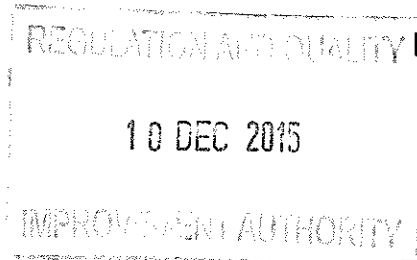


The Regulation and  
Quality Improvement  
Authority

Inspector: Dermott Knox  
Inspection ID: IN023771



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RQIA ID: 11230  
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**Unannounced Care Inspection  
of  
Evergreen Centre  
21 October 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

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15 DEC 2015

TYRONE & FERMANAGH HOSPITAL  
OMAGH, CO. TYRONE BT9 0NS

## 1. Summary of Inspection

An unannounced care inspection took place on 21 October 2015 from 11.00 to 16.45. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. No areas for improvement were identified.

This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Western HSC Trust/Mrs Elaine Way CBE	<b>Registered Manager:</b> Mrs Caroline Morewood
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Mrs Caroline Morewood	<b>Date Manager Registered:</b> 22 February 2013
<b>Number of Service Users Accommodated on Day of Inspection:</b> 27	<b>Number of Registered Places:</b> 50

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.**

**Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting**

## 4. Methods/Process

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

Prior to inspection the following records were analysed:

- Service user guide
- Record of notifications of events
- Quality Improvement Plan from previous inspection on 08 October 2014, including the provider's responses, approved by RQIA on 08 January 2015.

During the inspection the inspector met with:

- Nine service users, either individually or in their activity groups
- The registered manager,
- Four care staff,
- The catering staff member
- One visiting professional

The following records were examined during the inspection:

- File records for five service users, including care plans and review reports
- Progress notes for five service users
- Monthly monitoring reports for three months in 2015

- Record of complaints, containing no entries
- The statement of purpose
- Service user guide
- Minutes of two self-advocacy group/service user meetings
- Minutes of three staff meetings
- A sample of staff training records
- A sample of four written policy and procedures documents

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced estates inspection dated 28 April 2015. The completed QIP was returned and approved by the specialist inspector.

The last care inspection was carried out on 08 October 2014 resulting in two requirements and one recommendation being made. These are set out below and include a validation of compliance as assessed at this inspection.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 20(1)(a)	The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager confirmed that the staffing situation had improved since the last inspection and this was verified from records of staffing and from discussions with staff members.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 26(2)(b)	The registered person shall ensure the sound construction and good repair of the external roofed structure, in order to restore to service users, safe access to the garden area.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Good repair works had been completed, leading to the re-introduction of gardening activities, which had been taken up enthusiastically by several service users and had been supported by conservation volunteers. Several raised beds and wooden planters had been made and were well used.	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 1.2	The registered manager should review and revise the Service Users' Guide and make it available in a format and language suitable for current and prospective service users.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager had initiated a project to have the Service User Guide produced on DVD, with full involvement of groups of service users. Some of the film content was already available to view. This creative effort is commendable.	

### 5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

#### Is Care Safe?

Staff members had been provided with training on Continence Promotion and confirmed their confidence in following procedures for personal care provision and in respecting each service user's privacy and dignity. Staff who met individually with the inspector, confirmed that all staff were appropriately trained for personal care work and were confident in their roles.

The WHSCT is in the process of drawing up a continence promotion policy and procedure. This has been recommended in a number of inspections of other centres and the manager of Evergreen Day Centre was aware that work is in progress in the Trust to produce this. The Western Trust has an Intimate Care Policy in place.

This inspection included consultation with four staff and six service users, which provided a range of evidence confirming a good level of involvement of service users in agreeing care plans and the degrees of support required for them to feel safe and well cared for. Observation of practice in the course of the inspection assured the inspector that staff were actively seeking service users' views and applying these to practice. Service users' choices and concerns were recorded and responded to by staff.

Service users' file records provided evidence of the objectives related to personal care needs, some of which included continence care needs. Assessments and care plans were examined for two service users, who need support with their intimate care and continence promotion. They had been kept under regular review and amended as necessary to accurately reflect the needs and preferences of the service user. Assessments and care plans were appropriately signed, where possible, by the service user, or in some cases, by a representative. The plans detailed each person's needs including communication methods and preferences.

In discussions and from observations of practice, staff members demonstrated good knowledge of continence products and Personal Protection Equipment (PPE) and confidently described the care practice for individual service users whom they support.

Three service users, who spoke individually with the inspector, confirmed that they were very happy with the day care, their relationships with staff members and their activities while attending the centre. Staff were deployed in sufficient numbers to ensure that appropriate support was available when required.

The evidence available, during this inspection, indicated that safe care was being provided, in respect of this standard.

### **Is Care Effective? (Quality of Management)**

A number of service users had assessed needs with regard to continence promotion and care and there was evidence in care plans and from discussions with staff members to confirm that effective care was provided to meet these needs. Review records verified that service users' needs have been identified appropriately and have been regularly reviewed to ensure that care plan objectives remain relevant and accurate. Progress notes were found to be relevant and person centred and reflected the practice that was observed throughout the inspection.

The manager and staff confirmed that adequate supplies of continence care products were available and that good communications with carers ensure that the most suitable products were sourced for each person. Staff confirmed that advice and guidance from senior staff was readily available and that formal supervision took place regularly, enabling each staff member to clarify any knowledge or practice issues they might have.

Monthly monitoring visits and reports were being completed regularly, by a peer manager from another facility. The monitoring officer met with a number of service users and with staff to ascertain their satisfaction with service outcomes and with the operation of the centre. A sample of the centre's records was examined on each monitoring visit. Service users indicated their enjoyment of the various activities in which they participated. The evidence available, during this inspection, confirmed that effective care was being provided in respect of this standard.

### **Is Care Compassionate?**

Staff members presented as being knowledgeable and caring about each service user's individual needs and preferences and aware of issues of respect, privacy and dignity. Staff are supported by the Trust's Continence Care advisors, Speech and Language professionals, the Trust's Behaviour Support Team and other professionals who assist them as necessary in developing their knowledge and skills. This contributes to the provision of good quality, compassionate care which was evident throughout this inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting**

### **Is Care Safe?**

Six service users talked enthusiastically about their activities and enjoyment at the centre and were keen to share their views about places they had visited and their friendships with other service users and with staff members. Written records provided evidence of a high level of

consultation with service users and their representatives regarding care plans and the programmes in which they participate. There was evidence of regular contacts between carers and staff members who felt that this contributed positively to the understanding of service users' needs and wishes. Key workers maintain a log for the involvement, activity and progress of each service user and those that were examined were well written, with excellent accounts of the full range of the person's achievements and wellbeing. Staff are commended for the quality of these records.

There was written evidence to show that staff members in the centre were appropriately qualified and experienced in their designated roles and that the Trust and the manager ensure the provision of good staff development through training, supervision and appraisal. The manager and senior staff have significant experience in social care roles and demonstrated good commitment to continuous improvement across the range of knowledge and skills required. Each of the staff, who met with the inspector, or was observed during the inspection, presented as being calm and confident in their practice. There were good systems and practices in place to ensure that risks to service users were assessed continually and managed appropriately.

The available evidence indicated that safe care was being provided by the centre's staff.

### **Is Care Effective? (Quality of Management)**

The centre and the WHSCT have robust quality assurance systems in place, through which policies and procedures are reviewed and updated, the centre's operations are monitored and staff's practice and performance is evaluated. Annual reviews evaluate the suitability of each service user's placement, involving the service user and his or her representative/s where possible and appropriate. Staff presented as being knowledgeable about the needs of each person who attends the centre and this was consistent with the written assessments of need, which were examined. The manager and senior staff were well informed on all aspects of the work in progress and with the training and development needs of each staff member.

Evidence from discussions and from written records confirmed that service users enjoyed rewarding activities, both within the centre and on social outings. Within the centre there was well organised and supported involvement in activities, including gardening, painting, photography, walking and various crafts. Overall, there was evidence to indicate that the care provided is effective in terms of promoting each service user's involvement and wellbeing and in encouraging the development of life skills.

Five service users' files were examined and were found to be well organised and to contain all of the required information. Good quality records were kept of each service user's involvement. Records were regularly audited by the manager and sampled by the monitoring officer during monthly visits. Three monitoring reports were examined and were found to address the required range of issues in good detail. The manager confirmed that training was provided on current aspects of care work, in addition to the mandatory training for each year.

Staff are commended for maintaining good quality records for the service users who attend the centre. Good quality, effective care was evident throughout this inspection.

Service users and staff welcomed the inspector to the centre and thanks are due to everyone for their open and constructive approach throughout the inspection process. Overall there was evidence to confirm that the centre provides a good quality service to those who attend.

## 5.5 Additional Areas Examined

Comments on all findings of this inspection are included in the sections above.

There are no requirements or recommendations arising from the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.



<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	<i>Caroline Greenwood</i>	<b>Date Completed</b>	<i>30/11/15</i>
<b>Registered Person</b>	<i>Carrie Hay</i>	<b>Date Approved</b>	<i>04.12.15</i>
<b>RQIA Inspector Assessing Response</b>	<i>Bennett Knox</i>	<b>Date Approved</b>	<i>05/01/16</i>

Please provide any additional comments or observations you may wish to make below:

*\*Please complete this document in full and return to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**