

# Inspection Report

28 September 2021



## Evergreen Centre

**Type of Service: Day Care Service**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> WHSCT	<b>Registered Manager:</b> Mr Jonathan Kennedy
<b>Responsible Individual:</b> Dr Anne Kilgallen	<b>Date registered:</b> 5 June 2020
<b>Person in charge at the time of inspection:</b> Senior Day Care Worker	
<b>Brief description of the accommodation/how the service operates:</b>  This is a day care setting that provides care and day time activities for up to 50 service users with a learning disability. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).	

## 2.0 Inspection summary

An announced care inspection took place on 28 September 2021 between 10.00 am and 1.45pm by a care inspector.

This inspection focused on staff recruitment and the day setting's governance and management arrangements as well as staff registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC), adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance. This inspection also sought to assess progress with issues raised in the last quality improvement plan (QIP).

Service users said that they were very satisfied with the standard of care and support provided.

Areas for improvement identified during this inspection related to adult safeguarding training and the risk assessments and care plans, relating to swallowing difficulties.

Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice guidance, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this day care setting. This included the previous inspection report and QIP, written and verbal communication received since the last care inspection.

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the day setting's governance and management arrangements. This included checking how staff' registrations with NISCC and the NMC were monitored.

During the inspection, we discussed any complaints that had been received and any incidents which had occurred, with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster.

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

### 4.0 What people told us about the service

The information provided by service users and staff during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. The inspector spoke with a number of service users and staff, including the person in charge.

#### Service users' comments:

- "It's all very good here."
- "Nothing to complain about, it's very good."

#### Staff' comments:

- "We are all very happy."
- "I love it here."
- "I have no concerns."

A number of service users returned questionnaires. The respondents indicated that they were very satisfied that care was safe, effective, compassionate and well led. Comments included:

**Service users' comments:**

- "I enjoy coming to day care, it is very good and sometimes I can get bored at home."
- "I am happy at the centre and happy at home."
- "It's good."
- "I love Evergreen."

No staff responses were received via the electronic survey.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

The last care inspection of the day care setting was undertaken on 3 July 2019; two areas for improvement were identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 26 (4) (f) <b>Stated:</b> First time <b>To be completed by:</b> 31 July 2019	The registered person shall ensure, by means of fire drills and practices at suitable intervals, that the persons employed in the day care settings and, so far as practicable, service users, are aware of the procedure to be followed in case of fire, including the procedure for saving life.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of records identified that the majority of staff had attended a fire drill in November 2020. A small number had yet to attend. This was discussed with the person in charge. Advice was given in relation to organising fire drills in between the annual requirement, to ensure that all staff have	

	attended fire drills. Following the inspection, the manager confirmed to RQIA, that the identified staff had attended a fire drill.	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 17.13 <b>Stated:</b> Second time <b>To be completed by:</b> 30 September 2019	The registered provider should develop a policy and procedure regarding the management of service users' monies.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The updated policy was submitted to RQIA by email on 12 October 2021. RQIA was satisfied with the submitted policy.	

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC), in keeping with the regional policy.

Discussions with the person in charge demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

It was confirmed that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter. However, the review of the training records identified a number of staff who had not updated their adult safeguarding training; this included the transport staff. An area for improvement has been made in this regard.

Discussion with the manager, prior to the inspection, confirmed that no matters had been raised to them under the whistleblowing procedures.

The day care setting has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the person in charge indicated that no referrals had been made with regards to adult safeguarding since the last inspection. Adult safeguarding matters are reviewed as part of the quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided.

Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the number of staff on duty.

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

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. The person in charge demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. Examination of service users' care records did not evidence the appropriate documentation regarding DoLS. Following the inspection, we discussed this with the registered manager, who agreed to follow up in this regard. This will be reviewed at the next inspection.

On entering the day care setting the inspector's temperature was obtained by the manager who advised that this is completed on all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed during the inspection and there was evidence of Infection Prevention and Control (IPC) measures in place such as personal protective equipment (PPE) which was available for staff. Other infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Hand sanitisers were strategically located throughout the day care setting.

There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning and doffing PPE.

Observations of the environment concluded that it was fresh smelling and clean throughout.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC practices.

### **5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

The person in charge identified a number of service users who required assistance with eating and drinking due to having swallowing difficulties; some of whom required their food and drinks to be of a specific consistency. However, review of the records identified that there were discrepancies between the consistency-type indicated on the risk assessments, to that indicated on the care plans. This was discussed with the person in charge who agreed to address the matter. An area for improvement has been made in this regard.

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of staff had yet to complete training in Dysphagia. Following the inspection, the registered manager confirmed to RQIA, by email on 21 October 2021, that the identified staff had completed their Dysphagia training. We were satisfied that this had been addressed.

### 5.2.3 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Quality monitoring visits had been undertaken on a bimonthly basis. A sample of reports viewed from March to August 2021 provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the day care setting was examined and that action plans for improvement were developed, if necessary.

There is a process for recording complaints in accordance with the day care setting's policy and procedures. The manager confirmed that no complaints were received since the date of the last inspection.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day care setting's policies and procedures.

A review of the records confirmed that all support workers are appropriately registered with NISCC. Information regarding registration details and renewal dates for staff are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

It was established during discussions with the manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

## 6.0 Conclusion

Based on the inspection findings, two areas for improvement were identified. One related to safe care; and one related to effective care. The care and support provided was found to be compassionate; and there was evidence that the service was well-led.

## 7.0 Quality Improvement Plan/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.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the Senior Day Care Worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 15 (2)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered persons shall ensure that the risk assessments and care plans are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI), as indicated on the Speech and Language Therapist (SALT) care plan.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> As of 19/10/21 all staff members have completed Dysphasia training. All service user files have been reviewed to ensure that the risk assessments and care plan contain and reference the updated IDDSI terminology and will remain compliant to this standard.</p>
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012.</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that staff have completed training on and can demonstrate knowledge of safeguarding. Safeguarding training; this relates specifically to training of transport staff.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The Day Centre Manager will ensure that all staff have training completed as per Trust recommendations. Transport staff have been provided with a link for online Safeguarding training which should complement the training which is also provided through their management team.</p>

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





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