

Primary Announced Care Inspection

Name of Establishment:	Orchardville House
Establishment ID No:	1011
Date of Inspection:	14 May 2014
Inspector's Name:	Lorna Conn
Inspection No:	16806

The Regulation And Quality Improvement Authority
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General Information

Name of Home:	Orchardville House
Address:	12 Orchardville Avenue Belfast BT10 0JH
Telephone Number:	028 95043150
E mail Address:	edith.fleming@belfasttrust.hscni.net
Registered Organisation/ Registered Provider:	Belfast HSC Trust Mr Colm Donaghy
Registered Manager:	Ms Edith Fleming (Acting)
Person in Charge of the home at the time of Inspection:	Ms Edith Fleming (Acting)
Categories of Care:	RC-DE
Number of Registered Places:	32
Number of Residents Accommodated on Day of Inspection:	27
Scale of Charges (per week):	Trust Rates
Date and type of previous inspection:	5 March 2014, Secondary unannounced inspection
Date and time of inspection:	14 May 2014, 9:50 am - 4:45 pm
Name of Inspector:	Lorna Conn

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 residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced 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 other good practice indicators 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 residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

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
- Observation of care delivery and practice
- Inspection of the premises

- Evaluation of findings and feedback

Consultation Process

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

Residents	10
Staff	4
Relatives	5
Visiting Professionals	0

Questionnaires were provided, during the inspection, to staff to find out their views regarding the service. None were returned within the timescales for inclusion in this report.

Issued To	Number issued	Number returned
Staff	17	0

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 Residential Care Homes Minimum Standards and theme:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

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

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

Orchardville House is a statutory residential care home purpose built for people with dementia and provides care on a respite and longer term basis. It is managed by the Belfast Health and Social Care Trust and the current manager is Ms Edith Fleming. The home is situated on Finaghy Road North, convenient to the village of Finaghy and is within easy reach of medical, leisure, transport, health and church facilities.

The home is a single storey building with an enclosed courtyard type garden. Currently the home provides accommodation for twenty nine residents in single bedrooms. However, the original registration included some accommodation in shared bedrooms. There are a number of communal lounges and seating areas and a range of bathrooms and separate toilets are situated throughout the home.

The home is registered to provide care for a maximum of 32 persons under the category of DE (dementia).

Summary of Inspection

This primary announced care inspection of Orchardville House was undertaken by Lorna Conn on 14 May 2014 between the hours of 9:50am and 4:45pm. Ms Edith Fleming was available during the inspection and for verbal feedback at the conclusion of the inspection.

The one requirement and six recommendations made as a result of the previous inspection were examined. Review of documentation, observations and discussion demonstrated that these were all now complaint which was good to note. The detail of the actions taken by the acting registered manager can be viewed in the section following this summary.

Prior to the inspection, the registered acting manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the acting registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff and relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Standards inspected:

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

Inspection findings

Responding to resident's behaviour – Standard 5

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussion with residents and staff, it was confirmed that restraint would only ever be used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they had received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The acting registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and their representatives had been included in any decisions affecting their care. However, the statement of purpose and residents guide should be updated to indicate that this facility has a locked door with keypad. The evidence gathered throughout the inspection process concluded that Orchardville House was compliant with this standard.

Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussion with staff, it was confirmed that the programme of activities was based on the assessed needs of the residents. However, the retention of the records of the regular review of the programme and seeking resident consent to photography have been recommended. Residents indicated they enjoyed the activities provided and staff confirmed that they felt residents benefitted from and enjoyed the activities and events provided. The programme of activities was on display but the format required attention. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities through monthly meetings. A selection of materials and resources were available for use during activity sessions but these could be improved. Appropriate systems were in place to ensure that staff who are not employed by the home had the necessary knowledge and skills to deliver the activity. The evidence gathered through the inspection process concluded that Orchardville House was compliant with this standard.

Resident, representatives/relatives and staff consultation

During the course of the inspection the inspector met with residents, representatives/relatives and staff. Questionnaires were also issued to staff during the inspection. None were returned within the timescale for inclusion in this report.

In discussion with residents they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care afforded to their relatives and complemented staff in this regard.

Discussion with staff indicated that they felt supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives and staff are included in the additional areas section of this report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views in their interactions. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be generally of a good standard and it should be noted that re-decoration of one of the lounges and some bedrooms had occurred since the last announced inspection. However, the fabric of one rocking chair was torn and this should be replaced and the paving in parts of the courtyard was uneven and requires attention. A requirement was made regarding these matters in the attached QIP.

A number of additional areas were also examined these include the management of complaints, information in relation to guardianship and fire safety. Further details can be found in the additional areas section of this report.

Conclusion

The findings of this inspection evidenced that the delivery of care to residents was of a satisfactory standard. There were processes in place to ensure the effective management of the standards inspected.

The home's general environment was well maintained and residents were observed to be treated with dignity and respect.

One requirement and five recommendations were made as a result of this primary announced care inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, their relatives, the acting registered manager, and staff for their assistance and co-operation throughout the inspection process.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	Regulation 30 (1) (f)	The registered manager must ensure all incidents/accidents are notified to RQIA as outlined in Regulation 30.	An examination of the incidents and accidents records during the inspection indicated that these were being notified appropriately to RQIA. This will continue to be monitored on an on-going basis through the inspection process.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	25.1	Keep staffing levels under review to ensure adequate levels of staff are available at all times to meet the needs of residents.	The staff rota was reviewed and the staffing arrangements were in accordance with the minimum levels indicated by RQIA guidance.	Compliant
2.	17.10	Ensure that all complaints records clearly demonstrate the complainants level of satisfaction or otherwise with the outcome of any investigations.	The complaints records were examined and the complainants' level of satisfaction was being recorded.	Compliant
3.	25.5	Ensure the surnames of all staff are included on the duty rota.	The staff rota was reviewed and was found to include the surnames of all staff as recommended.	Compliant
4.	20.12	Develop further the Annual Quality Review Report to demonstrate residents' views and involvement when this is possible.	The Annual Quality Review Report was inspected and this area had been developed.	Compliant
5.	27.8	Repair or replace the chest of drawers and built in furniture as necessary in the identified bedrooms.	During the inspection of the physical environment, this was confirmed to have occurred.	Compliant
6.	27.1	Ensure a deep and thorough clean of the floor in the identified bedroom.	During the inspection of the physical environment, this was confirmed to have occurred.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The home receives relevant information about individuals prior to admission which identifies conduct and behaviour. An assessment is completed during the first four weeks of placement which also identifies needs and behaviours. A care plan is compiled from the information and daily recordings for all residents based on their assessed needs. An "All about me" booklet is completed by the resident/family/carer where appropriate, which provides information to assist staff to respond and interact in a positive way. all staff receive a handover twice daily where information is shared about the residents usual demeanor, behaviour and communication.	Compliant
Inspection Findings:	
The home had a policy entitled 'Use of Restrictive Practices' dated 2011 and a procedure entitled 'Responding to residents' behaviour and behaviours that challenge staff' dated 2014 in place. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint was used. Observation of staff interactions with residents identified that informed values were being demonstrated. A review of staff training records and training content identified that all care staff had received training in behaviours which challenge entitled 'managing aggression' during 2013 or 2014 as well as dementia awareness training during 2013 & 2014, which both included a human rights approach.	Compliant

<p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
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Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Where there is a change in residents behaviour or concerns, staff report to the senior member of staff on duty, and record this information in the residents daily notes. An investigation is carried out into the reasons for the changes in behaviour to ascertain as to whether there is a physical or mental problem.</p> <p>The manager or senior staff staff liaise with the residents GP for advice or for referral to Physciatry, or refer to a member of the mental health team. An ABC Chart is completed by staff in relation to behaviour.</p>	Compliant
Inspection Findings:	
<p>The policy entitled 'Use of Restrictive Practices' dated 2011 and a procedure entitled 'Responding to residents' behaviour and behaviours that challenge staff' dated 2014 included the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which caused concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives and RQIA. . Agreed and recorded response(s) to be made by staff <p>Care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the acting registered manager and or the person in charge.</p> <p>A review of the records confirmed that other professionals had been informed appropriately.</p>	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment where a resident requires a specific approach over a period of time, a treatment plan will be completed. The treatment plan will provide details of how staff will meet or address specific needs. This will be discussed with the resident/family. a record of this of this will be recorded in the individuals contact sheet.	Compliant
Inspection Findings: A review of one care plan identified that when a resident needed a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by their representative, the staff member drawing it up and the acting registered manager. Other professionals had been involved appropriately.	Compliant

Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
When a behaviour management strategy programme has been deemed necessary, the manager would seek guidance and direction from relevant professionals such as CPNs from the mental health team, the dementia nurse facilitator, or through the GP direct to Psychiatry.	Compliant
Inspection Findings:	
<p>The acting registered manager and staff informed the inspector that there are currently no residents who have a specific behaviour management programme in place.</p> <p>A review of one recent but historic behaviour management programme identified that it had been approved by an appropriately trained professional. The behaviour management programme formed part of the residents' care plan and had been kept under review.</p>	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment Any behaviour management/strategy programme put in place would be shared with the care team. All staff have had training in the management of aggression	Compliant
Inspection Findings: A review of staff training records evidenced that all staff had received training in 'managing aggression' during 2013 or 2014 as well as dementia awareness training during 2013 & 2014. Staff confirmed during discussion that they felt supported and that the support ranged from the training provided, supervision and staff meetings. Discussions with staff confirmed that they were knowledgeable in regard to the behaviour management programme which had previously been in place.	Compliant

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment There have been no recent instances where an incident has been managed outside the scope of a resident's care plan. If this should happen, staff would record the information and all relevant professionals would be contacted. Reporting arrangements are in place in the form of the Datix system. RQIA are also notified about serious or untoward incidents. A review meeting can be convened if required.	Compliant
Inspection Findings: A review of the accident and incident records from 24 March 2014 to date of the inspection and discussion with staff identified that no incidents had occurred outside of the scope of a resident's care plan.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment Restraint would only be used in compliance with the Trust's policies and guidelines for "Use of restrictive practices in adults"	Compliant
Inspection Findings: Discussion with staff confirmed that physical restraint would not be used with this resident group. The content of staff training, an examination of care records and the guiding policy also indicated that physical restraint would only ever be used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful. A review of records, discussion with residents and staff and observation of care practices identified that there are currently no types of restrictive practices used in the home except for the locked door which should be described in the home's Statement of Purpose.	Substantially Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment In each resident's file there is a document (All about me) that is completed with the help of family and carers that highlights each individual's hobbies and interests. in-house activities cover meaningful and purposeful tasks which residents have shown an interest in during the past or present time.	Substantially compliant
Inspection Findings: The home had a procedure dated 1 May 2014 regarding the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide dated February 2014 provided information pertaining to activity provision within the home.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment There is a variety of activities provided within the unit throughout the week. These are meaningful and purposeful. eg visits from local priest who provides communion. Spiritual services, gospel readings and singing are provided every other Tuesday.	Substantially compliant
Inspection Findings: Examination of the programme of activities identified that social activities are organised ten times each week. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences e.g. Word games, sports TV programmes, Easter celebration, DVD nights and bingo. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis. Residents were observed to be enjoying a gardening programme, hand massages and a singsong provided on the day of the inspection.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment All residents at present are able to leave their rooms and sit in areas around the unit. If it arises that a resident prefers to stay in their room, care staff would provide one to one sessions.	Compliant
Inspection Findings: A review of the record of activities provided and discussion with residents, including one resident who generally stayed in their room, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents' meetings occurred on a monthly basis where residents' views regarding the activity programme were minuted.	Compliant
Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment A monthly activity list is displayed within the unit for all residents and families to see what is being offered.	Compliant
Inspection Findings: On the day of the inspection the activity programme for the next fortnight was on display on the main noticeboard beside the front lounge. This location was considered appropriate as the area was easily accessible to residents and their representatives. However, while the programme of activities was presented in a larger font in black and white print which would be an appropriate format to meet some of the residents' needs, it is recommended that the format is reviewed to consider the use of a more pictorial format.	Substantially Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment Staff would get to know the resident's preferences and encourage them to participate. If a resident has a hearing impairment, he or she would be placed close to the facilitator.	Compliant
Inspection Findings: Activities are provided by designated care staff allocated on each shift from Monday to Sunday each week. The care staff confirmed during discussion that there was a supply of activity equipment available; however, they felt that more equipment could be provided. Current equipment included craft materials, DVDs, board games and puzzles. It is recommended that the provision of equipment is reviewed. The acting registered manager advised that activities were financed by the Friends of Orchardville House and the Trust.	Substantially Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment The length of the session depends on the individual and the people in the group. If a resident wishes to leave the session, they can do so. It also depends on what activity is being done and how long it will last.	Substantially compliant
Inspection Findings: The care staff and registered manager confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment Manager would ask for certificates from any individual who carries out a service in the unit. If these are not available, senior staff would monitor individual.	Compliant
Inspection Findings: The acting registered manager advised that a hairdresser and musicians are employed in the home. The acting registered manager confirmed during discussion that she had obtained evidence from that they had the necessary skills and knowledge to deliver the activity and that there were monitoring processes in place.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment Persons contracted in such as the hairdresser would be informed verbally of any changes to residents needs before carrying out any activity. They in turn would give feedback to the senior member of staff on duty during or after the activity.	Compliant
Inspection Findings: The acting registered manager confirmed during discussion that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which would affect their participation in the planned activity.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment An activity book is used in the unit for all activities to be recorded. Each individual has a separate recording sheet.	Substantially compliant
Inspection Findings: A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. The acting registered manager was able to evidence that she was aware of the need to seek consent for photography but on the day of the inspection records of where residents and relatives consent had been requested in regard to photography and other forms of media could not be located. It is recommended that appropriate consents are in place in regard to photography and other forms of media.	Substantially compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment The activity programme is reviewed by staff members. A senior member of staff is currently reviewing the format of the activity programme	Substantially compliant
Inspection Findings: The inspector was advised that the programme of activities had last been reviewed before Christmas by the then activity co-ordinator, however there were no records available to evidence this and the inspector was advised that one of the senior care staff was currently involved in reviewing the programme. It is recommended that the programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs and records are maintained. The acting registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents. Residents were observed to be enjoying the gardening programme, the hand massages and the singsong provided on the day of the inspection.	Substantially Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

ADDITIONAL AREAS EXAMINED

Resident's consultation

The inspector met with ten residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

'All are very pleasant and obliging'.

'Everything goes according to plan'.

'It's lovely here'.

Relatives/representative consultation

Five relatives who met with the inspector indicated satisfaction with the provision of care afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated. One comment regarding food was shared with the acting registered manager who undertook to address this matter.

Comments received included:-

'The care is very good. I have never had any complaints. Anything they want they can get'.

'The staff always make sure the sports are on TV for X. He's quite happy here'.

'The priest comes once a month and she is happy with that'.

Staff consultation

The inspector spoke with four care staff of different grades who were on duty during the inspection. Discussion with staff identified that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to resident's behaviours and indicated that a varied programme of activities was in place.

Comments received included:

'It's all good. The care is really good. The training we had on responding to behaviour was very helpful and I had support in supervision from my manager'.

'The activities are good but I would like to have more time and resources. It's a lovely home and I would put a member of my family in here as the staff are brilliant, have a lovely way and are very attentive'.

'The care is very good and people are treated with respect and privacy. The home is more settled at present but if I had any concerns I would talk to my manager. Activities are on-going every day with music and parties and we try to accommodate people's individual interests'.

Visiting professionals' Consultation

There were no visiting professionals present during the inspection.

Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The acting registered manager confirmed that lessons learnt from investigations were acted upon.

Environment

The inspector viewed the home accompanied by the acting registered manager and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be generally of a good standard and it should be noted that re-decoration of one of the lounges and some bedrooms had occurred since the last announced inspection. However, the fabric of one rocking chair was torn and this should be replaced and the paving in parts of the courtyard was uneven and requires attention. A requirement was made regarding these matters in the attached QIP.

Guardianship Information

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

Fire Safety

The inspector examined the home's most recent fire safety risk assessment dated 7 September 2013 and the acting registered manager confirmed that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff on 26 March 2014. The records also identified that an evacuation had been undertaken in December 2013 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Edith Fleming, 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:

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



Quality Improvement Plan

Primary Announced Care Inspection

Orchardville House

14 May 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 Ms Edith Fleming during 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 Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	27 (2) (o) & (d)	<p>The registered person is required to ensure that the uneven nature of the paving in parts of the courtyard is made good and that the covering of one of the rocking chairs is replaced.</p> <p>(standards 27.5 & 27.1)</p>	Once	<p>The uneven paving was reported to the Trust Estates Department on 13/06/14 - Job Ref C478941.</p> <p>The replacement of the rocking chair upholstery was reported to the Trust Estates Department on 13/06/14 - Job Ref C478944.</p>	<p>By 30 June 2014 (for courtyard)</p> <p>By 28 May 2014 (for chair)</p>

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), 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.	10.7	The registered person is recommended to ensure that the statement of purpose and residents guide are updated to indicate that this facility has a locked door with keypad code required for exit.	Once	The Statement of Purpose and the Residents Guide have been updated to indicate that the facility has a locked door with keypad code required for exit.	By 14 June 2014.
2.	13.3	The registered person is recommended to review the format of the activity programme.	Once	The activity programme is displayed for the week ahead. A separate notice is now displayed in larger format indicating the activities on offer each day.	By 14 June 2014.
3.	13.5	The registered person is recommended to review the activity equipment provided.	Once	The Activities Coordinator post is currently vacant but will go to recruitment in the near future. In the meantime staff are advised to more fully use existing equipment, including arts and crafts supplies and games to facilitate a varied range of activities.	By 14 July 2014.
4.	13.6	The registered person is recommended to ensure that appropriate consents are in place with regard to photography and other forms of media.	Once	The Acting Manager has discussed this with the senior team. Consent Forms will now be included in the Information Pack given to all	With immediate effect from the date of the inspection.

				carers/relatives at admission and completion of these will be checked at the 6 week review.	
5.	13.10	The registered person is recommended to ensure that the activity programme is reviewed regularly and at least twice yearly and that records are maintained.	Once	The Activity Programme will now be reviewed twice yearly and records will be maintained.	By 14 July 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 and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Edith Fleming
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Martin Dillion Acting Chief Executive

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Lorna Conn	28/7/14
Further information requested from provider			