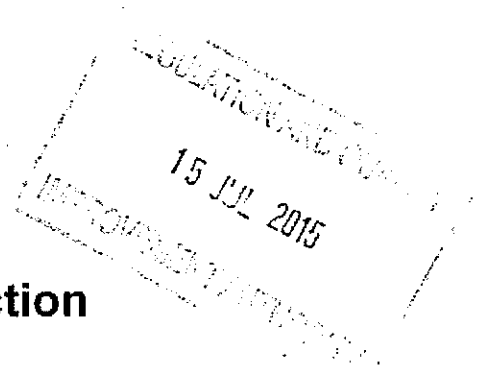


The Regulation and
Quality Improvement
Authority

Evergreen Centre
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Gransha Park
Limavady Road
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BT47 2TP

Inspector: Phil Cunningham
Inspection ID: IN021400

Tel: 02871865109
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**Announced Estates Inspection
of
Evergreen Centre**

28 April 2015

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

1. Summary of Inspection

An announced estates inspection took place on 28 April 2015 from 10.00 to 13.00. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by;

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Day Care Settings Minimum Standards (DHSSPS, 2012)

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	1

The details of the QIP within this report were discussed with Caroline Moorewood, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Elaine Way, Western Health and Social Care Trust	Registered Manager: Caroline Moorewood
Person in Charge of the Premises at the Time of Inspection: Caroline Moorewood	Date Manager Registered: 21 May 2014
Categories of Care: DCS-LD, DCS-LD(E)	Number of Registered Places: 50
Number of Service Users Accommodated on Day of Inspection: 42	Weekly Tariff at Time of Inspection: <i>Not known by manager</i>

3. Inspection Focus

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

Standard 25: Premises and Grounds

Standard 27: Safe and Healthy working Practices

Standard 28: Fire safety

4. Methods/Process

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

Prior to inspection the following records were analysed:

Previous estates inspection report, previous care report, previous 12 months' statutory notifications.

During the inspection the inspector met with one visiting professional (Jackie Gallagher Estates Officer, WHSCT Estate Department).

The following records were examined during the inspection:

Maintenance and service records by external specialist contractors and WHSCH Estates Department, Risk assessments, in-house log books for safety checks and maintenance routines.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this service was an announced care inspection dated 8 October 2014. The completed QIP was returned and approved by the care inspector.

The care inspector commented that "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 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. In correspondence following the inspection, the WH&SCT undertook to keep the staffing under regular review to ensure it does not fall below acceptable levels.

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. Two requirements and one recommendation were made in the Quality Improvement Plan at the conclusion of the inspection.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 16 May 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14 (1)(a)	Ensure that the legionellae risk assessment has been signed off by the risk assessor confirming that all recommendations and actions have been suitably addressed.	Partially Met
	Action taken as confirmed during the inspection: Inspector found that a number of issues included on the action plan of the legionellae risk assessment – namely those relating to remedial works - had not been addressed. Work was currently ongoing on site at the time of inspection to address these. Records indicated however that chlorination of the cold water storage tanks and on-going routine control measures were in place.	
Requirement 2 Ref: Regulation 18.(2)(d)	Liaise with the Local Council's Environmental Health Department regarding the suitability of the newly refurbished catering area.	Met
	Action taken as confirmed during the inspection: The Local Council carried out a food hygiene inspection of the catering facilities on 12 December 2013. The report of the inspection listed several issues requiring attention. This is included in section 5.3 below.	

Requirement 3 Ref: Regulation 14.(1)(a)	Revise the surface temperature scald risk assessment to include the external radiant heaters and implement any measures deemed necessary within appropriate timescales.	
	Action taken as confirmed during the inspection: This requirement referred to the gas fuelled patio heaters in the external courtyard area of the home. These had subsequently been disconnected and are no longer in use.	Met
Requirement 4 Ref: Regulation 26.(4)(a)	Liaise with the fire risk assessor to ensure that items highlighted in the fire risk assessment report have been suitably addressed. The assessment should be signed off to this effect.	
	Action taken as confirmed during the inspection: The fire risk assessment had been reviewed on 6 December 2013 following the inspection. There were no major areas for concern highlighted by the fire risk assessor.	Met
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 28.2	Provide a clear zone identification chart adjacent to the main fire alarm panel. Action taken as confirmed during the inspection: A zone chart is displayed adjacent to the fire alarm control panel.	Met

5.3 Standard 25: Premises and grounds - The premises and grounds are safe, well maintained and remain suitable for their stated purpose

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

Areas for Improvement

The legionella risk assessment of 18 December 2012 highlighted a number of items requiring attention. These included a number of remedial works items to remove 'dead-leg' pipework. These had not been addressed although the Estates Officer confirmed that works were currently ongoing to address these.

Records of the routine monitoring of the hot 'sentinel' taps for the purposes of legionellae bacteria control indicate temperatures (50⁰C and 49⁰C) below those stated in the guidance issued by the Health & Safety Executive HSG 274 (55⁰C).

The Local Council food hygiene report of 12 December 2013 highlighted several items relating to the catering arrangements which required attention. This included remedial measures to address the W.C. opening directly onto the dining area. The manager stated that a 'minor works request' was submitted to address this although no progress has been made in this respect.

Number of Requirements	3	Number Recommendations:	1
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5.4 Standard 27: Safe and healthy working practices - *The Centre is maintained in a safe manner, and safe and healthy working practices are promoted in all aspects of its work.*

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

No areas were identified.

Number of Requirements	0	Number Recommendations:	0
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5.5 Standard 28: Fire safety - Fire safety precautions are in place that reduce the risk of fire and protect service users, staff and visitors in the event of fire.

Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of residents, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

Areas for Improvement

The fire risk assessment was last reviewed in December 2013 and a fire safety audit was carried out by the specialist fire safety adviser in June 2014. The assessment should be reviewed.

Number of Requirements	1	Number Recommendations:	0
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5.6 Additional Areas Examined

No additional areas were examined.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Caroline Moorewood, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

6.1 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 (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 14 (1)(a)</p> <p>Stated: Second time</p> <p>To be Completed by: 26 May 2015</p>	<p>Complete the works to address the items highlighted in the legionellae risk assessment action plan.</p> <p>Response by Registered Manager Detailing the Actions Taken: The Western Health & Social Care Trust Estates Department Compliance Officer has confirmed that all items highlighted in the legionellae risk assessment action plan have been addressed between 01/05/15 and 08/05/15 except a new lid on the cold water tank in the roofspace. This has been ordered and is due to be delivered and installed withing the next 4 weeks. New insulation for the tank side to be completed at that time also.</p>
<p>Requirement 2</p> <p>Ref: Regulation 26 (2)(l)</p> <p>Stated: First time</p> <p>To be Completed by: 26 May 2015</p>	<p>Adjust the temperature of the hot water services in line with the guidance issued by the Health & Safety Executive HSG 274 (55°C).</p> <p>Response by Registered Manager Detailing the Actions Taken: The Western Trust Compliance Officer has advised that the Building Management System was checked and ongoing modifications are completed as required.</p>
<p>Requirement 3</p> <p>Ref: Regulation 18 (2)(d)</p> <p>Stated: First time</p> <p>To be Completed by: 21 August 2015</p>	<p>Carry out appropriate remedial works to address the report on the food hygiene inspection by the Local Council with particular reference to the W.C. which opens directly onto to the dining area.</p> <p>Response by Registered Manager Detailing the Actions Taken: A Minor Capital Works Request Form was completed on 14th February 2014 to request work to change toilet into dry goods area. In the meantime this toilet is not in use. Manager has informed Senior Management of timescale for the completion of this work by 21st August 2015.</p>
<p>Requirement 4</p> <p>Ref: Regulation 26 (4)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 23 June 2015</p>	<p>Carry out a review of the fire risk assessment and address any issues highlighted.</p> <p>Response by Registered Manager Detailing the Actions Taken: The last Fire Risk Assessment was completed on 06/12/13. Manager checked with Fire Safety Officer and next review is due on 06/12/15.</p>

Recommendations			
Recommendation 1	In relation to requirements number 1 and 2 above, carry out sampling for legionellae bacteria in the hot and cold water system when the works have been completed and when the temperature regime has been established as operating at satisfactory temperatures with reference to the guidance issued by the Health & Safety Executive HSG 274.		
Ref: Standard 25.7			
Stated: First time			
To be Completed: Immediately on completion of works relating to requirements 1 and 2 above	Response by Registered Manager Detailing the Actions Taken: The Western Trust Compliance Officer has advised that samples are to be carried out for quality assurance within the next 4 to 8 weeks.		
Registered Manager Completing QIP	Caroline Morewood	Date Completed	18/06/2015
Registered Person Approving QIP	<i>J. Hussey for Elaine Way</i>	Date Approved	9/7/2015
RQIA Inspector Assessing Response	<i>P. C. W.</i>	Date Approved	11/8/15

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address