



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Evergreen Centre
Establishment ID No:	11230
Date of Inspection:	8 October 2014
Inspector's Name:	Dermott Knox
Inspection No:	20330

The Regulation And Quality Improvement Authority
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Name of centre:	Evergreen Centre
Address:	Gransha Park Limavady Road Derry BT47 2TP
Telephone number:	(028) 7186 5109
E mail address:	caroline.morewood@westerntrust.hscni.net
Registered organisation/ Registered provider:	Ms Elaine Way CBE Western Heath and Social Care Trust
Registered manager:	Mrs Caroline Morewood
Person in Charge of the centre at the time of inspection:	Mrs Caroline Morewood
Categories of care:	MAX, DCS-LD(E), DCS-LD, DCS-MAX
Number of registered places:	50
Number of service users accommodated on day of inspection:	35
Date and type of previous inspection:	Primary Announced Inspection 7 October 2013
Date and time of inspection:	8 October 2014 10:45am–5:45pm
Name of inspector:	Dermott Knox

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	5
Staff	6
Relatives	1
Visiting Professionals	1

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	8	4

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**
Records are kept on each service user's situation, actions taken by staff and reports made to others.
- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**
Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

The Evergreen Centre is located on the Gransha Park campus outside of the city of Londonderry and the registered provider is the Western Health and Social Care Trust. The manager of Evergreen Centre also manages several other day care facilities within the Western HSC Trust.

Evergreen Centre is registered to provide a service to 50 people who have a learning disability. A number of the service users also have a diagnosis of Dementia.

Evergreen Centre relocated to their current refurbished premises on the Gransha site campus (previously known as the Ballycann Building) on 19 December 2011. The main focus of the centre is to promote independence through programmes of integration and interaction within the centre and in the local community. Many of the service users live in residential care homes.

The centre is organised in two groups, the smaller of which is staffed for people with greater dependency needs. Facilities for the larger group include a large activity area which is sectioned off into more discrete areas by use of screens and arrangement of furniture. There are several smaller activity spaces including an art room and separate relaxation areas. There are ample spacious WC and washing facilities including adapted WC's and bathrooms, a dining room and a kitchen.

The smaller, more intensively supported group use a large activity room with a dining and sitting area and a kitchenette. There is access to male and female toilets and other rooms within the building.

Summary of Inspection

A primary announced inspection was undertaken in Evergreen Centre on Wednesday 8 October 2014 from 10:45am until 5:45pm. Prior to the inspection the service provider submitted a self-assessment of the centre's performance in the one standard and two themes forming the focus of the inspection. There were no requirements or recommendations from the previous inspection.

The inspector was introduced to many of the service users attending the centre and met for discussions with five people, either at lunch, or during relaxation time. Individual discussions were held with the manager, six staff, one relative and one visiting professional, regarding the standards, team working, management support, supervision and the overall quality of the service provided. Four completed questionnaires were returned by staff members, who reported their views that the care provided was of an excellent standard.

Overall, discussions with all contributors elicited a positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff team to practice in compliance with, or to exceed, the minimum standards for day care settings. However, there was a high level of dissatisfaction amongst the staff team with regard to staffing levels in the centre, particularly in view of the steadily increasing levels of dependency amongst the current service user population. A disparity in staff to service user ratios, between Evergreen Centre and other similar centres within the Western Trust was highlighted by staff

There was evidence from discussions and in written records to indicate a good level of inclusion and involvement of service users in decision making with regard to the care provided. Service users spoke highly of the support they experienced and the opportunities provided by the staff for their enjoyment and development. These included a good range of cultural and educational activities in the local community.

The inspector wishes to acknowledge the open and helpful approach of the manager and staff throughout the inspection process. Gratitude is extended to service users who welcomed the inspector to the centre and contributed to the evaluation of the service provided. Also to the parent of one service user, who gave his time and views on the provision of services in the Western Trust. One issue, of alleged poor practice within the Trust, has been referred to the registered manager to investigate and respond to RQIA.

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.

The centre has well-written policies and procedures regarding confidentiality, recording and reporting, data protection, consent, and storage and destruction of closed files. The policies and procedures are available for staff reference. The registered person had arrangements in place to review policies and procedures in order to ensure that they were kept up to date and accurate.

In the sample of five service user care records examined, there were good examples of members or their representatives having signed to indicate their involvement and agreement with the content. Files were structured and maintained in a consistent manner by the key workers and were in keeping with the Trust's procedures.

Good quality progress notes, in the form of a Keyworker's Log and weekly reviews for service users were being kept, as were assessments, care plans and records of reviews. The manager and day care workers were consistent in their reporting of untoward events.

Evergreen Centre was judged to be operating in compliance with this standard.

Theme 1 - The use of restrictive practice within the context of protecting service user's human rights

The WH&SCT has a written policy and guidelines on the use of restrictive interventions, which was available to members of staff. Both the written records and discussions with staff confirmed that there had been no instances of physical restraint having been used. Staff confirmed that calming and diffusing techniques, developed through training, were found to be very successful in responding service users when necessary.

Staff discussed the use of good communication and the importance of developing good understanding of each individual's needs and preferences. WH&SCT also has a written policy and procedures for 'Managing aggression and Challenging Behaviour', and staff confirmed their positive and supportive approach to working with any individual whose behaviour is challenging to others. MAPA training had been provided. Extensive written guidance was available to staff with regard to restrictive practices, deprivation of liberty and human rights and staff who met with the inspector were committed to maintaining best practice in these areas.

The centre was judged to be operating in compliance with this theme.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Staff records showed that the registered manager and the two senior day care workers are appropriately qualified and experienced to take charge of the centre. Training for key aspects of this role had been provided, including for the responsibilities of supervision and appraisal. One of the long-serving Senior Day Care Workers is approaching retirement.

There was evidence from discussions with staff to confirm that members of the staff team work supportively with one another although several staff expressed dissatisfaction with the current staffing levels in the centre. Systems were in place for supervision, appraisal and promoting staffs' learning. Records of staff training and supervision were up to date, with formal supervision sessions being provided in compliance with the minimum standard requirement.

The staffing structure and reporting arrangements were clearly set out in writing in the statement of purpose, for reference by all stakeholders. Staff who met with the inspector presented as being confident in their roles and responsibilities.

Monitoring arrangements are standardised across the WH&SCT day care services and the three monitoring reports examined, addressed all of the required matters. Monitoring was carried out by service managers representing the Trust.

The evidence indicates that the centre is moving toward compliance with the criteria in this theme.

Follow-Up on Previous Issues

No requirements or recommendations from pervious inspection.

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user’s situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.</p>	
Provider’s Self-Assessment:	
<p>The legal and ethical duty of confidentiality, in respect of service user's personal information, is maintained at the Evergreen Centre by adhering to all Western Health & Social Care Trust (WHCST) policy and procedure on Information Governance and Records Management.</p> <p>This includes policies such as Data Protection & Confidentiality (2013), Records Management (2013), Code of Practice on Protecting Confidentiality of Service User's Information (2012) and Procedure for Accessing Client Records (2011). Staff have attended training on Confidentiality, Data Protection, Freedom of Information and Good Record Keeping provided by the Western Trust Information Governance Department on 7/5/13.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The provider’s self-assessment was verified through examination of selected service users’ records and from a sample of the written policies and procedures that were available in the centre. It was evident from audit and monitoring records that the manager and the monitoring officer paid close attention to the issue of confidentiality regarding personal information.</p>	Compliant

<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>Service users have access to their records as and when required. Service users and/or their representatives are also encouraged to do so at annual review or signing of information held on file that has been changed or updated as necessary.</p> <p>Service user or representative consent has been obtained for access to case records/ notes. A record of access to individual case notes is located in each individual file. This details the reason for access and outcome.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>There was a good level of service user and/or representatives involvement in discussions about the assessment, care planning and review processes, as indicated by signatures in the records and by feedback from service users and one family member. Two Day Care Workers confirmed that efforts were always made to involve each service user, and/or a representative, in decision making about the care to be provided and the activities in which the service user would participate.</p>	<p>Compliant</p>

<p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p> <p>Each service user has an individual file containig documentation/ records which contain information as per standard 7.4</p>	Compliant
<p>Inspection Findings:</p> <p>Examination of a sample of five service user records, randomly selected, provided evidence of compliance with all parts of this criterion.</p>	COMPLIANCE LEVEL Compliant
<p>Criterion Assessed:</p> <p>7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p> <p>There is an entry into the service user records for at least every five attendances. Where there is a recordable event, then entries are made on the date they occurred.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
In addition to the daily progress notes written for each person, keyworkers wrote a weekly review of the individual's participation, wellbeing and enjoyment in the centre. These provide a very good record of everyday events and those matters that may need to be reported.	Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
All staff are aware of and adhere to WHSCT and Day Centre policy and procedure on matters that need to be reported to individuals or agencies outlined in standard 7.6 Staff are aware of and follow the WHSCT Trust policy on Incident Reporting. An Incident Reporting Flowchart is available onsite and outlines the type of incident, the action required, and who the incident should be reported to. Staff are aware of and follow the WHSCT Adult Safeguarding Policy and reporting arrangements are highlighted on Adult Safe Guarding Flowchart. Referral forms are available onsite to other relevant health and social care professionals. Referrals to specialist services are recorded formally in the annual review process but can be made at any point. Discussion is held at staff meetings, supervision and other person centred meetings regarding reporting and referral processes. Staff received training on Complaints on 30/10/13, on Incident Reporting on 27/8/14 and on the Safeguarding of Vulnerable Adults on 18/3/14.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Policies and procedures on communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement are in place in the centre and are available for staff reference. Staff confirmed their awareness of their role and responsibility to report and record any significant event that occurred in, or with regard to the day centre. Records showed that representatives of service users had been informed	Compliant

<p>appropriately regarding issues arising in the centre and it was evident that the whole staff team was committed to good information sharing in order to promote positive outcomes for service users. Matters of importance were highlighted in monthly monitoring reports.</p>	
<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Records onsite have been developed in keeping with RQIA standards. Records are legible, accurate, up to date and dated by the member of staff making the entry. Records are periodically checked by the Senior Day Care Worker and signed off by the Registered Manager. Records have been reviewed through auditing of files known as "Periodic Service Reviews" and "Service Health Checks".</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>There was good evidence of auditing of records through the periodic service reviews, identified above by the provider. Records for service users and the records in general, were legible, accurate and up to date. It was evident that maintaining the records was a demanding task for two Day Care Workers, given the numbers of service users in each of the groups and the high levels of dependency of many of them. The issue of staffing levels and grades is addressed in the final section of this report.</p>	<p>Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>Within the Evergreen Centre physical restraint is not used.</p> <p>Any service users that would require a form of restraint would managed throught the WHSCT Restrictive Interventions Policy. This sets out clear multidisciplinary care planning for the use of restraint. This includes procedures to be followed on monitoring, recording and review.</p> <p>A Restrictive Interventions Care Plan is in place for each service user to support the use of entry system on the main entrance door.</p> <p>A Human Rights Care Plan is on file for each service user.</p> <p>Staff are trained in MAPA.</p>	Compliant
Inspection Findings:	
<p>The training records showed that MAPA training is provided to staff and is regularly updated or refreshed. There was evidence in records of incidents to support the provider’s statement that physical restraint is not used in the centre. Each service user’s file contained an individual care plan with regard to restrictive practice issues, for example, identifying the effect on the person of not being able to leave the building without seeking permission or guidance from a staff member. Staff were knowledgeable of each individual’s levels of awareness of danger and the associated vulnerability and restrictive practice was considered in regard to safeguarding.</p>	Compliant

<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>On any occasion on which a service user is subject to restraint the Registered Manager shall record the circumstances, including the nature of the restraint. The Registered Manager will follow WHSCT and RQIA reporting arrangements.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>A selection of service user’s records was examined. There were no records of physical restraint having been used. Staff confirmed that calming and diffusing techniques, developed through training, were found to be very successful in responding to events where an individual’s feelings and behaviours indicated potential for self-harm, volatility or aggression toward others.</p> <p>Written policies and procedures were available to staff pertaining to management of aggression and challenging behaviours, reporting adverse incidents and restraint and seclusion and staff presented as being confident in their knowledge and skills with regard to practice in these areas.</p> <p>There were records in the centre of safeguarding events which had been reported to the designated officer in the Trust and some which had been reported appropriately to RQIA.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p align="center">Theme 2 – Management and Control of Operations</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p style="padding-left: 40px;">(a) 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;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>Within the Evergreen Centre there is a defined management structure which consists of a team of:</p> <ul style="list-style-type: none"> 1x Manager (Band 7) Manager is based at the Evergreen Centre but also has management responsibility for other facilities 2 x Senior Day Care Worker (Band 5- Full-time) 1 x Day Care Worker (Band 4 - Full time - Job Share) 6 x Care Assistants (Band 3 - 5 Full- time and 1 Part-time) 1 x Domestic (Part-time) 1 x Kitchen Host (Part-time) <p>The Community Services Manager and Head of Service in partnership with the Registered Manager continue to review the staffing compliment and skill mix within the Evergreen Centre so as to ensure that the number and needs of the service users are met.</p> <p>Each level of staff has a specific job description which outlines roles and responsibilities. Staff have been interviewed,</p>	<p align="center">Compliant</p>

<p>vetted and deemed qualified upon successful appointment to their post by the WHSCT Human Resources Department.</p> <p>The appraisal and supervision process has been used to ensure that competent and experienced staff are working at the Evergreen Centre. Competency and Capability Assessments are being introduced currently.</p> <p>Staff meetings held with Senior Day Care Workers support and promote the delivery of quality services.</p>	
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The staffing of Evergreen Centre is unusual, in having only two Band 5 Day Care Workers when service user numbers may be as high as 40. The registered manager also manages five other facilities or teams and may be away from the Evergreen Centre for significant periods of time.</p> <p>The allocation of service users to one or other of the two groups is based on assessed needs and results in the larger group having as many as 25 people in it. There was a high level of dissatisfaction amongst staff team members with regard to staffing levels in the centre, particularly in view of the increasing levels of dependency amongst the current service user population. Staff expressed concern about the safety of some service users in these circumstances and in one recent incident a service user had fallen and sustained a fracture to his arm. A perceived disparity in staff/service user ratios, between Evergreen Centre and other similar centres, was highlighted by staff.</p> <p>A requirement in this regard is included in the Quality Improvement Plan attached to this report.</p>	<p>Moving toward compliance</p>
<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>The service user group within the Evergreen Centre is staffed by a team consisting of two Senior Day Care Workers, one Day Care Worker and 6 Care Assistants (5 full-time and 1 part-time).</p> <p>The Senior Day Care Worker is responsible for the general day to day supervision of their staff team.</p> <p>The Senior Day Care Worker is accountable for providing overall staff supervision on a daily basis to promote and ensure standards are met and a quality service delivered.</p> <p>Formal supervision is carried out by the Registered Manager for Senior Day Care Workers.</p> <p>The Senior Day Care Workers carries out formal supervision with the Day Care Workers and the 6 Care Assistants.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
The provider’s self-assessment was verified through examination of selected records of supervision and from discussions with staff. Issues relating to the management of ‘sick-leave’ have been identified in a recent monitoring report and the centre’s continuing compliance with this criterion must be considered alongside the staffing concerns addressed in the preceding section.	Compliant
Regulation 21 (3) (b) which states:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	
Provider’s Self-Assessment:	
Staff successfully appointed to post are suitably qualified and go through the WHSCT Human Resources process. Details of staff qualifications can be found in the Statement of Purpose. Staff avail of mandatory and other training scheduled each year and training can also be requested by the Registered Manager necessary to support staff in their role and delivery of service. New staff are given an induction and supported through mentoring. The supervision process is used to support staff performance and skill as necessary.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Staffing records provided evidence of the appropriate qualifications and experience of the current staff team members. Mandatory and other training was provided.	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving toward compliance

Additional Areas Examined

Complaints

The record of complaints was maintained in compliance with the minimum standard requirement. There were no complaints recorded since the previous inspection.

Premises

The structure supporting the protective roof outside the doors to the enclosed garden area was unsafe and access to the gardens had been closed for many weeks while repairs to the structure were being planned. The manager did not know how long it would be before the repairs would be carried out.

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.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Caroline Morewood, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Dermott Knox
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



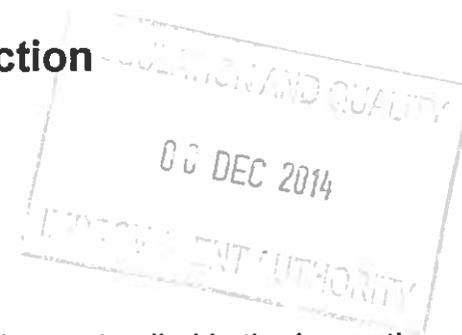
The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

Evergreen Centre

8 October 2014



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Caroline Morewood, Registered Manager, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Reg. 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.	One	The Community Services Manager and the Head of Service in partnership with the Registered Manager continue to review staffing levels within this facility and within available resources, to ensure that the staffing compliment is adequate to the needs of the Centre. Any required changes are undertaken in consultation with the Trust Human Resources Department and if appropriate with Trade Unions in line with Agenda for Change Terms and Conditions.	28 November 2014
2	Reg. 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.	One	The repairs required to the external roofed structure in the patio area have been reported as a matter of urgency to the Estates Department by the Registered Manager. They have been temporarily repaired and the Estates Department are working on ensuring that permanent repairs are completed as a priority.	28 November 2014

Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	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.	One	Registered Manager has reviewed the Service User's Guide and work has commenced in producing a Guide in a DVD format which is more suitable for current and prospective service users. this Guide will be produced with the involvement of service users.	28 November 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	<i>Caroline Moxwood</i>
Name of Responsible Person / Identified Responsible Person Approving Qip	<i>Eaine Way</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	<i>Yes</i>	<i>Sh...</i>	<i>08/01/15</i>
Further information requested from provider	<i>Yes</i>	<i>Waiting</i>	<i>written</i>

*response to letter from
Mr. Rose Harber: Asst Dir*
[Signature]