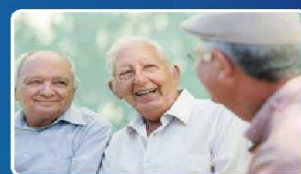




Unannounced Care Inspection Report

12 October 2018



Orchardville House

Type of Service: Residential Care Home
Address: 12 Orchardville Avenue, Belfast, BT10 0JH
Tel No: 028 9504 3150
Inspector: Patricia Galbraith

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 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 registered to provide care and accommodation for 32 persons in the categories of care cited on the home’s certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Martin Dillon	Registered Manager: Acting manager Caroline Campbell
Person in charge at the time of inspection: Ann Fox senior carer was in charge until Caroline Campbell commenced duty.	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 care inspection took place on 12 October 2018 from 10.30 to 18.45. This inspection was underpinned by 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 since 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 supervision and appraisal, adult safeguarding, infection prevention and control and communication with residents.

Areas requiring improvement were identified in relation to staff training, staff participating in an annual fire drill, care records and the court yard area of the home needed to be made fit for purpose.

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	4

Details of the Quality Improvement Plan (QIP) were discussed 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

No further actions were required to be taken following the most recent inspection on 26 March 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, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, 14 residents, 7 staff and 2 residents' visitors/representatives.

A total of 10 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. No questionnaires were returned within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three staff supervision files
- Four residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks), complaints, environment, Infection Prevention and Control (IPC), NISCC registration
- Infection control register/associated records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings/representatives' meetings/other
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Sample of policies and procedures

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 March 2018

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 26 March 2018

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used in the home. The manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A register of staff working in the home was available and contained all information as outlined within the legislation.

Discussion with staff confirmed that supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection. Review of staff training records showed that not all mandatory training had been completed. This was identified as an area of improvement in this domain.

Discussion with 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment and information was retained in the trust's human resource department.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC). The manager had regularly checked the NISCC register to ensure all staff had kept their registration updated.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. 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, review of accident and incidents notifications, 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 stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained prior to admission.

The registered manager advised there were restrictive practices within the home, notably the use of locked doors, keypad entry systems and lap belts etc. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management 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 registered manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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.

IPC compliance audits were undertaken in relation to hand washing and PPE action plans developed to address any deficits noted.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust's policy and procedures, reported to the Public Health Agency, and RQIA with appropriate records retained.

Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the external environment identified that the paving area in the court yard was uneven, had weeds and algae growing on it. The trees in this area were over grown and had low hanging branches. Therefore the area may pose a risk to residents including falls. This was identified as an area of improvement in this domain.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. A log of visits to the website had been maintained by the registered manager.

The home had an up to date fire risk assessment in place dated 1 December 2017 and all recommendations had been actioned or were being addressed.

Review of staff training records in relation to fire training confirmed that staff had completed fire safety training twice annually. There was no system of managerial oversight, however, to evidence that all staff attended a practice fire drill at least annually. This was identified as an area of improvement in this domain.

Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to supervision and appraisal, adult safeguarding, infection prevention and control, the homes internal environment.

Areas for improvement

Three areas for improvement were identified in this domain in relation to mandatory training, the outside courtyard area needed to be made fit for purpose and records did not confirm that all staff had completed an annual fire drill.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

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

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

A review of four care records showed that these had not been maintained in line with the standards. The care records did not accurately reflect residents current care needs. This was identified as an area for improvement in this domain.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example one resident liked cups of tea on numerous occasions throughout the day and this had been accommodated.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The lunch was served in the dining room and residents were given a choice of meals. Meals were shown to residents on smaller sample plates and they had been able to decide which meal they had preferred. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin.

The manager advised 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 were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The manager advised 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. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports, annual quality review report, resident meeting minutes were on display or available on request for residents, their representatives any other interested parties to read.

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 registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in this domain during the inspection in relation to care records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The manager advised 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.

The manager, residents and representatives advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights; independence, dignity and confidentiality were protected. For example staff were observed knocking on residents' doors before entering their room.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. .

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. Menus and the activity programme, for example, were written and in a pictorial format.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings.

Discussion with staff, residents, and/or their representatives, 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 enjoyed taking part in music activities and a dance class. The residents also reported they like to watch old movies. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example one resident had been out for coffee with a relative on the day of inspection. A number of residents had gone on a bus trip to Donaghadee. The residents had been involved in organising their Halloween party.

Residents and residents' visitors/representatives spoken with during the inspection made the following comments:

- "The staff are amazing." (resident)
- "The staff are so caring always about, great care.(resident)
- "I always get what I need, food is good, always something going on.(resident)
- "I have company if I want it or I can go to my room, always someone about to help.(resident)
- "The staff have been great helping my relative settle into the home. Good communication and care has been so good. They have been very supportive to us as a family." (relative)
- "The staff are so caring always at hand and always able to take time to talk, no matter how busy they are." (relative)

Areas of good practice

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.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The manager outlined the management arrangements and governance systems in place within the home and stated that 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. The manager stated that 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 Resident's Guide and information on display in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

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, drive quality improvement and to enhance service provision.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance

with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

There was evidence of managerial staff being provided with additional training in governance and leadership. The manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. The manager had a notice board in place where relevant up to date information and guidance had been displayed for staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Most staff had been trained in the Butterfly Project relating to Dementia care and this ethos had been carried out throughout the home.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

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

The manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The manager reported 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 appropriately.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

The home did collect equality data on residents. The manager was advised to contact the Equality Commission for Northern Ireland for guidance on this type of data if they required any further information.

Residents and staff spoken with during the inspection made the following comments:

- “The manager and staff are great”(resident)
- “Staff are always about.”(resident)
- “I love working here staff and manager are so helpful.”
- “Good team work and residents always get what they need.”
- “The manager is always available and is very support to all staff.(staff)

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed 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: First time</p> <p>To be completed by: 30 December 2018</p>	<p>The registered person shall ensure all staff complete all mandatory training.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered manager has audited all staffs mandatory training and has addressed any gaps and subsequently training has been arranged. A new training matrix has been completed to assist with the recording and auditing of staff training to ensure compliance. . Mandatory training is a standard item on agenda at team meetings and supervision to continually highlight the importance and accountability of individual staff to ensure that mandatory training is completed within recommended timeframes.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.5</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2018</p>	<p>The registered person shall ensure the courtyard area is made fit for purpose.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A meeting has taken place with estate services with regard to making courtyard area fit for purpose. and agreed that work will be progressed early 2019.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p> <p>To be completed by: 3 December 2018</p>	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The manager has a robust audit system in place to monitor staff attendance at fire drills and ensure an accurate record of attendees is maintained. The manager has communicated responsibility to staff team the importance of attending fire drills within recommended time frames.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2018</p>	<p>The registered person shall ensure all care records accurately reflect residents care needs.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager has discussed with the staff team the importance and their responsibility of ensuring that all residents records accurately reflect individual residents care needs . The manager will read and sign all care plans on completion to ensure accuracy and provide assurances that they are an accurate reflection of residents needs. The manager has a robust audit system in place to audit care plans and records momthly.</p>

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



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