



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 15 March 2019



Orchardville House

Type of Service: Residential Care Home
Address: 12 Orchardville Avenue, Belfast, BT10 0JH
Tel No: 02895043150
Inspector: Kylie Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 32 places that provides care and accommodation for residents living with a dementia.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual(s): Mr Martin Joseph Dillon	Registered Manager: Caroline Campbell (Acting)
Person in charge at the time of inspection: Irene McKeown, senior care assistant	Date manager registered: Caroline Campbell – Acting - No application required
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 32

4.0 Inspection summary

An unannounced inspection took place on from 11.00 to 14.40 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to communication between residents and staff and of the quality and variety of meals provided.

Areas for improvement were identified in regard to the completion of mandatory training, provision of a daily menu in a suitable format for residents and notification of accidents and incidents to RQIA.

Residents said that they had good relations with staff, that they were happy with the care provided and that they enjoyed the food.

Staff said that the quality and variety of the meals and support from the manager is good.

A relative said that they were happy with the standard of care delivered and with communication with the home.

The following areas were examined during the inspection:

- meals and mealtimes
- feedback from residents, a relative and staff during the inspection
- notifiable events

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*3

*The total number of areas for improvement includes one in regard to the completion of mandatory training by staff, which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Irene McKeown, person in charge and following the inspection with Caroline Campbell, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 October 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the previous inspection report and the returned QIP
- notifiable events
- written and verbal communication received since the previous care inspection

During the inspection the inspector met with nine residents, one resident's relative, the person in charge, two care staff and one support services staff.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Several 'Have we missed you?' cards were left on display inviting feedback from anyone visiting the home. No questionnaires or feedback responses were received within the agreed timescale.

The following records were examined during the inspection:

- records of four fire drills undertaken between 12 June 2018 to 22 November 2018
- care records for two residents
- the menu
- accident and incident records from September 2018 to 15 March 2019

The following record was received and reviewed following the inspection:

- staff training matrix

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection and with the manager following the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 October 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 12 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 23.3 Stated: First time To be completed by: 30 December 2018	The registered person shall ensure all staff complete all mandatory training. Ref: 6.4	Partially met
	Action taken as confirmed during the inspection: Compliance was confirmed as partially met following the review of a training matrix and discussion with the manager. Since the previous inspection the manager had taken the lead role in sourcing and booking staff onto training; it was evident that progress had been made but that some gaps remained. The manager reported challenges in regard to the availability of training dates and the ability to release staff to attend training. This is stated for a second time.	

Area for improvement 2 Ref: Standard 27.5 Stated: First time To be completed by: 31 December 2018	The registered person shall ensure the courtyard area is made fit for purpose. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following inspection of the courtyard and discussion with the manager who advised that some improvements had been completed and that additional work had been requested including new exterior doors to improve access into the garden for residents, preparation of the flower beds and further work to a larger area of paving; work was expected to be completed during the spring in time.	
Area for improvement 3 Ref: Standard 29.6 Stated: First time To be completed by: 3 December 2018	The registered person shall ensure that a suitable system is put in place to provide managerial oversight of staff attendance at a practice fire drill at least annually with accurate records retained. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of four fire drill records and a staff training matrix.	
Area for improvement 4 Ref: Standard 6.6 Stated: First time To be completed by: 1 December 2018	The registered person shall ensure all care records accurately reflect residents care needs. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of two residents care records and discussion with staff.	

6.3 Inspection findings

6.3.1 Meals and Meal-times

The lunch-time meal was observed which was provided at a conventional time. The dining tables were set with tablecloths and the room was clean, well lit and there was sufficient space around the tables to afford residents and staff ease of movement. Observation and discussions with staff confirmed that there is a range of crockery, cups and glasses that meet current

residents' needs. Staff advised that there are a few plates that instead of being white are yellow/mustard in colour and can be used by a resident if the need for colour contrast is identified. The manager reported that there are plans to source a larger quality of suitable non-white alternative crockery for residents with a visual impairment to provide a contrast between the colour of the white plate and the colour of foods, such as potato, chicken, turkey, pork, fish and cauliflower. Observation and discussion with staff confirmed that at present condiments are provided in individual sachets and staff assist residents to open these. Discussion with the manager confirmed that there are plans to improve the provision of condiments to support residents' independence and enhance the meal-time experience.

Discussion with staff and a review of the menu confirmed that residents are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. The support service staff reported that the menu changes through the year to reflect the spring/summer and autumn/winter seasons. Staff reported that full account is taken of relevant guidance documents or guidance provided by dieticians and other professionals and disciplines.

Staff were knowledgeable of residents' individual dietary needs and preferences; they were also aware of the International Dysphasia Diet Standardisation Initiative (IDDSI) and information had been disseminated to staff. A colour IDDSI chart was available in the kitchen for staff reference.

The lunch consisted of a choice of pasta bake, chicken or fish with creamed potatoes, peas and gravy with strawberry angel whirl or lemon cake and custard for dessert. Review of the menu evidenced that this was in accordance with the menu. Discussions with support services staff and care staff verified that variations are available including soup, sandwiches, fish fingers, chicken nuggets and chips; there is good communication between care staff and kitchen staff in regard to changes in residents' dietary requirements or health. We discussed the provision of a menu modified with larger print or pictures to meet and enhance the needs of residents and an area for improvement was identified under the standards.

Observation of staff and residents during lunch evidenced that staff were knowledgeable of residents' likes and dislikes and preferences in regard to suitable portion sizes. Residents' lunch was well presented on the plate or bowl and in a consistency that met residents' needs. Residents were offered a choice of cold drinks and ate at their own pace. There was sufficient staff on duty to supervise and meet the needs of residents who needed assistance or encouragement.

Staff were attentive towards residents, demonstrating a person centred approach and compassion in their manner; they made sure that residents were sitting comfortably. Throughout the lunch, staff discretely prompted and provided assistance where required, asking residents if they were enjoying their meal and offered more drinks and asked, "Is that nice?"

A number of residents were wearing clothes protectors. There was a calm and relaxed atmosphere during lunch and some residents engaged in conversation with each other during their meal.

Discussion with staff and residents confirmed that hot and cold drinks and snacks are available at customary intervals, and fresh drinking water is available at all times.

Staff advised that menus and snacks are provided for special occasions for example, Easter, Christmas and residents' birthdays.

A record was kept of the meals provided in sufficient detail to enable any person inspecting it to determine whether the diet for each resident was satisfactory. The support services staff advised that finger foods are made available for residents who find it difficult to sit at the table to finish their meals.

A review of two residents' care records and discussion with the manager confirmed that residents' weight is monitored at suitable intervals. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. Discussion with staff confirmed that the home is well supported by dieticians and speech and language therapists (SALT).

6.3.2 Feedback from residents, a relative and staff during the inspection

Residents said that they had good relations with staff; that they were happy with the food and also with the care and support they received.

Comments received from residents included:

- "That (the lunch) was great."
- "The carers are awful good, they are great."
- "Mine (lunch) was lovely. It's beautiful every day."
- "They (staff) are very good."

Staff spoken with confirmed that they can meet the needs of residents in the home and that there is good communication between all staff. Staff said that the food was good and spoke positively in regard to the manager being approachable and supportive.

Comments received from staff included:

- "The residents seem to enjoy it (the food)."
- "We do activities...they love the parachute game and there's a lot of laughter."
- "Caroline (the manager) has made a difference and all my training is up to date. She's (the manager) out mixing and talking to the residents and has introduced a new system in the morning (to share the workload more evenly among staff). She's definitely approachable."
- "We work it round the rota (going to training)."
- "The variety (of food) is good enough. They had scrambled eggs this morning and have up to a choice of three (options) at lunch-time. There is always a tray of fruit and plenty for the diabetics. We inform the kitchen of any changes or new resident."
- "Caroline (the manager) is very approachable and helpful. She's a wiz on the computer. She's very hands on. It's (the home) very well run."

A relative spoken with said that they were made to feel welcome by staff when visiting, were happy with the standard of care delivered and happy with communication from the home. Discussions confirmed that they thought that the food was good and that it met their relative's dietary needs.

Comments received included:

- "The staff are lovely and every time you come in you get a wee update, they keep me in the loop."
- "It's (the standard of care) excellent, I do consider it's lucky we got her in here. She enjoys the activities and the music."

6.3.3 Notifiable events

A review of accidents and incidents from 1 September 2018 to the date of the inspection was undertaken. A small number of accidents that adversely affected the well-being of residents had not been notified to RQIA and an area for improvement was identified under the standards.

Following the inspection, this was discussed with the manager who was advised to ensure that the correct time the accident occurred was provided when submitting the notification to RQIA and that all residents have a unique identifier number rather than a room number.

Areas of good practice

Areas of good practice were identified in regard to the meal-time experience and communication with residents and their families.

Areas for improvement

Two areas for improvement were identified in regard to the provision of a suitable daily menu and notification of reportable events to RQIA.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Irene McKeown, person in charge and following the inspection with Caroline Campbell, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: Second time</p> <p>To be completed by: 15 June 2019</p>	<p>The registered person shall ensure all staff complete all mandatory training.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The training matrix has been updated identifying any gaps in training. All staff have been reminded of their responsibility to complete mandatory training. Staff training will be monitored on an individual basis through supervision. The registered manager will undertake monthly audits of training compliance. The ASM will monitor training compliance as part of the monthly monitoring visit.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2019</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each mealtime. A pictorial menu with text should be considered.</p> <p>Ref: 6.3.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Activity Co-Cordinator in conjunction with our residents, will create a pictorial menu board and this will be completed and displayed by the 1st June 2019</p>
<p>Area for improvement 3</p> <p>Ref: Standard 20.15</p> <p>Stated: First time</p> <p>To be completed by: Immediately and on-going</p>	<p>The registered person shall ensure that all accidents, incidents, communicable diseases, deaths, and events occurring in the home which adversely affect the wellbeing or safety of any resident are reported promptly to the Regulation and Quality Improvement Authority.</p> <p>Ref: 6.3.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Discussed with senior staff at meetings and supervisions the importance of completing incident forms on the RQIA Portal. The registered manager will audit reporting of incidents and accidents to ensure compliance with RQIA and Trust policy on a monthly basis. The audit process will include an analysis of incidents and accidents for patterns and trends and to ensure any learning is implemented and disseminated to the staff team.</p>

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



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