Unannounced Care Inspection Report
9 March 2017

Orchardville House

Type of service: Residential Care Home
Address: 12 Orchardville Avenue, Belfast, BT10 0JH
Tel No: 02895043150
Inspector: Patricia Galbraith

1.0 Summary

An unannounced inspection of Orchardville House took place on 9 March 2017 from 08:00 to 14:00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

One area for improvement was identified in relation to the reporting of notifiable events.

Is care effective?

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between residents, staff and other key stakeholders.

One area for improvement was identified in relation to regularly updating care records.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mark Kelly, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Mr Martin Joseph Dillon	**Registered manager:** Mark Kelly (pending)
Person in charge of the home at the time of inspection: Mark Kelly	**Date manager registered:** Registration pending
Categories of care: DE – Dementia	**Number of registered places:** 32

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan and accident and incidents register.

During the inspection the inspector met with twelve residents and five staff and two residents' representatives.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records

- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control register/associated records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings/representatives'
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Input from independent advocacy services
- Sample of Policies and procedures

A total of thirty questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21 July 2016

The most recent inspection of the home was an unannounced care inspection. No requirements or recommendations were made.

4.2 Review of requirements and recommendations from the last care inspection dated 21 July 2016

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

The manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

Discussion with the manager confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion. Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, and review of accident and incidents notifications showed one notification had not been forwarded to RQIA in a timely manner; this should be forwarded to RQIA retrospectively. A requirement was made in this regard. Care records and complaints records confirmed that all suspected alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The manager confirmed there were restrictive practices employed within the home, notably locked doors and keypad entry systems. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The manager confirmed there were risk management policy and procedures in place. Discussion with the manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that any outbreaks of infection within the last year had been managed in accordance with the trusts policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. The home is currently being refurbished the flooring in one hallway had been replaced. There are plans for all residents' bedrooms to be re decorated and to have new flooring, the lounges, assisted toilets and bathrooms are to be refurbished. The manager confirmed letters had been sent out to relatives and representatives informing them of the refurbishment of the home and notices had been put up informing visitors.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills are completed 6 monthly. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Comments received from residents were as follows:

- "Staff make sure I have what I need"
- "I am happy here"

Areas for improvement

One area for improvement was identified in relation to the reporting of notifiable events.

Number of requirements	1	**Number of recommendations**	0

4.4 Is care effective?

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that they had up to date assessment of needs, life history, risk assessments and care plans. It was however identified that in the area of

daily/regular statements of health and well-being of the resident there were significant gaps in daily care records and not all relevant information had been documented. This was discussed with the manager and a requirement was made in this regard.

Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records reflected the multi-professional input into the residents' health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. For example one resident likes to have a cup of tea at various times and this had been accommodated.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits.

The manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. Minutes of resident and/or their representative meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.
The manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Comments received from residents were as follows:

- "I always get to do what I want"
- "My family come and go all the time"

Areas for improvement

One area for improvement was identified in relation to regularly updating care records.

Number of requirements	1	**Number of recommendations**	0

4.5 Is care compassionate?

The manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records for example a care plan in place for management of pain.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

The manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. For example staff go into the office to pass on confidential information.

The manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff and residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example residents' meetings.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example residents participate if they want in arts and craft work. Arrangements were in place for residents to maintain links with their friends, families and wider community, for example the home had a Christmas party.
Comments received from residents were as follows:

- "Food is lovely"
- "I had breakfast in bed"
- "Staff are good and I get up when I want"
- "Like living here staff are like your friend and family"

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

The manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, poster/leaflet etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events showed one occasion when information should have been forwarded to RQIA, the manager was advised to send this information retrospectively to RQIA. A requirement was made in this regard, as stated in section 4.3 of this report. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. The manger is currently undertaking a course for Dementia champion.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. The manager is currently completing a course on coaching. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager confirmed that staff could also access line management to raise concerns and they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Comments received from residents and staff were as follows:

- “Manger is approachable”
- “Manager only here short time but is nice”
- “Mangers door always open”
- “Manger is always about and is helpful”

Areas for improvement

What about no new areas for improvement were identified in this domain.

Number of requirements	0	**Number of recommendations**	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mark Kelly, manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** 10 March 2016	The registered provider shall ensure all notifiable events are reported to RQIA in keeping with legislation and relevant guidance.
	Response by registered provider detailing the actions taken: The Manager and all staff are now fully aware of their responsibilities in relation to notifiable incidents. This has been discussed with all members of the Band 5 team at supervision. All staff attend Adult Safeguarding training as a mandatory training requirement for their job role. All staff have attended incident reporting training and are aware of all incidents should be reported through datix and recorded in the service users records. The service has a monthly governance template, which audits the number of ASG referrals, incidents and accidents in facility with a few to identifying patterns, trends, learning and areas for service improvement.
Requirement 2 **Ref:** Regulation 19.-(3)(a) **Stated:** First time **To be completed by:** 10 March 2016	The registered provider shall ensure the care records are kept up to date.
	Response by registered provider detailing the actions taken: Discussion has taken place with all staff regarding the importance of completong all recording in line with trust policy and NISCC code of conduct. Governance system in place for monitoring quality of recording, which includes monthly audit of service user files by Manager, and review of care plans by ASM during monthly monitoring visits. Staff refresher training on recording to be arranged.

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