The Regulation and Quality Improvement Authority

Inspection Report

14 March 2022

Orchard House

Type of service: Supported Living Service
Address: 12a Rectory Close, Loughgall, BT61 8NA
Telephone number: 028 3889 2052

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Southern HSC Trust **Responsible Individual:** Mr Shane Devlin	**Registered Manager:** Not applicable **Date registered:** Not applicable
Person in charge at the time of inspection: Mr Patrick Murtagh, application pending review	
Brief description of the accommodation/how the service operates: Orchard House is a domiciliary care agency supported living type, located in Loughgall. The Southern Health and Social Care Trust provide the staff that deliver the care and support to service users who have a learning disability. Service users have individual rooms and a range of shared facilities. The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall aim of supporting service users to live as independantly as possible.	

2.0 Inspection summary

The care inspector undertook an unannounced inspection on 14 March 2022 between 9.30 a.m. and 1.45 p.m.

The inspection focused on the agency's governance and management arrangements as well as staff recruitment, staff' registrations with the Northern Ireland Social Care Council (NISCC), Nursing and Midwifery Council (NMC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Areas for improvement identified in this inspection relate to staff inductions, training and Deprivation of Liberty Safeguards (DoLS) documentation. Areas for improvement were also identified in relation to care planning and the suitability of visiting facilities.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to the system in place for disseminating Covid-19 related information to staff.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice guidance, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and Quality Improvement Plan (QIP), records of Notifiable incidents, written and verbal communication received since the last care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with the NISCC and the NMC were monitored by the agency.

During the inspection we discussed any complaints that had been received and any incidents that had occurred with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, service users and their relatives to request feedback on the quality of service provided. This included questionnaires and an electronic survey to enable them to provide feedback to the RQIA.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Prior to the inspection we provided a number of easy read questionnaires for the service users to comment on the following areas of service quality:

- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought that the care and support was excellent. No written comments were received.

Service users met with during the inspection indicated that they were happy living in Orchard House. The following comments were received:

Service users' comments

- "I like it here."

Staff spoken with during the inspection indicated that they had no concerns regarding the care and support provided. The following comments were received:

Staff' comments

- "No concerns, everything is grand."
- "No concerns, it's lovely here."
- "We feel well supported."

No responses were received by questionnaire or by the electronic survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection of the agency was undertaken on 4 June 2022 by a care inspector. One area for improvement had been carried forward and was verified during this inspection.

Areas for improvement from the last inspection on 4 June 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 12.7 **Stated:** First Time	The registered person shall ensure a record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff. The record includes: • The names and signatures of those attending the training event; • The date (s) of training; • The name and qualification of the trainer or the training agency; and • Content of the training programme.	**Met**

	Action taken as confirmed during the inspection: Discussion with the manager and a review of records confirmed that this area for improvement had been addressed.	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to the role of the ASC and the process for reporting adult safeguarding concerns. The manager advised and a review of records confirmed that there had been no incidents referred to adult safeguarding since the date of the last inspection.

Review of staff training records identified that all staff had undertaken training in relation to Adult Safeguarding. None of the staff spoken with during the inspection raised any concerns with the Inspector.

The review of records identified that all incidents/accidents had been managed appropriately. Where appropriate, the service users' relatives and HSCT key worker were informed. Advice was given in relation to maintaining a record of such communications within the service users' permanent care records.

The review of incidents also noted that recommendations had been made, to prevent recurrence. It was good to note that this had been followed up as part of the monthly quality monitoring processes. However, it was disappointing to note, that the identified recommendations within the monthly monitoring reports had not been consistently followed up. This related to a recommendation that staff were to have their medicine and transcribing competency refreshed and this had not been completed. An area for improvement has been made in this regard.

The review of the induction records identified significant gaps in the completion of the induction records. An area for improvement has been made in this regard.

Review of care records identified that service users had risk assessments and care plans in place. However, it was noted that one care plan was due to be reviewed. Care plans were also noted to be unsigned by service users, relatives or staff. An area for improvement has been identified in this regard.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. Review of the training records identified a number of staff who had yet to undertake the training. An area for improvement has been made in this regard.

The manager demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. However, examination of service users care records confirmed that DoLS practices were not fully embedded into practice. For example, two service users required an extension to their DoLS documentation, which had expired. It is important that the expiry dates of authorisations are monitored, to ensure that service users are not being unlawfully detained. An area for improvement has been made in this regard.

In March 2021 RQIA wrote to all registered services requesting them to notify RQIA of any service users, who lack capacity in relation to their financial affairs, with monies in excess of £20,000. During the inspection, we were advised of a number of service users, who have in excess of this amount. RQIA is aware that that there are processes in place to identify those such service users on an ongoing basis and that RQIA will be advised accordingly.

None of the service users were currently taking part in any research projects. Advice was given in relation to accessing the Department of Health Codes of Practice, as a resource for the staff.

Restrictive practices were reviewed and noted to be reviewed as part on the annual care review process, or more frequently if required.

5.2.2 Is there a system in place for identifying care partners who visit the service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager was familiar with the Care Partner approach should tighter visiting restrictions return in the future. Whilst visiting was permitted, visits were pre-planned and facilitated in the small foyer at the front entrance of the building. This meant that visits could have been interrupted by other people entering the building. This arrangement has been ongoing since the beginning of the Covid-19 restrictions and should have been revised given that Covid-19 has been ongoing since March 2020. It is also acknowledged that such an arrangement would have impacted upon the service users' rights to privacy, in addition to an enjoyable visit with their relatives. It was disappointing given that there is an alternate room within the building, which could have been used for this purpose. An area for improvement has been made in this regard.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Discussion with the manager confirmed training in dysphagia was available on the online e-learning platform. A review of the training records identified that a number of staff had yet to undertake the training. An area for improvement has been identified in this regard.

A number of service users were identified as having swallowing difficulties and required their food to be of a specific consistency. Review of care records confirmed that the care plan reflected the details outlined in the Speech And Language Therapy (SALT) assessment.

5.2.4 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support workers are supplied to work with the service users. Records viewed evidenced that the required checks had been completed for staff.

A review of the records confirmed that all support workers are appropriately registered with NISCC and the NMC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

5.2.5 Are there robust governance processes in place?

There is a new manager who was recently appointed to the service. Application for registration as manager, with RQIA had been received and is pending review.

Monthly quality monitoring visits had been undertaken in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

6.0 Conclusion

Based on the inspection findings, seven areas for improvement were identified, relating to safe effective and compassionate care. Addressing these matters will lead to improvements in the leadership of the service. Details can be found in the Quality Improvement Plan included.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards, 2011.

	Regulations	Standards
Total number of Areas for Improvement	4	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Patrick Murtagh, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Area for improvement 1 **Ref:** Regulation 16 (2)(a) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that where recommendations arise out of the review of incidents, these should be implemented in a timely manner. This relates particularly to but is not limited to medicines and transcribing refresher training. Ref: 5.2.1
	Response by registered person detailing the actions taken: Accepted. Monthly checks by the Manager/Assistant Managers are commencing in April 2022 and will provide increased management oversight that staff are following the trust policies and procedures re transcribing and staff's competencies, as well as training for all staff to ensure competencies are updated in a timely manner. The Monthly checks also require the Manager completing the checks to identify learning that can be shared with the staff team. This will include any learning that can be shared from incidents that occur in Orchard House. Learning can be shared with staff via team meetings, supervision and through the sharing of appropriate information that will inform staff practice. Incident management to form part of team meetings and governance meetings.
Area for improvement 2 **Ref:** Regulation 16 (5)(a) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that all staff receive induction, in keeping with the agency's policies and procedures. Ref: 5.2.1
	Response by registered person detailing the actions taken: Accepted. Induction Programmes for Band 3 and Band 5 staff have been updated and are currently being implemented for all new employees. Monthly induction meeting with a new employee is scheduled to ensure the employee is completing the induciton programme within the agreed timeframe.

	Monthly checks by the Manager/Assistant Managers are being commenced in April 2022, and will also provide oversight of the induction programme that is being delivered to the new employee. Induction policy and procedure to be reviewed by Head of Service.
Area for improvement 3 **Ref:** Regulation 15 (2)(b) **Stated:** First time	The registered person shall ensure that DoLS documentation is within date and monitored to ensure that service users are not unlawfully detained. Ref: 5.2.1
To be completed by: Immediate from the date of the inspection	**Response by registered person detailing the actions taken**: Accepted. A DoLs checklist has been developed for each tenant in Orchard House, which will provide an overview of the DoLs documentation for each individual tenant. These checklists are currently being completed by management. This information will then be used to collate a DoLs matrix for Orchard House which will be reviewed on a monthly basis by the Manager.

Area for improvement 4 **Ref:** Regulation 14 (e) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall review the visiting arrangements to ensure they are facilitated in an environment that is respectful and dignified Ref: 5.2.2 **Response by registered person detailing the actions taken**: Accepted. Visiting arrangements in line with COVID guidance have been in place in Orchard House throughout the pandemic. The service now offers two locations in the service where visits can take place. Families/carers have a choice of these two locations and are asked for their preference upon arrival at Orchard House.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** 13 May 2022	The registered person shall ensure that all staff undertake training in relation to DoLS. Ref: 5.2.1 **Response by registered person detailing the actions taken:** Accepted DoL training is captured using a staff training spreadsheet. This will assist Management to identified staff that have not completed their training. It will also help to identified staff who require their refresher training. Service plans to roll out use of Health Roster in 2022/23 and part of this system is collating staff training reecords. A plan will be implemented to ensure that all staff will have completed their DoL training by the 13th May 2022.
Area for improvement 2 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that all staff undertake training in relation to Dysphagia. Ref: 5.2.3 **Response by registered person detailing the actions taken:** Accepted. The Manager/Assistant Managers have identified all staff that require dysphagia training and advised these staff that their dysphagia e-learning training needs to be completed as a matter of urgency. The Manager/Assistant Manager will support staff to prioritise the completion of this training by end of April 2022.
Area for improvement 3 **Ref:** Standard 3.4 **Stated:** First time	The registered person shall ensure that care plans are reviewed in keeping with the agency's policies and procedures; and include the signature of service users and their relatives. Ref: 5.2.1

To be completed by: 13 May 2022	**Response by registered person detailing the actions taken:** Accepted. All care plans will be reviewed in Orchard House, and where appropriate families/NOK will be invited to sign the updated care plans, with the consent of the tenant. Going forward care plans will be reviewed and updated regularly and prior to care management review meetings. The management in Orchard House will endeavour to have all care plans reviewed by 13th May. Should any care plans not be reviewed by this date a plan will be put in place to ensure all care plans are reviewed as soon as possible. This plan can be shared with the inspector.

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

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care