



The Regulation and
Quality Improvement
Authority

Orchardville House
RQIA ID: 1011
12 Orchardville Avenue
Belfast
BT10 0JH

Inspector: Patricia Galbraith
Inspection ID: IN022297

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**Unannounced Care Inspection
of
Orchardville House**

16 July 2015

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

1. Summary of inspection

An unannounced care inspection took place on 16 July 2015 from 10.30 to 16.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement taken following the last inspection

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

1.2 Actions/Enforcement resulting from this Inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

The details of the QIP within this report were discussed with, Esther Brimage acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered organisation/Registered person: Belfast Health and Social Care Trust	Registered manager: Esther Brimage (Acting)
Person in charge of the home at the time of Inspection: Esther Brimage	Date manager registered: 6 May 2015
Categories of care: RC-DE	Number of registered places: 32
Number of residents accommodated on day of Inspection: 30	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

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

Prior to inspection we analysed the following records: returned Quality Improvement Plan from the previous inspection, notifications of accidents and incidents submitted to RQIA.

We met with 12 residents and four members of staff of various grades and one visiting professional. No resident's representatives were present during inspection.

We inspected four care records, complaints records, staff training records, fire safety risk assessment, accident and incident records.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection dated 16 December 2014

The previous inspection of the home was an unannounced care inspection dated 16 December 2014. The completed QIP was returned and was approved by the care inspector.

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1	All policies should be dated when issued, reviewed or revised	Met
Ref: Standard 21.4	Action taken as confirmed during the inspection: The acting managers confirmed to us policies are now dated accurately. Policies inspected confirmed this.	

5.2 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The acting manager confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this.

We inspected four residents' care records and confirmed that care needs assessments, risk assessments and care plans were in place and were kept under continual review.

Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans were appropriately signed.

We noted that care plans contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Care records also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the general practitioner relating to medical interventions, this was noted within the care records.

Is care effective? (Quality of management)

The home had a policy and procedure relating to dying and death. The policy gave guidance on how to manage this area of need.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members we interviewed indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident.

The staff described how a resident had been cared for in the home at the end of life; whilst the medical needs of the resident had been met by the General Practitioner and the district nursing team, the care needs of the resident were fully met by the staff. The family had been able to be with the resident at the end of life. The staff accommodated the family and made them comfortable within the home. The news of the resident's death had been given to fellow residents in a sensitive manner.

In our discussions with the acting manager she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The acting manager confirmed to us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

Areas for Improvement

There were no areas of improvement identified with the standard inspected. Overall, this standard was met.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of life)

The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We inspected four residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

There was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were available. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home had policies and procedures relating to the management of continence. The policy was comprehensive. In our discussions with staff they were able to identify continence issues and the importance of continued review and evaluation.

The acting manager confirmed to us that the trust continence care team can be contacted for advice and direction; they also carry out regular reviews.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Residents related that staff members provide assistance with continence care in a sensitive and caring manner. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

Areas for Improvement

There were no areas of improvement identified with the theme inspected. Overall, this theme was met.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents' views

We met with three residents individually and fourteen in smaller group settings. In accordance with their capabilities, they all indicated that they were happy with their life in the home, their relationship with staff and with the provision of care.

5.4.2 Staff views

We met with four staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- "I like working here there is good team work"
- "Staff are all great to work with"

Ten staff questionnaires were distributed on the day of inspection. None were returned in time for comments to be included in report.

5.4.3 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace. with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.4.4 Accidents / incidents

An inspection of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

5.4.5 Complaints / compliments

Complaints had been recorded had been managed appropriately. Records were retained of investigations, outcomes and of lessons learned.

5.4.6 Fire safety

On the day of inspection the home's Fire Safety Risk Assessment was not in date. A requirement was made in this regard. Fire alarms were tested weekly in different zone. We inspected the staff training records which confirmed that staff members had received fire training twice yearly in accordance with regulation.

5.4.7 Visiting professional

We met with one visiting professional with reported staff were knowledgeable about residents' individual needs.

5.4.8 Environment

We found the home was clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of good standard. Residents' bedrooms were comfortable and personalised. Communal lounges were comfortable and offered choice of seating for residents. There is also a designated area in the home where residents can go with their relatives to celebrate special occasions.

Areas for Improvement

There was one area of improvement identified within the additional areas inspected.

Number of Requirements:	1	Number of Recommendations:	0
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6. Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Esther Brimage acting manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the registered manager/registered person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk or RQIA's office (non- paperlite) and assessed by the inspector.

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

Quality Improvement Plan

Statutory Requirements

Requirement 1	The registered person must ensure the Fire Safety Risk Assessment is completed to meet regulation.
Ref: Regulation 27 (4) (a)	Response by Registered Person(s) Detailing the Actions Taken: A Fire Risk Assessment was completed in Orchardville House on 20 July 2015. This information has been shared with staff and copy of assessment retained in home..
Stated: First time	
To be Completed by: 13 August 2015	

Registered Manager Completing QIP	Esther Brimage	Date Completed	29/07/15
Registered Person Approving QIP	Dr Micheal McBride	Date Approved	18.8.15
RQIA Inspector Assessing Response	Patricia Galbraith	Date Approved	19.08.15

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

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