

Unannounced Care Inspection Report 27 October 2017



Evergreen Centre

Type of Service: Day Care Setting

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

Tel No: 02871865109

Inspector: Angela Graham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a day care setting that provides care and day time activities for up to fifty 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	Registered Manager: Caroline Anne Morewood
Responsible Individual(s): Anne Kilgallen (registration pending)	
Person in charge at the time of inspection: Caroline Anne Morewood	Date manager registered: 22 February 2013
Number of registered places: 50 DCS-LD, DCS-LD(E)	

4.0 Inspection summary

An unannounced inspection took place on 27 October 2017 from 09.35 to 16.15 hours.

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

The inspection sought to assess 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 and risk management that promoted safe care. Regarding effective practice, examples of good practice were found in relation to care records, 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, quality improvement and maintaining good working relationships supporting well led care in the setting.

Two areas for improvement were identified in relation to the staff duty roster and infection prevention and control. One area for improvement under the regulations identified at the last inspection has been stated for a second time. This area relates to monthly monitoring visits.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "I am happy coming here, we are having a Halloween party today", "Staff are very good to me", "I like the art classes" and "The dinner is very nice and I get to choose what I want".

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	2

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent care inspection dated

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 February 2017.

5.0 How we inspect

Prior to inspection the following records were analysed:

- 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)

During the inspection, the inspectors met with the registered manager, seven care staff, two ancillary staff and sixteen service users. The registered manager was provided with five questionnaires to distribute to service users; five staff members and five relatives for their completion. The questionnaires asked for service user, staff and relatives views regarding the service, and requested their return to RQIA. Four staff members and two relatives' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

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
- elements of three service users' care records
- sample of policies and procedures
- sample of quality assurance audits
- 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 for two and not met for one.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 February 2017

The most recent inspection of the day care setting 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 22 February 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 13(1)(a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. A meeting took place on 24 March 2017 and the outcome of this meeting was to explore other placement options.	

Area for improvement 2 Ref: Regulation 28 Stated: First 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.	Not met
	Action taken as confirmed during the inspection: The inspector reviewed the monthly monitoring visits from February to September 2017. These visits were not undertaken monthly in line with Regulation 28 of the Day Care Setting Regulations (Northern Ireland) 2007. Therefore this area for improvement has not been met and has been stated for a second time.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 5.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. The review of three care records evidenced that this area for improvement had been addressed.	

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 registered 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 02 October until 27 October 2017 evidenced that the planned staffing levels were adhered to.

The review identified that the registered manager's hours were not recorded on the duty roster, the designation and the hours worked by the staff member were not always recorded. This has been identified as an area for improvement under the standards.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Discussion with service users evidenced that there were no concerns regarding staffing levels.

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 registered 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 registered manager. Records of competency and capability assessments were retained and examined during the inspection.

Discussion with staff and review of returned staff questionnaires 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 infection prevention and control, COSHH, first aid and fire training.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Review of a sample of records pertaining to accidents and incidents confirmed that these were appropriately managed. Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual. Staff asserted that they had the right knowledge and information to prevent harm to the service users attending the setting.

The registered manager confirmed that no restrictive practices were undertaken within the day care setting and on the day of the inspection none were observed. Service users using wheel chairs were secured in their chair using a lap belt however this was required for posture and safety.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. The staff stated their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences. In summary, the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

A review of the day centre’s environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. 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. The inspector identified a number of issues that were not in accordance with infection prevention and control best practice guidance. Continence pads were removed from their packaging and gloves and service user single use wipes were stored uncovered in bathrooms. This has been identified as an area for improvement under the standards.

There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits and corridors were observed to be clear of clutter and obstruction. The review of fire drill records confirmed that a fire drill had been undertaken on 13 July 2017. Discussion with staff confirmed they were aware of the evacuation procedure.

Two relatives returned questionnaires to RQIA post-inspection. The relatives identified that they were satisfied with the safe care in the Evergreen Centre. They stated that their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative’s needs and that they would report concerns to the manager.

Four staff members returned questionnaires to RQIA post-inspection. The staff members confirmed that the care was safe, they had received training in adult safeguarding, there are risk assessments and care plans in place for service users, they would report poor practice and they receive support to fulfil their roles and responsibilities.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, knowledge regarding adult safeguarding prevention and risk management.

Areas for improvement

Two areas for improvement were identified in relation to the staff duty roster and infection prevention and control.

	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 registered 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 records. Review of elements of three service users’ care records reflected there are risk assessments and care plans in place. There was evidence that risk and other assessments informed the care planning process.

Care records also reflected the multi-professional input into the service users' health and social care needs and were found to be updated regularly to reflect the changing needs of the service user. Care recording for every five attendances was being maintained in the three care records inspected. The review confirmed that service users and/or their representatives were encouraged and enabled to be involved in the review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

Discussion 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 the Evergreen Centre.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

It was observed during this inspection that records were stored safely and securely in line with data protection.

The registered 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, complaints, 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.

Discussion with the registered 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.

Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the registered manager and review of records evidenced that service user meetings were held at least quarterly. The last meeting was held on 13 October 2017 and minutes were made available. The previous service user meeting was undertaken on 11 September 2017.

There was information available to staff, service users and representatives in relation to advocacy arrangements.

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

Service users spoken with expressed their confidence in raising concerns with the day centre's staff/management. Service users knew the registered manager.

Two relatives returned questionnaires to RQIA post-inspection. The relatives confirmed that they were very satisfied with the effective care. They stated that their relative receives the right care, at the right time, in the right place.

Four staff members returned questionnaires to RQIA post-inspection. The staff members confirmed that service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and 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 registered manager confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

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 and outings. They discussed the range of activities they could take part in such as arts and crafts, pottery and gardening. The activity programme was noted as developing social opportunities for service users as well as their hobbies and interests.

Discussion with service users confirmed that they felt their views and opinions were taken into account in all matters affecting them. Service users described feeling informed and involved regarding activity planning, opportunities for work and outings through service user meetings, informal discussions and their individual review meetings.

Discussions with service users along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities e.g. arts and crafts and music and dancing . Observations of service users taking part in activities showed participation was good.

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.

During the observation and discussions staff were observed checking service users were comfortable, that their needs and preferences were being met. If the staff identified someone needed additional support they sensitively and discretely got their attention and accompanied the service user to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

Staff were aware of each service user's individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user's needs.

The staff described they consult with service users informally when they are in the day care setting regarding their needs, preferences and choices. Service users are consulted on a formal basis via service users' meetings and the annual review of their day care placement.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- "I go to pottery classes in the centre. I really like making things."
- "Everyone is very nice to me here."
- "I have been coming here a long time, I wouldn't change anything."
- "I like going bowling."
- "We have lots of fun in the centre."
- "If I had a problem I could talk to the staff."
- "Dinner was lovely. I get lots to eat."

During the inspection the inspectors met with seven care staff and two ancillary staff. Some comments received are listed below:

- "I received a detailed induction and I am well supported by senior staff."
- "We strive to give the service users a fulfilled day, every day."
- "The manager is always approachable and supportive."
- "I have an appraisal annually and supervision ever three months however if I had a concern I would immediately bring it to the attention of the manager."
- "As a staff team we are continually talking to the service users to see is there anything they would like to get involved in during their time in the centre."

Two relatives returned questionnaires to RQIA post-inspection. The relatives confirmed that they were very satisfied their relative was treated with dignity and respect and involved in decisions affecting their care.

Four staff questionnaires confirmed service users are treated with dignity and respect, encouraged to be independent and their views are sought and acted upon.

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, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

The registered manager confirmed that there were management and governance systems in place to meet the needs of service users.

A range of policies and procedures were in place to guide and inform staff. The inspector reviewed a sample of policies and procedures. Staff confirmed that they had access to the day centre's policies and procedures.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or an adult safeguarding concern. The staff confirmed that there is good communication across the team and clear working together practices. They described the management team as supportive and they knew they could speak to them for guidance or advice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of supervision records confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the registered manager confirmed that staff meetings were held at least quarterly, and records verified this. The last meeting was held on 12 September 2017 and minutes were available. The previous staff meeting had been undertaken on 14 August 2017. The registered manager confirmed that the minutes of staff meetings were made available for staff to consult.

One complaint had been recorded since the previous care inspection on 22 February 2017. Discussion with the registered manager confirmed that local resolution had been achieved. Compliments records were recorded and maintained by staff.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The inspector reviewed these arrangements from February to September 2017. The review identified that monitoring visits had been undertaken on 03 February, 06 April, 08 May, 14 August, 29 August and 28 September 2017. The monitoring arrangements in the day centre were not in line with Regulation 28 (3) of The Day Care Setting Regulations (Northern Ireland) 2007, which requires that visits must take place at least once a month. This had been identified as an area for improvement at the last inspection and has been stated for a second time.

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

The returned relatives' questionnaires confirmed that they were very satisfied that the service was managed well and the staff and the manager are approachable, professional and caring.

Four staff questionnaires confirmed that the service is managed well, the service is monitored, and communication between the staff and management is effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships supporting well led care in the setting.

Areas for improvement

One area for improvement under the regulations identified at the last inspection has been stated for a second time. This area relates to monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 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 28</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 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>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Registered manager has raised this area of improvement with senior management and they have advised all monitors that monitoring visits are to be carried out monthly in compliance with the regulation and as per monitoring visit rota. Community Services Manager will ensure that this improves. The Trust is considering the viability of employing a monitoring officer to undertake this role.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</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>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Senior day care workers have advised parents / carers that continence pads need to be brought in to day care in their original packaging. Staff are ensuring that gloves and service user single use wipes are not stored uncovered in bathrooms.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</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>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The duty rota has been amended to include the capacity in which staff worked and the manager's name and time worked each day.</p>

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



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