

Unannounced Care Inspection Report 20 July and 10 August 2018



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.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual(s): Anne Kilgallen	Registered Manager: Victoria Young (Registration pending)
Person in charge at the time of inspection: Victoria Young, Manager	Date manager registered: Registration pending
Number of registered places: 50	

4.0 Inspection summary

An unannounced inspection took place on 20 July 2018 from 09.45 to 14.55 and 10 August 2018 from 09.40 to 15.40.

This inspection was underpinned by 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.

Evidence of good practice was found in relation to staff training, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control and risk management that promoted safe care. Regarding effective practice, examples of good practice were found in relation to audits and reviews and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users. Finally, good practice was found in relation to governance arrangements and maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified regarding the statement of purpose, management of service users' monies, policies and procedures, staff and service users meetings.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "this is a good centre; I will miss coming here when we are off on holidays", "staff are nice", "we went on the bus shopping this morning; I like shopping", "staff help me when I'm doing art" and "I like the dinner".

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Victoria Young, 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 27 October 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 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 registration details of the day centre
- Written and verbal communication received since the previous care inspection
- The previous care inspection report and Quality Improvement Plan (QIP)
- Pre-inspection assessment audit.

During the inspection, the inspector met with the manager, six care staff members, an ancillary staff member, a visiting professional and twelve service users. The manager was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. Two questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

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 within the timescale requested.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day care setting to allow service users and relatives who were not available on the days of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to the manager to be displayed in the day care setting for service users.

The following records were examined during the inspection:

- Complaints and compliments records
- Accident/untoward incident records
- Staff roster

- RQIA registration certificate
- Staff supervision and appraisal records
- Records confirming registration of care staff with the Northern Ireland Social Care Council (NISCC)
- Elements of three service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Service users financial records
- Fire safety risk assessment
- Fire drill records
- Staff training information
- Minutes of three staff meetings
- Minutes of three service user meetings
- Three monthly monitoring reports.

Three areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Victoria Young, Manager at the conclusion of the inspection.

The inspector would like to thank the manager, service users, the visiting professional 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 27 October 2017

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 27 October 2017

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 28 Stated: Second time	The registered provider must ensure that monitoring visits are carried out monthly in compliance with this regulation and that a report of each monitoring visit is prepared and kept in the day care setting.	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. Monthly monitoring visit reports from October 2017 to July 2018 were made available to the inspector.</p>	
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 27.1 Stated: First time</p>	<p>The registered person should review and develop an established system to assure compliance with best practice in infection prevention and control within the day care setting.</p> <p>Matters as detailed below should be addressed with immediate effect</p> <ul style="list-style-type: none"> • continence pads should be stored in their original packaging until required for use • gloves and service user single use wipes should not be stored uncovered in bathrooms <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 undertook a tour of the day care setting and confirmed that this area for improvement had been satisfactorily addressed.</p>	<p style="text-align: center;">Met</p>
<p>Area for improvement 2 Ref: Standard 23.7 Stated: First time</p>	<p>The registered person shall ensure a record is kept of staff working each day and the capacity in which they worked.</p> <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. Review of a sample of staff duty rosters confirmed that this area for improvement had been satisfactorily addressed.</p>	<p style="text-align: center;">Met</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.

Discussion with the manager, staff and service users on the days of inspection confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 9 July 2018 until 10 August 2018 evidenced that the planned staffing levels were adhered to.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

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 identified that an induction process was in place for staff covering at short notice due to unplanned absence. This practice is commended.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the manager. Records of competency and capability assessments were retained and examined during the inspection.

Staff who were spoken with stated that their induction and training provided them with the skills and knowledge to fulfil their roles and responsibilities and that it was effective. Staff demonstrated a clear understanding of service users' needs and how those needs should be met. Discussion with staff confirmed that mandatory training and other professional development training was provided. 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 food safety, sensory awareness and dysphagia awareness training.

Safeguarding procedures were understood by staff members who were interviewed and they confirmed that they had the confidence to report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of a high quality and that team members worked well together.

Discussion with the manager confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. The manager also confirmed that a copy of Adult Safeguarding Prevention and Protection in Partnership, July 2015 and the associated Operational Procedures September 2016 were available to all staff. The manager confirmed that the organisation has in place an identified Adult Safeguarding Champion (ASC).

Records were being maintained in respect of money paid by service users for outings and meals etc. Discussion was held with the manager as there was no recorded evidence of reconciliation of finances. This has been identified for an area for improvement under the standards. Discussion with the manager confirmed that a policy and procedure on the management of service users' monies was not available. This has been identified for an area for improvement under the standards.

The day care setting's governance arrangements in place that identify and manage risk were inspected. All incidents and accidents were recorded on an electronic system which was reviewed and audited by the manager and the WHSCT governance department. A review of a sample of incidents and accidents since the previous inspection was undertaken and provided assurances that they had been managed appropriately.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of service users, visitors or staff.

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, monthly safety checks of fire doors; fire extinguishers; emergency lighting; water temperature and weekly fire alarm tests. The review of fire drill records confirmed that a fire drill had been undertaken on 7 March 2018. Discussion with staff confirmed they were aware of the evacuation procedure.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment which was available for staff. There was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities. Notices promoting good hand hygiene were in both written and pictorial formats. Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

Staff confirmed that they felt care was safe in this setting. Staff described how they give consideration to service users' holistic needs, for instance, they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote and ensure the safety and wellbeing of the service user. Staff also demonstrated awareness of the need to continually risk assess to ensure that service users remain safe during outings or while engaging in activities within the setting. They recognised the importance of sharing relevant information with relatives and making referrals to other services/professionals as required. Staff commented on the good working relationships which exist with community support services and how they can access such support for service users. In addition staff had received training in first aid and fire safety.

There were arrangements in place to ensure that staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate. The manager stated that information regarding registration details and renewal dates are maintained by the WHSCT social care governance department who generate an email to the manager advising when a staff member’s renewal date is pending. Upon receipt of this email the manager liaises with staff to ensure that they have taken appropriate action after which renewal details are verified and recorded by the organisation’s governance department.

Discussion with service users and staff on the days of inspection revealed that they felt the care provided was safe. The following is a sample of comments made:

Service users’ comments:

- “Staff help when I need help.”
- “I feel safe here.”

Staff comments:

- “The induction I received was very detailed.”
- “There is a focus on keeping the service users safe at all times.”
- “The training provided is very good; it keeps me updated regarding changes within care.”
- “Service users’ risk assessments are shared with all staff.”

A visiting professional described staff in the setting as vigilant. The visiting professional confirmed staff work well between encouraging independence and caring, and was satisfied risk assessments were being used to avoid unnecessary risks and manage risk.

Two questionnaires were returned to RQIA post inspection. The respondents confirmed they were “satisfied” regarding questions on “is care safe” in this setting. The respondents confirmed there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns and the environment was safe and clean.

On the days of the inspection Evergreen Day Centre was found to be delivering safe care. There was positive feedback from twelve service users and a visiting professional about the delivery of safe care in the day centre. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, knowledge regarding adult safeguarding, infection prevention and control and knowledge and competency in respect to safe care and risk management.

Areas for improvement

Two areas for improvement were identified in relation to the management of service users’ monies and policies and procedures.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Discussion with the manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed elements of three service users' care files. The inspection of the care records found they were maintained in line with the legislation, the assessments of need, 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. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

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. Dates and signatures were present in all of the files examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed.

Discussions with staff regarding implementation of the care plans provided assurance they knew each individual's needs. Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in Evergreen Centre.

Discussion with the manager and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

Staff demonstrated a sound knowledge of individual services users' needs and behaviours and confirmed that a person centred approach underpinned their practice. They described how they focused on maximising opportunities for the mental and physical stimulation of service users by means of the individual activities programme which is available to the service users. The activities offered to service users also included working with the local college where service users could choose courses which they wished to undertake.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities. Service users were observed being supported in using computers, crocheting, and engaging in quizzes. Craft work which had previously been made was displayed around the centre and several service users enthusiastically engaged in conversation with the inspector describing their involvement in and enjoyment of the craft work. Service users gave positive feedback regarding the activities and opportunities the day centre provided for them.

The day care setting's statement of purpose and service user guide provides information on how to make a complaint and the importance of ensuring that service users' opinions and feedback is heard and acted upon. Information is provided to service users regarding their right to advocacy support and the role of the patient client council.

The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were made available for inspection concerning audits of the environment, staff training, fire safety, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings.

Discussions with staff confirmed they were knowledgeable regarding safeguarding service users in their care, they also confirmed if they had to escalate concerns they would speak to the manager or day care worker in charge. Staff detailed the communication methods that support their work and professional development such as team meetings, supervision, training and informal team discussions.

Overall it was clear the staff work together to support the service users in the most person centred way that is safe, effective and meets their needs within an open and transparent culture.

Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

Observation of practices evidenced that staff were able to communicate effectively with service users.

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

Service users' comments:

- "I like going out shopping and going out to take photographs."
- "This is a good place to come."
- "I know the staff and they are good to me."
- "I get my dinner here and the food is lovely."

Staff comments:

- "We are always updated in any changes in the service users' care."
- "As a team we continually review the service users' needs and ensure they get the best care."

Two questionnaires were returned to RQIA post inspection. The respondents confirmed they were "satisfied" regarding questions on "is care effective" in this setting. The service users also confirmed that they had got the right care, at the right time in the right place, staff knew their care needs, they were aware of their care plan and the care met their expectations.

The evidence indicates that the care provided in Evergreen Centre is effective in terms of promoting each service user’s involvement, development, enjoyment and wellbeing.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified 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.

The inspection sought to assess the day care setting’s ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support. Service users were informed regarding the RQIA inspector visiting the day care setting and staff encouraged them to engage with the inspector.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre.

Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users’ expectations. The inspector observed on numerous occasions, staff offering service users’ choice regarding the activity they wished to do or where they wished to go. Staff took time to find out what services users wanted when it was not always apparent. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure services users as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

Staff were aware of what was important for each service user and their specific interests and organised meaningful activities to support this. Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. 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 such as creative studies, photography, gardening, bowling and outings.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal. Staff interactions with service users were observed to be compassionate, caring and timely.

During discussion staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences. All service users spoken with confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for if requested.

The minutes of the three most recent service users meetings were reviewed during this inspection. The meetings had taken place on: 25 May 2018; 13 October 2017 and 26 October 2017. The minutes of meetings reflected service users' views and opinions were sought and form the basis of all discussions. The minutes of the meeting undertaken on 26 October 2017 did not contain detail if any action is needed with details of who is responsible for this. This has been identified for an area for improvement under the standards.

Discussion with service users and staff on the days of inspection revealed that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- "Staff listen to me; I go to meetings with others here in the centre."
- "Staff are nice."

Staff comments:

- "We encourage service users to make choices in the day centre such as choices about their meals, activities and outings."
- "The service users always come first."
- "It is so important to take time and listen to the service users."

Two questionnaires were returned to RQIA post inspection. The respondents confirmed that they were "very satisfied" regarding questions on "is care compassionate" in this setting. The respondents also confirmed that they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users

Areas for improvement

One area for improvement was identified in relation to service user meetings.

	Regulations	Standards
Total number of areas for improvement	0	1

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 registration certificate was up to date and displayed appropriately.

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. Discussion with the manager confirmed that they had a good understanding of their role and responsibilities under the legislation.

The statement of purpose for the day care service was reviewed (and updated) by the provider on 11 September 2017. The inspector reviewed the statement of purpose. The statement of purpose needs to be reviewed to include all relevant information as specified in Schedule 1 of The Day Care Setting Regulations (Northern Ireland) 2007. This has been identified for an area for improvement under the regulations.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Policies were maintained in a manner that was easily accessible by staff in the office. The inspector reviewed a sample of policies and procedures and they were noted to have been updated in accordance with timescales outlined in the minimum standards.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by staff in respect of leadership they received from the senior day care worker and manager and effective team working. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed they were aware of the whistleblowing policy if they could not resolve their concerns locally, however they would be unlikely to need this due to the transparent working relationships that exist within the team. Staff spoken with confirmed that they enjoyed working in the day care setting and with their colleagues. All grades of staff consulted demonstrated during the inspection the ability to communicate effectively with their colleagues and other multi-disciplinary teams in the best interests of the service users.

The staff who met with the inspector appeared well informed on all aspects of the centre's operations and proved very capable in responding to all of the RQIA requirements for this inspection.

A review of governance records evidenced that staff received individual, formal supervision at least quarterly and an annual appraisal.

Staff confirmed that there were systems in place to ensure they received support and guidance from the senior day care worker and the manager.

Review of the minutes of staff meetings identified that these meetings were held at least quarterly. The last senior day care meeting was held on 17 July 2018 and minutes were available. Previous staff meetings had been undertaken on 9 July 2018 and June 2018.

The manager confirmed that the minutes of staff meetings were made available for staff to consult. The minutes of the meeting undertaken on 9 July 2018 did not contain an agenda or a record of the staff in attendance. The minutes of the meeting in June 2018 did not record the actual date of the meeting and did not contain an agenda or a record of the staff in attendance. This has been identified for an area for improvement under the standards.

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection.

Discussions with staff confirmed that a robust complaints management process is in place within the setting which is overseen by the WHSCT complaints department. Service users are advised of what they can do if they are not happy with the service within the service user guide and the statement of purpose. A monthly audit of the complaints and compliments record was undertaken by the manager as part of the monthly health check. This was noted to be a comprehensive monthly audit tool which included monitoring of adult safeguarding incidents and referrals, number of care reviews undertaken and audit of staff training, supervision and appraisal in addition to other areas which contribute to the delivery of safe, effective and compassionate care.

The inspector discussed the monitoring arrangements under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by an independent monitoring officer. Three quality monitoring reports were examined from June 2018 to April 2018 and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users, staff and professionals, with positive feedback recorded.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussions with service users, staff and the manager highlighted evidence that supports service user equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Safeguarding
- Advocacy
- Individual person centred care
- Individual risk assessment
- Disability awareness.

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

Service users' comments:

- "Staff are all great and I know the new manager."
- "This is a good centre."

Staff comments:

- "We work well as a team and the senior staff and manager are approachable."

- “I feel this is a very well led service.”
- “There are a good range of policies and procedures available to staff.”

Two service users returned questionnaires to RQIA post inspection. The service users confirmed they were “satisfied” regarding questions on “is care well led/managed” in this setting. They confirmed that they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and quality improvement.

Areas for improvement

Two areas for improvement were identified in relation to the statement of purpose and staff meetings.

	Regulations	Standards
Total number of areas for improvement	1	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 Victoria Young, 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 4 (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018</p>	<p>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.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Statement of Purpose revised and updated, in accordance with Schedule 1 of the Day Care Setting Regulations (Northern Ireland) 2007. Copy of same submitted to the RQIA, shared with all members of staff, placed on the Agenda for discussion at next Advocacy Group meeting and displayed within the centre.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 11.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>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.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Individual Weekly Records of Service User's Monies received and spent have been updated and implemented. Records detail; total amount of money received and date received, total amount of weekly dinner money, daily activities participated in and amount spent/cost of each, total weekly spend and record of any change left over and sent home. Name/signature of staff member completing record and date completed, name/signature of second member of staff verifying record and date. All records have begun to be reviewed and audited by Day Service Manager on a monthly basis, with Day Service Manager Signature and Date clearly documented to confirm. This will continue.</p> <p>Individual Records are held on file and discussed during Care Review Meetings as appropriate. Service Users, Parents and Carers have also been made aware that weekly record sheets or a copy of same can also be reviewed / obtained as requested, in line with Confidentiality and Data Protection. Individual receipts received, when possible, for community activities and outings, e.g. lunch, shopping, are attached to each corresponding weekly record.</p> <p>Service User monies are now held individually within individual money wallets. These are clearly labelled and stored securely, within a locked money box, within a locked cabinet.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered provider should ensure that the minutes of service users' meetings include:</p> <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. <p>Ref: 6.6</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>Response by registered person detailing the actions taken: A revised template for the recording of Advocacy/service users' meetings has been devised and shared with all members of staff. Discussed also with service users for their approval. Template includes date, time and venue of meeting, details/names of those attending and apologies from those unable to attend, agenda as agreed with service users, review of actions from previous meeting, summary of discussions had, and a clear action plan identifying actions to be taken, responsibility of whom and timeframe for completion. Signature and date of individual completing minutes, and signature and date of Day Service Manager to confirm their review. A schedule has also been drawn up and displayed within the centre ensuring Service Users' Meetings/Advocacy Group Meetings are held every 3 months.</p> <p>The registered provider should ensure that staff meetings take place on a regular basis and at least quarterly. Records are kept that include:</p> <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. <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Seniore Day Care Worker Meetings continue to be held every month, with a schedule for same in place. A schedule has been devised to ensure Day Care Worker and Care Assistant Staff Meetings take place quarterly, this has been shared with all members of staff and is displayed on the centre notice board. A template for the recording of Staff Meetings has also been devised and implemented, this includes date, time and venue of meeting, name, designation and signature of those attending, agenda, review of actions set at last meeting, record of discussions had and a clear action plan which identifies actions to be taken, responsibility of whom and timeframe for completion. Staff members are asked to provide items for agenda prior to meetings being held, however active staff contribution throughout the meeting is also encouraged.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 17.13</p> <p>Stated: First time</p> <p>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>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: A Procedure for the Safe and Effective Management of Service Users' Monies, specific to the Evergreen Centre has been devised by Day Service Manager, shared with all members of staff, service users, parents and carers. Procedure also held on file and will be reviewed and updated annually or as the need arises.</p>
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Please ensure this document is completed in full and returned via Web Portal



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