

Unannounced Care Inspection Report 22 February 2017



Evergreen Centre

Type of service: Day Care Service
Gransha Park, Limavady Road, Derry, BT47 2TP
Tel no: 028 7186 5109
Inspector: Dermott Knox

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Evergreen Centre took place on 22 February 2017 11.00 until 17.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day centre was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Evergreen Day Centre premises were in good condition with no obvious hazards for service users or staff. There are spacious areas available for group activities and for individual work with service users, when necessary. Staff rotas and daily records indicated that, when all staff are available for duty, staffing levels should allow the assessed needs of the service users to be met. Safeguarding procedures were understood by staff who were interviewed. Staff members confirmed their trust in the caring qualities of their colleagues and were confident that poor practice would immediately be reported. Risk assessments were carried out routinely in an effort to minimize risks and to manage them consistently. Observation of the delivery of care, during the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty. No areas for improvement were identified at this inspection with regard to the provision of safe care.

Is care effective?

Detailed assessment information supported the delivery of effective care for service users whose records were examined at this inspection. Progress for service users was recorded in good detail in all of the examples that were examined. The centre has made good use of filming and producing DVD's to enhance communications with service users and their carers. The positive value of the day care service was confirmed by all five of the staff members who met with the inspector. There was written evidence in review reports of service users, their representatives and a range of community based health and social care workers being satisfied with the outcomes of the day care service in terms of benefits for service users. Five staff members spoke of supportive and positive working relationships within the team. Four staff identified current barriers to effective care. The evidence indicates that Evergreen Day Care Centre is providing a level of effective care that the manager and staff continually seek to develop and improve.

Is care compassionate?

Two service users confirmed that the manager and staff make them feel welcome at the day centre. There was wide ranging evidence, from observation, verbal feedback and written records, to confirm that personal care and confidential matters were dealt with by staff in a respectful and caring manner. Interactions between staff members and service users were seen and heard to be supportive and compassionate. Eight service users contributed positive comments on their enjoyment of attending the centre and on its value to them in terms of their experiences and happiness. Questionnaire responses from one service user were entirely positive on all aspects of the service including the provision of compassionate care. Service user meetings provide regular opportunities for views to be aired by those who are able to participate.

Approximately one third of service users do not speak and staff attend skilfully to communicating appropriately with them. The evidence indicated that compassionate care is provided consistently by Evergreen Day Care Centre.

Is the service well led?

Evergreen Day Care Centre has systems in place to ensure that staff are well-informed on the responsibilities of their various roles and the expected standards of practice. There is a planned programme of training and staff are supervised and well supported within the team. Evidence from discussions with staff indicates that the manager has positive working relationships with members of the staff team and that they have the confidence and support of their colleagues. Records of service users' meetings and staff meetings were available for inspection and confirmed that these aspects of the service are well organised. Monthly monitoring reports were clear and comprehensive, although there were a number of months in 2016 for which no monitoring report was available. There was evidence of good leadership and management by the registered manager in all aspects of the service that were examined at this inspection. However, improvement is necessary in the Trust's arrangements for monitoring the service.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Caroline Morewood, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection on 21/10/15.

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Mrs. Elaine Way CBE	Registered manager: Caroline Morewood
Person in charge of the service at the time of inspection: Caroline Morewood	Date manager registered: 22/02/13

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from a previous inspection in 2014
- Report of the most recent care inspection on 21/10/15
- The log of contacts relating to the service, since the previous care inspection

During the inspection the inspector met with:

- Eight service users, two individually and six in the Advocacy Group Meeting
- Five care staff, in individual discussions
- The registered manager at the beginning and the conclusion of the inspection

Questionnaires were left with the manager to be distributed to service users (5), staff (5) and relatives or carers of service users (5).

The following records were examined during the inspection:

- File records for four service users, including assessments and care plans
- Progress records for four service users
- Minutes of three Advocacy Group Meetings
- Record of complaints
- Records of two staff meetings
- Staff training schedules for 2017
- Monitoring reports for the months of April, June, October and November 2016
- The fire safety manual, revised in April 2016
- The statement of purpose (Reviewed 06/01/17)

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21/10/15

The most recent inspection of the service was an unannounced care inspection. There were no requirements or recommendations made at that inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 21/10/15

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

Five staff members, who met individually with the inspector, confirmed that they have confidence in the practice of their colleagues in the staff team in their direct work with service users. Two senior day care workers are deemed by the Trust to be capable and competent to take charge of the centre in the manager's absence.

Recruitment and selection methods were reported by staff members to be standardised, in keeping with the Trust's procedures. One recently appointed care assistant confirmed that she had undertaken a detailed induction programme at the commencement of her employment.

Written risks assessments were available in each of the service user's files examined. The risks assessed were specific to each individual, with one file containing assessments for 'Transport risks' and 'Behavioural risks', while another contained assessments for 'Swallowing/choking risks' and another for 'Falls risks'. Risk assessments were reviewed at least annually within the standard review process. Staff members were knowledgeable of the risks to and from service users, within the areas of their roles and responsibilities. During the inspection visit, two service users, individually, spoke to the inspector in positive terms of the quality of care provided at the centre and of their enjoyment in taking part in the various activities. Both confirmed that they felt safe in the centre and in the transport bus. The methods available to service users of raising a concern are set out in the service user guide. There were no recorded complaints in the year preceding the inspection.

In questionnaires completed by service users and staff members for this inspection, three people said they were 'very satisfied' and one said 'satisfied', with the provision of safe care. Of the three staff respondents, two said they were concerned at the negative impact that one service user (Person A) was having on others within that group, which usually numbers ten or eleven people. In individual interviews, two other staff expressed similar concerns, stating that the needs of Person A were significantly different from those of others in the group and in the whole centre.

Forty two notifiable events were reported to RQIA in the four month period from October 2016 to January 2017 inclusive and the manager was advised of over-reporting in some cases. Many of the incidents recorded by staff in the Intensive Support Unit (ISU) arose from interactions involving Person A. Effects of her current placement appear to include regression in some aspects of her own independence and frequent emotional upset to others in the group. The registered provider must review this placement at the earliest possible time and ensure that Person A is provided with the most appropriate placement, in keeping with her assessed needs and the needs of other service users. A requirement in this regard is included in the Quality Improvement Plan. There was evidence of the provision of safe care in all other areas of the service that were examined at this inspection.

Areas for improvement

The registered provider must review the identified placement at the earliest possible time and ensure that the identified service user is provided with the most appropriate available placement, in keeping with her assessed needs and the needs of other service users.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

The centre's Statement of Purpose and the Service User's Guide provide all of the information required by the regulations and the minimum standards. The Service User's Guide has several pages of dense text, which is likely to be inaccessible to many of the service users. However, creative efforts have been made to produce a DVD version of the guide and this will be introduced in the near future.

Four service users' files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written 'Client Contract' on the terms of the individual's attendance. Care plans addressed identified needs accurately, although in fairly broad terms which, in most cases, were not specific enough to facilitate the measurement of achievement or outcome. Care plans should be reviewed and revised so that each care plan is as accessible as possible to the individual service user and his or her carers and that it includes some specific, achievable and measureable goals.

Each of the files examined contained risk assessments appropriate to the individual service user, making the risks clear for staff involved in specific aspects of the work with that person. A record was kept of each service user's involvement and progress at the centre and entries were in proportion to the frequency of attendance of the individual. Dates and signatures were present in most, but not all, of the care records examined and the importance of detail in this aspect of record keeping was brought to the manager's attention. 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. Well written review records, informed by progress notes and including the service user's views, where possible, were available in four files examined.

The premises are spacious and with a layout that facilitates a range of activities, appropriate to the support and development needs of service users. Two service users spoke about their experiences of participating in the centre's activities and both were positive about the enjoyment they gained from these. There was much activity in horticulture, with seed trays having been prepared, seed sown and seedlings making progress. Developments in outdoor areas indicated strong commitment to gardening activities, with support of a community volunteer group. The manager and staff work creatively to involve service users in a variety of experiences, making use of the available rooms, the outdoor spaces and local facilities. Service users confirmed that meals were of a good standard and were suitable for each individual's needs.

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

Areas for improvement

It is recommended that care plans should be reviewed and revised so that each plan is as accessible as possible to the individual service user and his or her carers and that it includes specific, achievable and measureable goals.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Service users who spoke with the inspector, or who completed a questionnaire, indicated that they enjoy coming to Evergreen Centre and that they can choose the activities in which they wish to take part. Service users were greeted on their arrival in the morning with tea or coffee.

Throughout the period of the inspection staff were seen and heard communicating in a warm and caring manner with service users. Service users were afforded privacy and respect when they needed assistance with their personal care.

Staff demonstrated a detailed knowledge of service users' wishes, preferences and assessed needs as identified within their care plans. There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. Several service users had been involved in the filming of a new DVD version of the service user's guide with filming now completed and editing underway. This should enhance service users' knowledge and understanding of a range of their rights and of procedures within the service.

Responses in the quality survey, conducted in June 2016 were very positive with regard to the overall enjoyment of attending the centre, the food and drink provided, the range of activities and the transport arrangements. 90% of service users stated that they are aware that they have a Care Plan and 93% of those people said they had been involved in making the plan. 94% of respondents stated that they know how to make a complaint. The manager had drawn up a clear and well-structured action plan to address six recommendations arising from the survey. The high level of service user involvement is commendable.

The views of a sample of service users were sought during monthly monitoring visits and their comments were reflected in the relevant reports. Evidence from discussions with service users and from written records confirmed that activities in the centre are motivating and enjoyable. Service users are encouraged to contribute to the selection of activities, which currently include gardening, arts & crafts, keep-fit exercising, beauty therapy, shopping and leisure outings.

At an Advocacy Group Meeting for people from three facilities/projects, on the morning of the inspection, the six service users attending were invited individually to present information or to comment on some aspect of their involvement in the service. Each of the two groups in Evergreen Centre also holds its own Advocacy Group Meetings on a monthly basis. Agendas were varied and the minutes provided a good record of discussions and of people's involvement. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs with respect and compassion.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussions with the manager and five staff members and examination of a range of records including, minutes of staff meetings, staff training schedules, care plans and review reports, provided evidence that effective leadership and management arrangements are in place in the Evergreen Centre. One significant area in which improvement is needed is the completion of monitoring visits and reports, in compliance with Regulation 28 of The Day Care Setting Regulations (NI) 2007. There was written, email evidence to show that, on two separate occasions, the registered manager had requested, from a more senior manager, the reports that were outstanding at that time. These reports were still missing from the centre's records on the date of this inspection.

Staff training records confirmed that staff had received mandatory training and training specific to the needs of the service users in this setting. Discussion with staff confirmed that staff meetings had been held at least quarterly and that they had met with their supervisor at least quarterly for supervision.

There was evidence from discussions, from the minutes of staff meetings and from the analysis of questionnaires to confirm that working relationships within the staff team were supportive and positive.

Staff commented that the manager's leadership style was both constructive and reflective and helped team members to accept responsibility for their work and for the overall effectiveness of the centre. This supportive approach was evident throughout the two groups. Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development and support.

Respondents in three staff questionnaires indicated that they were very satisfied with regard to two thirds of the service provision. The two areas of dissatisfaction relating to this domain were: 1) the failure of some monitoring officers to provide their reports, and 2) a concern that there were not enough specialist staff for the provision of specialist care to people with autism, dementia and specific challenging behaviours.

In response to these matters, the manager acknowledged the current problem with point 1, and, with regard to point 2, said that there had been significant training for staff with regard to the provision of specialist care for some service users. She undertook to explore this matter with the senior day care workers to identify what further steps are needed in this area of the centre's operations.

Overall, the evidence available at this inspection confirmed that the registered manager was effectively leading, supporting and motivating staff and working to develop a culture of continuous improvement within the team.

Areas for improvement

One area for improvement was identified during the inspection regarding completion of monthly monitoring visits and reports. A requirement is made in this regard.

Number of requirements	1	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caroline Morewood, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 service. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 13(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider must review the identified placement at the earliest possible time and ensure that the service user is provided with the most appropriate available placement, in keeping with her assessed needs and in consideration of the needs of other service users. (Ref. discussion with Registered Manager).</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>A meeting took place on 24th March 2017 and the outcome of this was to explore other placement options. The service user is currently on a two week trial in a day opportunities setting. An assessment is taking place at the setting and a decision will then be made regarding this an option. The service user's Social Worker is also exploring other options.</p>
<p>Requirement 2</p> <p>Ref: Regulation 28</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>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.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>A schedule is in place for monthly monitoring visits. Monitors are in the process of sending completed reports to manager to be kept in the day care setting.</p>
<h3>Recommendations</h3>	
<p>Recommendation 1</p> <p>Ref: Standard 5.1</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered provider should review and revise the format and content of care plans for service users so that each care plan is as accessible as possible to the individual and his or her carers and so that it includes some specific, achievable and measureable goal or goals.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>Manager is working alongside senior day care workers to review current formats of care plans to ensure they are as accessible as possible to the individual and his or her carers and that it includes some specific, achievable and measureable goals.</p>

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address



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