



The Regulation and  
Quality Improvement  
Authority

OrchardHouse  
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**Unannounced Care Inspection  
of  
Orchard House**

**3 March 2016**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 3 March 2016 from 11.00 to 17.00. Overall on the day of the inspection the agency 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	2	0

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

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Southern HSC Trust/Paula Mary Clarke	<b>Registered Manager:</b> Olive Hughes (Acting)
<b>Person in Charge of the Agency at the Time of Inspection:</b> Olive Hughes (Acting)	<b>Date Manager Registered:</b> 1 July 2015 (Acting)
<b>Number of Service Users in Receipt of a Service on the Day of Inspection:</b> Nine	

Orchard House is a supported living type domiciliary care agency, located in the village of Loughgall. The Southern Health and Social Care Trust provides the staff that deliver the care and support to 10 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 independently as possible and maximising quality of life.

### 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 themes have been met:

**Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users.**

**Theme 2: Service User Involvement - Service users are involved in the care they receive.**

### 4. Methods/Process

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

- Discussion with the acting manager and the person in charge
- Examination of records
- Consultation with service users/staff/stakeholders
- Evaluation and feedback

During the inspection the inspector met with five service users, three care staff and three HSC representatives; the inspector spoke to the relative of one service user.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Two care and support plans
- HSC trust assessments of needs and risk assessments
- Care review records
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints register
- Recruitment policy (July 2013)
- Supervision policy (2015)
- Staff handbook (April 2011)
- Disciplinary procedure (April 2015)
- Whistleblowing policy (March 2015)
- Appraisal policy
- Agency's staff rota information

Staff questionnaires were completed by eight staff following the inspection; they indicated the following:

- Service users' views are taken into account in the way the service is delivered.
- Staff are fully satisfied that the induction programme prepared them for their role.
- Staff are satisfied that care is delivered in a person centred manner.
- Staff are satisfied that concerns raised are taken seriously and are aware of the agency's whistleblowing policy.
- Staff are satisfied that at all times there is an appropriate number of suitably skilled and experienced persons to meet the service users' needs.

Service users' questionnaires were completed by five service users following the inspection; they indicated that:

- Service users are very satisfied with the care and support they receive.
- Service users are satisfied that they are consulted in relation to the quality of the service.
- Service users feel safe and are satisfied that staff respond to their needs.
- Service users are satisfied that staffing levels are appropriate.
- Service users are satisfied that staff have the skills to care for them.

The inspector would like to thank the registered manager (acting), service users, relatives HSCT representatives and staff for their support and co-operation during the inspection.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 24 February 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14 (b) & (d)	<p>The registered person must ensure that the service user guide and the agency's policies and procedures confirm the agency's contribution towards utility costs for the office accommodation located in the service user's home.</p> <p><b>Action taken as confirmed during the inspection:</b>            The inspector was informed there are ongoing discussions in relation to utility costs for the office accommodation located in the service user's home.</p>	<b>Not Met</b>

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 5.-(1) Schedule 1</p>	<p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as “the statement of purpose”) which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>This requirement relates to the registered person ensuring that the statement of purpose is updated to include appropriate information relating to restrictive practice.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the agency’s statement of purpose and noted that it included appropriate information relating to restrictive practice.</p>	<p><b>Met</b></p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 23.-(1)(5)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the identity of the service user representatives consulted with.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the views of relevant professionals.</p> <p><b>Action taken as confirmed during the inspection:</b> From documentation viewed it was identified that the agency’s monthly quality monitoring records detailed the identity of the service user representatives consulted with and included the views of relevant professionals.</p>	<p><b>Met</b></p>

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 10.5	It is recommended that agency staff do not use correction fluid on agency records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager stated that following the previous care inspection staff were requested not to use correction fluid; records viewed contained no evidence of the use of correction fluid.	

### 5.3 Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

#### Is Care Safe?

The agency's recruitment policy outlines the mechanism in place to ensure that appropriate pre-employment checks are completed; the manager stated that a copy of the relevant documentation is retained by the agency's human resources department. The agency maintains an alphabetical index of all domiciliary care workers supplied or available for supply by the agency.

Agency staff are required to undergo a medical assessment prior to employment. The manager could describe the procedure for ensuring staff are physically and mentally fit for the purposes of their job role; this included a return to work interview following a period of absence and support for staff to facilitate return to work.

Agency staff are required to complete corporate induction; induction documentation viewed outlined an induction programme lasting at least three days. Staff stated that their induction included shadowing staff members in the service users' homes. The agency maintains a record of the induction provided to staff; it details information provided during the induction period, an evaluation of the information and is required to be signed by the staff member. Staff are provided with the agency's staff handbook; in addition staff have access the agency's policies and procedures.

The agency has a procedure for the induction of short notice/emergency staff; the manager stated that staff are accessed from the organisations bank staff group.

The agency has policies and procedures relating to staff supervision and appraisal. They outline the frequency and process to be followed; a record of staff supervision and appraisal is maintained.

#### Is Care Effective?

Discussions with the manager and staff provided assurances that there is at all times an appropriate number of suitably skilled and experienced persons available to provide care and support to service users.

Staff rotas viewed reflected staffing levels as described by the person in charge; they described the need to increase staffing numbers to meet the needs of individual service users.

It was identified that the staff rota information did not detail the full name of staff provided, and in addition did not contain an abbreviation list.

Staff stated that they are provided with a job description outlining their roles and responsibilities and could describe the process for highlighting any training needs.

Staff could describe the content of their induction programme and indicated that they felt equipped to fulfil the requirements of their job role. It was noted that staff are provided with mandatory training and in addition training specific to meet the needs of individual service users.

It was noted that individuals providing supervision have received appropriate training. The inspector viewed documentation relating to staff supervision and noted that it had been provided in accordance with the agency's policy and procedures.

Staff were aware of the agency's whistleblowing policy and their responsibility in highlighting concerns.

### **Is Care Compassionate?**

Service users stated that they are introduced to new staff during their induction. Staff could describe the impact of staff changes on service users and benefits of ensuring continuity of staff.

Records viewed indicated that staff receive induction and ongoing training specific to the needs of service users. Staff stated that they have the knowledge and skills to carry out their roles. Staff could describe how their induction programme involved meeting service users and becoming familiar with their care needs.

The agency has a process in place to ensure that staff provided at short notice have the knowledge, skills and training to carry out the requirement of the job role.

The agency's disciplinary procedures outline the process for addressing unsatisfactory performance of staff.

### **Service User Comments:**

- "I love it here."
- "Staff are excellent."
- "Staff take us out."
- "I am happy with everything."
- "I can do what I want."
- "Staff help us with everything."
- "I like my keyworker; they help me."
- "I go to the tech."
- "This is far better than the hospital."
- "It is lovely living here."

**Relatives' Comments:**

- "Staff are totally dedicated."
- "I am kept informed of changes and involved in care planning."
- "Staff are approachable; more than happy to help."
- "Staff go the extra mile; I have no concerns."
- "\*\*\*\*\* likes living there."

**Staff Comments:**

- "I have had induction."
- "I get regular supervision."
- "I find the manager approachable."
- "We have enough staff, but it can be a challenging job."

**Comments of HSCT Representatives:**

- "Staff are incredible; they work with us well."
- "Staff support service users to be independent."
- "Staff keep us informed of any concerns; communication is excellent."
- "I have nominated the staff for an award due to the care they provided to one service user."
- "Staff will go the extra mile."
- "The care provided is unreal; staff are so attentive and follow any care plan agreed."

**Areas for Improvement**

There was one area for improvement identified within Theme 1:

**Regulation 21(1)(a)**

This requirement relates to the registered person ensuring that the agency's staff rota clearly records the full name of staff provided and includes an abbreviation list.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>0</b>
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**5.4 Theme 2: Service User Involvement - Service users are involved in the care they receive****Is Care Safe?**

Assessments of need and risk assessments viewed reflected the views of service users and where appropriate their representatives. Service users stated that they are involved in the assessment process and completion of care and support plans; they stated that their views and wishes are discussed and reflected. It was noted that care plans are developed in an easy read format.

Care and support plans viewed indicated the wishes service users had been considered and had been completed in conjunction with a relevant HSC trust representative. Care plans are reflective of service users' individual needs and contain details of care and support to be provided.



Staff could describe examples of positive risk taking agreed in collaboration with the service user and/or their representative. Staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible. Records viewed outline agreements made in relation to positive risk taking.

### **Is Care Effective?**

Service users and their relatives are encouraged to participate in an annual review of their care and support. It was identified that staff record daily the care and support provided and that care plans are reviewed annually or as required; those viewed include the choices and routines of individual service users. It was noted that a monthly summary is completed for each individual service user.

The agency facilitates weekly tenants' meetings; records viewed indicate that service users are encouraged to express their views and opinions and minutes are recorded in a pictorial format. Service users and their relatives are informed of the agency's complaints procedure; the agency maintains a record of all compliments and complaints. The agency encourages service users and stakeholders to complete annual questionnaires in relation to the service provided. Monthly monitoring visits are completed and documentation viewed indicates engagement with service users and their representatives where appropriate.

Service users have been provided with human rights information in a suitable format and the agency's service user guide details the process for accessing an independent advocacy service. Relevant reference is made to service users' human rights within individual care plans. The manager stated that the agency distributes an annual satisfaction survey to relatives to ascertain their views on the quality of the agency.

### **Is Care Compassionate?**

Discussions with service users, staff and relatives and observations made during the inspection indicate that service users receive care in a person centred manner.

Staff discussed examples of responding to service users' preferences and the use of easy read materials to capture their views; records of tenants' meetings reflected the involvement of service users.

Promotion of values such as dignity, choice and respect were evident through discussion with service users, staff and relatives and observation of staff and service user engagement during the inspection.

The person in charge could describe the process for engaging with HSCT representatives in relation to best interest practices for service users where there are capacity and consent issues; this included completion of risk assessments and best interest decision/review meetings.

### **Service User Comments:**

- "I can do what I want; staff take me out."
- "Staff ask us what we want to do."
- "I can do my own cleaning and some cooking."
- "I have more choice now."

**Relatives' Comments:**

- "My relative is given choice where appropriate."
- "I have no concerns."
- "I am not keen on staff changes; would like more regular staff."

**Staff Comments:**

- "Service users are given choice."
- "We have a good team; we work well together."
- "We promote independence of the service users as much as possible."
- "The service users' lives are better."

**Comments of HSCT Representatives:**

- "Services users are given choice, dignity and respect."
- "Staff are open and honest."
- "This is a homely environment."
- "Staff support service users to make decisions."
- "Service users are involved in making decisions about their care."

**Areas for Improvement**

There were no areas for improvement identified within Theme 2.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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**5.5 Additional Areas Examined****5.5.1 Monthly Quality Monitoring**

The inspector viewed the agency's quality monitoring documentation in place and noted that monthly monitoring visits are completed by the agency's monitoring officer. It was noted from records viewed that the views of agency staff, service users and where appropriate their representatives had been recorded. The documentation records any incidents or safeguarding concerns and includes an action plan.

**5.5.2 Complaints**

The agency's complaints policy outlines the procedure for handling complaints. It was verified from records viewed and discussion with the person in charge that the agency has received no complaints for the period 1 January 2014 to 31 March 2015.

**6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with 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 Statutory 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 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. 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 [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 14 (b) &amp; (d)</p> <p><b>Stated:</b> Third time</p> <p><b>To be Completed by:</b> 3 July 2016</p>	<p>The registered person must ensure that the service user guide and the agency's policies and procedures confirm the agency's contribution towards utility costs for the office accommodation located in the service user's home.</p>		
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This is currently being brought forward by the SHSCT in relation to all supported living services.</p>		
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 21(1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 3 May 2016</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner.</p> <p>This requirement relates to the registered person ensuring that the agency's staff rota information clearly records the full name of staff provided and includes an abbreviation list.</p>		
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This has now been implemented and all agency staff's information is clearly recorded as requested.</p>		
<b>Registered Manager Completing QIP</b>	Olive Hughes	<b>Date Completed</b>	20/4/2016
<b>Registered Person Approving QIP</b>	Miceal Crilly	<b>Date Approved</b>	20.04.16
<b>RQIA Inspector Assessing Response</b>	Joanne faulkner	<b>Date Approved</b>	20/4/16

Please provide any additional comments or observations you may wish to make below:

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**

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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.