine service users.

Ten service user and/or relatives' questionnaires were provided for distribution; one relative questionnaire was returned to RQIA within the timeframe for inclusion in this report.

The relative indicated that they were very satisfied that the care being provided to service users was safe, effective, compassionate and well led.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

Five areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met for four and not met for one.

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 July and 10 August 2018

The most recent inspection of the establishment was an unannounced care inspection.

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

6.2 Review of areas for improvement from the last care inspection dated 20 July and 10 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 4 (1) Stated: First time To be completed by: 31 October 2018	The registered provider must submit a revised Statement of Purpose that includes all relevant information as specified in Schedule 1 of The Day Care Setting Regulations (Northern Ireland) 2007.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan, which included the revised Statement of Purpose and discussion with the manager, confirmed that this area for improvement had been addressed.	

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 11.7 Stated: First time To be completed by: Immediate and ongoing	Reconciliation of personal money and possessions held by the day care setting on behalf of the service users, and the associated records, is carried out and evidenced on a monthly basis as a minimum.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The inspector reviewed two service users' finance records and these records were found to be satisfactory.	
Area for improvement 2 Ref: Standard 8.3 Stated: First time To be completed by: 30 September 2018	The registered provider should ensure that the minutes of service users' meetings include: <ul style="list-style-type: none"> • The names of those attending; • An agenda; • The outcomes of action taken since the previous meeting; • A summary of discussions; • The action to be taken on service users' comments and suggestions and the name/s of the person/s responsible for taking action on any matters arising. 	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The inspector reviewed the minutes of three service users' meetings and these records were found to be satisfactory.	
Area for improvement 3 Ref: Standard 23.8 Stated: First time To be completed by: 30 September 2018	The registered provider should ensure that staff meetings take place on a regular basis and at least quarterly. Records are kept that include: <ul style="list-style-type: none"> • The date of all meetings; • The names of those attending; • Minutes of discussions; and • Any actions agreed with responsibility for completion assigned and time frame for completion set out. 	Met

	<p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The inspector reviewed the minutes of three staff meetings and these records were found to be satisfactory.</p>	
<p>Area for improvement 4 Ref: Standard 17.13 Stated: First time To be completed by: 31 December 2018</p>	<p>The registered provider should develop a policy and procedure regarding the management of service users' monies.</p>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection: A policy and procedure regarding the management of service users' monies had not been drawn up and this area for improvement will be stated for a second time in this report.</p>	

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 inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

The manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A review of the staffing roster for weeks commencing 10 June 2019 until 3 July 2019 evidenced that the planned staffing levels were adhered to.

Discussions with staff and service users confirmed that they felt there were sufficient staffing levels to ensure the safety of service users in the day centre. Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the number of staff on duty.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained and available to the inspector. The manager confirmed that all staff are currently registered with NISCC.

The manager confirmed that staff employment records were held within the WHSCT human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The manager confirmed that an induction programme was available for newly appointed members of staff. A review of this induction programme noted that it was comprehensive and included areas such as privacy and dignity, confidentiality, risk management, complaints procedure, health and safety and adult safeguarding. It was pleasing to note that an induction process was in place for staff covering at short notice due to unplanned absence.

The setting's training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities, which will assure staff know how to keep service users safe. There was evidence that compliance with completing mandatory training was routinely monitored by the manager and any training now due for update was being followed up with the staff member by the manager. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as fire safety, first aid, control of substances hazardous to health (COSHH) and training in regard to the implementation of new terminology for those who require a modified diet. It was positive to note that the day care setting provided training in regard to equality, diversity and human rights.

The day care setting's governance arrangements in place to highlight and promote the identification of and management of risk were inspected. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the manager, to ensure follow up of any outstanding actions, and the WHSCT governance department. Discussion with the manager and review of sample of records since August 2018 evidenced that there is a robust and transparent system for recording, reporting and investigating any incidents and accidents in a timely manner. This includes consideration of any lessons learnt. Review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA or other relevant bodies appropriately.

Observation of and discussion with staff evidenced that they were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff and the manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Discussion with the staff and the manager confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. This reflected staff awareness of their safeguarding roles and responsibilities and how they are supported to report concerns through existing management arrangements. This helps to ensure that appropriate and timely action is taken if service users' rights are at risk of being breached. The inspector advised the manager to liaise with WHSCT senior management regarding the arrangements for the adult safeguarding position report which is due to be completed by 31 March 2020.

Discussions with the staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. They were aware of the WHSCT whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

The manager reported that there were no restrictive practices in place within the setting other than the use of lap belts for specific service users who use wheelchairs. The decision to use

lap belts in these cases had been made following assessment by the Occupational Therapist in agreement with the service user and their representative. The manager demonstrated knowledge and understanding that the use of such interventions requires referral to the multi-disciplinary team to ensure that any restriction is appropriately minimised, assessed in partnership with all relevant parties, documented and reviewed as required.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and no mal odour was noted. Discussion with the manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required.

The day centre’s fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 7 March 2018. Fire drills are to be undertaken at least annually in line with the legalisation. An area for improvement has been made in this regard. Discussion with staff confirmed they were aware of the evacuation procedure. An updated fire risk assessment was completed on 20 July 2018 and the manager confirmed that the significant findings were being addressed. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, fire extinguishers and weekly fire alarm tests.

Discussion with service users and staff evidenced that they felt the care was safe. The following is a sample of comments made:

Service users’ comments:

- “Staff are nice. They help me when I need it.”
- “It is nice here. The centre is warm and my chair is comfy.”
- “I like coming here. I am safe.”

Staff comments:

- “Very good training provided and we have policies and procedures available to us, all assists us to provide safe care.”
- “Excellent safe care provided. Staffing levels meet service users’ needs.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the environment, infection prevention and control practices, staff training and risk management.

Areas for improvement

One area for improvement was identified in regard to fire drills.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

The inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service.

Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspector reviewed elements of three service users' care files. Review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

Care records also reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual.

The records viewed were signed, as appropriate, by the service users and/or their next of kin, evidencing consultation and agreement with arrangements in place.

There was evidence in care records reviewed that service users rights were recognised; for example, the inspector noted a number of consent forms signed by service users with regard to staff taking photographs and video material, access to care records and consultation/involvement in care planning and risk assessments.

The manager advised that service users typically had access to a care review on an annual basis or more frequently if required; involving their HSCT representatives and records viewed verified this. It was positive to note that service users' previous objectives were reviewed and new objective's set and agreed at the care reviews. The care review records reviewed provided positive feedback from service users and their representatives with regards to the day care service.

Review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative.

Staff who spoke with the inspector clearly demonstrated the knowledge, skills and experience necessary to fulfil their roles and responsibilities. They were knowledgeable about the centre's philosophy of care, promotion of human rights and risk management. Staff described how they observe service users, noting any change in dependency or mood and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user. They also demonstrated knowledge of service users' preferences regarding activities and at lunch time.

Discussions with service users and observation of their interactions with staff evidenced that service users were empowered to express their views routinely on a day to day basis. Service users indicated that they had open lines of communication with staff and the manager and were confident that the staff would respond appropriately to any issues raised.

Discussion with service users and staff evidenced that they felt the care was effective. The following is a sample of comments made:

Service users’ comments:

- “I like taking photographs and staff help me print them.”
- “I can talk to staff anytime and they listen to me.”

Staff comments:

- “Care is based on the individual needs and preferences.”
- “Human rights are part of our ethos. Service users are treated with dignity and respect.”
- “Great care here. We know the service users well and can tell exactly what they mean by their non-verbal cues.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected by the expression of staff attitudes towards service users and service delivery.

Staff were observed informing service users that the inspection was taking place and they encouraged service users to talk to the inspector. Service users were keen to share with the inspector how much they enjoyed attending the day centre and the positive relationships they have with staff.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Staff approaches and responses to services users were noted to be caring, cheerful and compassionate. Staff acknowledged that service users require varying degrees of support with their care needs, and that service users’ independence should be promoted in a discreet manner. The inspector observed staff discreetly responding to service users who required such

assistance in regards to mobilising safely, eating lunch and participating in activities. In addition, staff demonstrated awareness of their responsibilities and requirements to ensure service users' confidentiality and consent.

Service users spoken to confirmed that they liked the activities on offer in the setting and staff were always willing to review the activity programme at their request. They described how they had learnt new skills, with some individuals enjoying digital photography for the first time. Several service users took pride in showing the inspector some of their art work on display.

Service users confirmed they were asked their opinion regarding what they would like to do in the day centre and their preferences were sought before any plans were made. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in which included: gardening, bowling, arts and crafts, pottery, photography and outings to local restaurants and shops. A programme of planned activities and events were displayed within the day centre. The activity programme was noted as developing social and education opportunities for service users as well as their hobbies and interests.

In addition to daily informal discussions, the settings had in place robust systems that aimed to promote effective communications between service users and staff such as quarterly service user meetings, individual care review meetings and an annual service user's quality assurance survey.

The manager confirmed that service user meetings are generally held quarterly. A review of minutes of meetings since the last inspection verified this. A review of a sample of minutes for meetings in August 2018, February and May 2019 evidenced service user feedback being sought in regards to transport, the care review process, meals, activities and outings.

Service users described good relationships with staff, which enabled them to be able to speak to staff if they had any concerns. They confirmed that they felt their views and opinions were taken into account in all matters affecting them. This approach to communication supports the protection and promotion of individualised and person centred care and support for service users.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. The Service User Guide also provides information regarding what service users should expect from the service, which promotes a rights based approach that empowers service users.

Discussion with service users and staff evidenced that they felt the care was compassionate. The following is a sample of comments made:

Service users' comments:

- "Staff are kind to me and ask me what I want to do."
- "Good place. Staff are my friends."

Staff comments:

- "Service users are treated equally and respectfully. They are involved in their care where possible."
- "We respect the service users' rights to decline an activity or outing."
- "Care is compassionate here."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified in this domain 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 inspector sought to assess the day centre’s leadership, management and governance arrangements to meet the assessed needs of service users.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability.

The registration certificate was up to date and displayed appropriately.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff and were easily accessible within the day care setting. Discussion with the manager confirmed that a policy and procedure on the management of service users’ monies had not been developed as identified at the previous care inspection. This has been stated for a second time as an area for improvement.

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that no complaints had been recorded since the previous care inspection. Discussion with service users confirmed they would speak to the staff or the manager if they were dissatisfied or were concerned about their day care experience. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. The complaints procedure was displayed in areas throughout the day centre. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. A review of a sample of records verified that staff received three monthly supervision sessions and annual appraisals.

Review of the minutes of staff meetings identified that these meetings were held at least quarterly. The last staff meeting was held on 8 May 2019 and minutes were available. Previous staff meetings had been undertaken on 19 March 2019 and 14 February 2019. Areas discussed included staff training opportunities, service users' needs, management of service users' monies and care records. The manager confirmed that the minutes of staff meetings were made available for staff to consult.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by a senior manager within the organisation, who demonstrated a good understanding of the setting. A sample of reports viewed for March 2019 to May 2019 provided evidence that the visits included engagement with service users and staff; a review on the conduct of the day care setting and development of action points and review of previous action points.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, it was confirmed that the day centre had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that day centre collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care and support plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult Safeguarding
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

Discussion with service users and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "I can tell the staff if I am not happy. I like it here."
- "Good centre and staff are good to me."

Staff comments:

- "Senior staff are always available for advice and support. Open door policy and very approachable."
- "Great team support and communication within the centre."

Areas of good practice

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

Areas for improvement

One area for improvement identified at the last care inspection has been stated for a second time. This area relates to the development of a policy and procedure regarding the management of service users' monies.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Natasha McElhinney, 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 day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 26 (4) (f)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2019</p>	<p>The registered person shall ensure, by means of fire drills and practices at suitable intervals, that the persons employed in the day care settings and, so far as practicable, service users, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Outstanding fire drill completed on 05/07/19. Day centre manager will ensure fire drills are completed at least annually and that all new staff and service users are aware of procedures in event of a fire.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 17.13</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2019</p>	<p>The registered provider should develop a policy and procedure regarding the management of service users' monies.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Staff in Evergreen Day Centre work under the guidance of the Western Trust's finance policies including the Cash Handling Procedures (January 2018) and Safeguarding Service Users Finances (Feb 2018). A procedure for Safe and Effective Management of Service Users Monies (August 2018) specific to Evergreen Centre was also devised by previous Day Centre Manager. This procedure was shared with staff, service users, parent and carers. Staff will be reminded of their roles and responsibilities during upcoming team meeting 27/08/19.</p>



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