



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment:	Orchardville Training And Resource Centre Incorporating Bluebell Cards and Extending The Choice
Establishment ID No:	11124
Date of Inspection:	7 & 8 August 2014
Inspector's Name:	Maire Marley
Inspection No:	20152

The Regulation And Quality Improvement Authority
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Name of centre:	Orchardville Training And Resource Centre Incorporating Bluebell Cards and Extending The Choice
Address:	10 Orchardville Avenue Belfast BT10 0JH
Telephone number:	(028) 9504 3160
E mail address:	karen.neville@belfasttrust.hscni.net
Registered organisation/ Registered provider:	Colm Donaghy Belfast Health and Social Care Trust
Registered manager:	Ms Karen Neville
Person in Charge of the centre at the time of inspection:	Gary Wilson
Categories of care:	MAX, DCS-LD(E), DCS-LD, DCS-MAX
Number of registered places:	171
Number of service users accommodated on day of inspection:	145
Date and type of previous inspection:	4 and 13 February 2014 Primary Announced Inspection
Date and time of inspection:	7 & 8 August 2014 10.00am - 4.00pm
Name of inspector:	Maire Marley

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	38
Staff	12
Relatives	0
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	25	0

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**
Records are kept on each service user's situation, actions taken by staff and reports made to others.
- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**
Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Orchardville Training and Resource Centre was opened in October 1981 to provide Day Support Services to clients aged 19 years plus with a severe learning disability who lived in South Belfast and to a small number of individuals who lived on the periphery of West Belfast.

The centre was managed by SEB Community Unit in collaboration with the EHSSB and was the first of its kind in Northern Ireland.

From 1 April 1994, the centre became part of the South and East Belfast Health and Social Services Trust and became known as Orchardville Training and Resource Centre, and the emphasis moved beyond education to include training and development.

Since April 2007, the centre has been one of eight learning disabilities support services within the Belfast Health and Social Care Trust.

The centre currently provides a service to approximately 151 clients with learning disabilities aged from nineteen to seventy years plus who live within the Trust's geographical catchment area. Many of these individuals have a range of additional disabilities/conditions which include profound and multiple disabilities, complex healthcare needs, dementia, autism, mental ill health, behaviours which challenge and sensory impairment, all of which require high quality intensive direct care and support.

Additionally the centre provide a service for more independent individuals through extensive outreach programmes and there are two satellite facilities; the Extending The Choice Club (ETC) and the Bluebell Cards, a pre-employment card making group. The ETC Club and Bluebell Cards satellite groups are respectively based in Morton's and Finaghy Community Centres run by the Belfast City Council.

The Orchardville Centre and two satellite units are committed to the promotion of citizenship for each individual, to ensure the growth, health, well-being and protection of such individuals through the provision of a person centred service.

Summary of Inspection

This primary unannounced care inspection of Orchardville Training and Resource Centre and it's two associated satellite units was undertaken by Maire Marley on 7 and 8 August 2014 between the hours of 10.00am and 4.30pm. The registered manager was on leave however the assistant managers Terry McCrea, Gary Wilson and Adrian Brennan were available throughout the inspection.

The two recommendations made as a result of the previous inspection in February 2014 were examined. Observations and discussion demonstrated that the centre had responded positively to the requested improvements. Details of the action taken can be viewed in the section following this summary.

The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings Minimum Standards 2012 and The Day Care Settings Regulations (Northern Ireland) 2007. During the inspection the inspector used the following evidence sources;

- Discussion with staff
- Discussion with service users
- Observation of practice
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments, complaint record, staff training record, individual staff records, incident and accidents records, evidence of service user consultation, monthly monitoring records; statement of purpose; service users guide and policies & procedures
- Tour of the premises

Prior to the inspection the provider submitted a self-assessment of the one standard and two themes inspected. The registered provider's responses were examined and were not altered in any way by the RQIA.

There were no questionnaires returned in time for inclusion in this report. Staff consulted on the day reported satisfactory arrangements were in place with regard to NISCC codes of practice, supervision, staff training, staffing and management arrangements. Satisfaction was also reported in regard to responding to service users' behaviour; confidentiality and recording. Staff commented positively in regard to the quality of care provided; which was described as: "very good care", "excellent standards" good choices of activities". "Service users select the activities they enjoy doing".

During the two days of inspection, the inspector was introduced to all of the service users who were in the day care centre and in the satellite units. In total the inspector spoke directly with thirty eight service users to gather evidence for the standard inspected and the two themes. Service users presented at ease in their environment and spoke highly of the staff team, opportunities provided and the support and encouragement gained from attending the centre. Service users were aware that if they had any concerns or issues they could approach any of the staff or the registered manager who is based in the centre.

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.

The Belfast Health and Social Care Trust had written policies and procedures pertaining to the management of records, recording and reporting, data protection, access to records and confidentiality. The policies and procedures were available for staff reference and were deemed satisfactory.

The inspector spoke with a total of twelve members of staff regarding the standards inspected, their views about working in the centre and the quality of service provided. Positive comments were made in regard to the maintenance of records and the recording and reporting arrangement's in this day care setting.

The inspector concluded that staff record as and when required and there was evidence that services users are involved in the process when possible. There were examples in care plans

when possible of service users having signed the record to indicate their involvement and agreement with the content. The centre is commended on the range of information available for service users in a format suitable to their needs.

Observations of service users, discussion with staff and the review of fourteen service users' individual files provided evidence that the centre is performing well regarding storage of service user's information, recording procedures and reporting information on to professionals involved in the service users' care.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard.

Theme 1 - The use of restrictive practice within the context of protecting service user's human rights

The Trust's policies and procedures regarding restrictive practice are in place and are reflective of current national, regional and locally agreed protocols and guidance.

The Deprivation of Liberty Safeguards (DOLS), document was discussed with the management team and staff who all demonstrated awareness of the guidance. The inspector was informed that the guidance had been included in the training provided on the Human Rights Act 1998.

A discussion was held in regard to the security cameras and the inspector was informed that the cameras were installed to monitor the external areas of the building. Management were requested to review the positioning of the camera that focused on the front entrance and ensure that the cameras do not view areas that are not of interest. Management must ensure that images captured are managed in accordance with Data Protection and the CCTV Code of Practice Revised Edition 2008.

Evidence available from discussions with service users, staff and a review of the written records, verified that in the event of any restrictive practices staff were fully aware of the procedures and protocols to follow. Systems were in place to ensure risk assessments and restrictive practices were reviewed three monthly. A recommendation is made and regards the review of an identified service user planned interventions. A review of the current environment for the identified service user should be undertaken to ensure the environment minimises the situations and reduces the occasions when restrictive practices are necessary.

Staff presented as committed to responding to behaviour in the least restrictive manner and demonstrated knowledge of service users assessed needs and spoke of the use of calming techniques to de-escalate behaviours. Staff recognised the importance of approaching service users in a sensitive, supportive manner and were aware of individual signs that would indicate a service user was not feeling their usual self.

Observations of group interactions during the inspection confirmed that service users were very supportive of one another and identified strongly with the centre, its ethos and its staff.

Based on the evidence reviewed the inspector agreed with the provider's self-assessment and has assessed the centre as substantially compliant in this theme.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

The organisational structure and reporting arrangements were clearly set out in the day care setting statement of purpose. Staff confirmed their awareness of reporting arrangements within the organisation, should any notifiable event arise. There was evidence from discussions with staff to confirm that members of the team work supportively and well with one another.

The registered manager is on long term leave. The RQIA had been informed of the absence of the registered manager however it is required that the RQIA are informed in writing of the person designated to be in charge of the centre in the registered manager's absence.

The organisation had systems in place for supervision and performance appraisal and staff expressed that they felt supported by the management team. Requested records required by regulations were in place.

There was evidence of the monitoring arrangements that included monthly unannounced monitoring visits and a yearly quality review. It is recommended that the monthly monitoring visits reports are completed in full, signed and dated. The report should comment on the effectiveness of the staffing arrangements and as stated in the previous report should include representative's views.

Two requirements and one recommendation are made in relation to this theme.

Based on the evidence reviewed the inspector agreed with the provider's self- assessment and has assessed the centre as substantially compliant in this theme.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints records, examined eighteen service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaires and viewed the environment. This did not reveal any further areas of improvement.

The inspector wishes to acknowledge the registered manager and staff's open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed and engaged with the inspector during the inspection.

As a result of this inspection a total of four requirements and two recommendations have been made. One recommendation from the previous inspection is also restated in this report. Details can be found in the Quality Improvement Plan attached to this report.

Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	23.2	To ensure that staffing levels in Orchardville Training and Resource Centre are adequate for the programme of care and activities, the registered manager should ensure that records are made of all occasions where service users programmes/activities and outings are interrupted, postponed or cancelled; the reasons for same and if service users' or others are complaining about this.	The inspector was shown the cancellation of outreach activity procedure that was implemented following the last inspection. The inspector was informed there had been no activities cancelled over the past six months and the deputy manager reported that it tended to be the outreach classes in the community cancelled for a variety of reasons.	Compliant
2	17.10	It is recommended that the registered provider ensures that all monthly monitoring visits include opinions from those who act as representatives of the members of the scheme.	The monthly monitoring visits were reviewed. It was noted that a tutor was interviewed in May 2014, and a bus driver in June 2014 however the monthly report should include opinions from those who act as representatives of service users. This is restated in this report.	Not compliant

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user’s situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.	
Provider’s Self-Assessment:	
Information pertaining to service users is maintained in accordance with the Belfast Trusts records management policy. All service users personal information is stored within their base group areas in a locked filing cabinet , to which only staff involved with the group have access. All base group keys are securely stored at the end of each working day and are locked in the main office at reception. All computer based records are stored centrally at Belfast Trust IT department and password protected. Access to records can only be requested in line with trusts policy on patient /client/ personal information. The staff attend relevant training on data protection and records management.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
The Belfast Trust had a range of policies in regard to Protecting the Confidentiality of Service User’s Information that included electronic and paper records. The procedures were available to the staff team. Staff consulted demonstrated their understanding of the importance of maintaining confidentiality with regard to service users’ personal information. Discussion with staff confirmed that they have adequate knowledge about the duty of confidentiality and their role and responsibility regarding in the management of service users’ personal information. Records requested on the day were stored securely.	Compliant

<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>All service users, through their annual planning meeting are made aware of the need to store and maintain records which contains their personal information. Their consent is sought for this and reviewed each year. Any service users request to access this information is made through the trusts guidelines for access to patient/client/personal information.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector reviewed a sample of eight individual service user records and the findings indicated that the records are maintained in compliance with Regulation 19 Schedule 4.</p> <p>The day care setting had policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices. Staff consulted confirmed that the policies are readily available and accessible to them for reference.</p> <p>Discussion with staff and review of nine service user individual records evidenced recording practices and storage of service user information is reflective of current national, regional and locally agreed protocols.</p> <p>Discussion with management and staff validated they have adequate knowledge about the duty of confidentiality and their role in the management of service users personal information; commensurate with their role and responsibility.</p> <p>Staff working in the centre revealed they were knowledgeable regarding consent and access to records commensurate with their role and responsibilities. There were examples in care plans of those service users that were able having signed the record to indicate their involvement and agreement with the content. The centre is commended on the range of information available for service users in a format suitable to their needs.</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p>

<p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>All service users records both paper and electronic are reviewed and ammended when required. All personal information is reviewed and updated with all relevant individuals at the yearly annual planning meeting.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>There was evidence in the random sample of care files examined that each service user had a care record in accordance with this criterion. Records viewed contained individual assessment and care plans and these were up to date. Staff record changes in the service user’s needs or behaviour and detail the action taken. A record of all accidents/incidents is maintained and there was evidence that service users have an annual care review. Contact with the service user’s representative and primary health and social care services regarding the service user is maintained.</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p>

Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Day Care Workers will make a record on each service users electronic file when there has been no recordable events during a five day attendance period.	Substantially compliant
Inspection Findings:	
A sample of service user care records examined provided evidence that individual care records have a written entry every day.	Substantially compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Staff follow trust policy and procedures in relation to all reportable events. These policies are available to all staff via the trusts hub, paper copies relating to reporting/recording are issued as and when they are available. Staff attend a range of training in relation to recordable/reportable issues.	Substantially compliant
Inspection Findings:	
Staff consulted were fully familiar with issues that required to be reported to safe-guarding teams, representatives and other primary health care teams. The inspector viewed the policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices. It was recommended that the policy file is revised to ensure that the policies are the most up to date and relevant to the Belfast Trust. It was noted that several policies were out of date and referred to the previous Trust arrangements.	Substantially compliant

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider's Self-Assessment: All staff have a responsibility to ensure that all records and reports are maintained as outlined in their training. Staff are required to present a client file at their supervision with their line manager, any issues identified with the file are addressed and recommendations agreed. Electronic reports and recordings can also be reviewed by members of the management team who can generate an activity report.</p>	Substantially compliant
<p>Inspection Findings: A sample of service user individual records were reviewed and found to be legible, accurate, up to date, signed and dated by the person making the entry. Staff consulted were aware of their responsibility in relation to maintaining accurate records and the purpose of such records. Staff spoken with and those who completed inspection questionnaires confirmed that procedures are in place to achieve this criterion. It is recommended that evidence of the audits undertaken by the registered manager in regard to daily notes is maintained in individual care records.</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Provider to complete</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>Before any restrictive practices are used advice and guidance is sought from both psychology and the behavioural support team all interventions once registered are reviewed quarterly. All documentation is completed and all interested parties informed of any changes or amendments. All staff undergo mandatory 3 day SCIP training.</p>	Substantially compliant
Inspection Findings:	
<p>The Belfast Health and Social Care Trust have policies and procedures to direct and guide staff in regard to restrictive practices. The policies were reflective of the DHPSSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). A copy of the Deprivation of Liberty Safeguards (DOLS) was available to management and the staff team.</p> <p>The management team and staff were fully aware of the restrictions placed on some service users and appropriate assessments and relevant documentation was in place. Risk assessments and restrictive practices were reviewed three monthly however in regard to an identified service user it was required that a review of the planned interventions is undertaken to ensure it is in the best interests of the service user. A review of the current environment should be undertaken and include the replacement of an identified gate. This would provide an environment that would minimise the situations arising that create behaviours which have implications for the service user. It would also reduce the occasions when restrictive practices are necessary.</p> <p>A discussion was held in regard to the security cameras and the inspector was informed that the cameras were installed to monitor the external areas of the building. Management were requested to review the positioning of the camera that focused on the front entrance and ensure that the cameras do not view areas that are not of interest. Management must ensure that images captured are managed in accordance with Data Protection and the CCTV Code of Practice Revised Edition 2008.</p>	Working towards compliance

<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Where restrictive practices have been used this has been done as outlined in the registration form, use of physical intervention form, accident incident reporting form, and RQIA incident form. These are kept in a locked file in the managers office and a copy in the service users file.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The review of records confirmed the information detailed in the provider’s self -assessment. The Trust had in place the appropriate documentation and a review of records found they were up to date and satisfactory.</p>	<p>Substantially compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Provider to complete</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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<p align="center">Theme 2 – Management and Control of Operations</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>The management team are involved in the completion of numerous rotas to ensure adequate cover of all aspects of quality care delivery for the service users. These clearly outlines staff roles and responsibilities and ensures adequate cover to meet service user needs. These include transport rotas, weekly group cover rotas, personal care rota and outreach rotas. All staff attend a range of training and development opportunities to enhance their skill base. The registered manager is assisted in the every day administration and management of the centre by three assistant managers. Each member of the management team have allocated roles and responsibilities to ensure the efficient operational running of the centre. It is our aspiration to have at least two assistant managers on site in the absents of the registered manager. Each assistant manager assumes day to day management of the centre on a rotaional bases.</p>	<p>Substantially compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The information outlined in the provider’s self- assessment was validated during the review of records and discussion with staff and service users. The management structure is clearly set out in the centre’s statement of purpose. The registered manager is on long term leave. The RQIA had been informed of the absence of the manager however it is required that the RQIA are informed in writing of the person designated to be in charge of the centre in the registered manager’s absences. Examination of the staffing rota, provided evidence that adequate staffing numbers were maintained in the day care setting. The management team and staff consulted reported that the staffing levels are sufficient to meet the needs of the service users in the day centre. However service users and staff reported that staffing was an issue in the satellite unit Extending the Choice (ETC). Management must confirm that suitable competent and experienced persons are working in this unit in such numbers as are appropriate for the care of service users.</p> <p>Discussion with staff working throughout the three facilities demonstrated that they were fully familiar with their role and responsibilities regarding the management arrangements of the day care setting. Staff expressed that they were supported in their roles through regular supervision, appraisal and staff meetings.</p> <p>Service users who were able to communicate with the inspector were aware of the management structure and were able to identify who they would approach if they had any concerns.</p> <p>A designated officer undertakes the unannounced monthly monitoring visits to the centre on behalf of the registered provider. It is recommended that the monthly monitoring visits reports are completed in full and signed and dated. The report should comment on the effectiveness of the staffing arrangements and as previously stated include representatives views. Arrangements should be in place for the designated person carrying out the monthly monitoring visits to contact service user’s representatives/carers to obtain their views and opinions of the quality of the service.</p> <p>The inspector was informed that the trust carries out an annual review of their service and produces a quality review report of their findings. The report for the period April-August 2014 was available for inspection. There was evidence that a monthly audit of working practices is completed to ensure they are consistent with the day care settings documented policies and procedures. The audits identify deficits and the action to be that taken when necessary.</p>	<p>Substantially compliant</p>

<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>The management team ensure that all staff have formal and informal supervision when necessary. The registered manager provides supervision for each of the three assistant managers at least four times a year on an individual basis. All of the management team meet on average of six times a year. Each assistant manager will formally supervise all levels of care staff allocated to them. The management team operates an open door policy were by staff can access informal supervision.</p>	Substantially compliant
Inspection Findings:	
<p>Records examined indicated that formal supervision was being provided quarterly either as group or individually. Staff confirmed that informal day to day supervision was readily available and there was evidence of regular staff meetings. Staff expressed that the management team were very approachable and supportive.</p>	Substantially compliant
<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>All vacant posts with in the centre are advertised in line with the Belfast Trust recruitment and selection policy / procedure. All staff working in the centre have been appointed using the above procedures. A successful candidate will be appointed if he or she has met the personal specification / job criteria and has been successful at interview. Candidates are also required to supply two satisfactory references plus be deemed medically fit. No appointments are made until all Access NI documentation is completed.</p>	Substantially compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The registered manager is trained to NVQ Level 4 in Management and has twenty eight years of management experience. There was evidence that other staff held NVQ level 3 or 2 and all had a range of experience working in care settings. Records viewed on the day confirmed that staff were either registered or in the process of registering with NISCC. Mandatory training was found to be up to date.</p>	<p>Substantially compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Provider to complete</p>

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Substantially compliant</p>

Additional Areas Examined

Complaints

The information on complaints submitted by the registered provider prior to the inspection was examined and indicated that the centre had received twelve complaints for the year 2013. The registered manager and staff were fully aware of the complaints procedure and the action to take should a service user express dis-satisfaction with any aspect of the service.

Registered Manager Questionnaire

The registered manager submitted the questionnaire prior to the inspection. A review of the information found the questionnaire had been fully completed and no issues were identified.

Statement of Purpose

A review of the statement of purpose found that the information contained in the document was in keeping with the regulations.

Environment

An inspection of the day centre and two satellite units was undertaken. All areas were found to clean and fresh smelling. As stated in this report a review of the current environment for an identified service user as discussed during the inspection should be undertaken. Measures should be taken to ensure the environment minimises the situations and reduces the occasions when restrictive practices are necessary. Access to the outdoor area should be considered and include the replacement of an identified gate to promote the service user safety.

A review of the current environment should be undertaken and include the replacement of an identified gate. This would provide an environment that would minimise the situations arising that create behaviours which have implications for the service user. It would also reduce the occasions when restrictive practices are necessary.

Policies and Procedures

It was recommended that the policy file is revised to ensure that the policies are the most up to date and relevant to the Belfast Trust. It was noted that several policies were out of date and referred to the previous Trust arrangements.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with, Terry McCrea, Gary Wilson and Adrian Brennan assistant managers as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Maire Marley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Unannounced Care Inspection

Orchardville Training And Resource Centre Incorporating Bluebell Cards and Extending the Choice

7 & 8 August 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Terry McCrea, Gary Wilson and Adrian Brennan, Assistant Managers during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 Day Care Settings Regulations (NI) 2007					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	30 (2) (c)	The RQIA should be informed in writing of the person designated to be in charge of the centre in the registered manager's absence.	One	COMPLETED The RQIA has been informed in writing of the person designated to be in charge of the centre in the registered manager's absence.	No later than 30 August 2014
2	16 (2) (b)	A review of the planned interventions for an identified service user must be undertaken to ensure it is in the best interests of the service user.	One	COMPLETED A recorded multi- disciplinary meeting took place on 17 th Sept 2014 to review planned interventions for the identified service user to ensure that they are in the best interests of the service user. Planned interventions for this service user are now subject to ongoing review by behavioural support services to ensure they are in the best interest of the service user.	No later than 30 October 2014
3	14 (4)	The registered person should ; (a) Undertake a review of the current environment for an identified service user to ensure the environment minimises the situations and reduces the occasions when restrictive practices are necessary. (b) Access to the outdoor area should be considered and include the replacement of an identified gate to	One	COMPLETED (a) A recorded multi disciplinary meeting took place on 17 th September 2014 to review the current environment for the identified service user; and to discuss how to minimises the situations and reduce the occasions when restrictive practice is used. Planned interventions for this service	No later than 30 October 2014

		promote the service user safety.		<p>user are now subject to ongoing review by Behavioural support services to ensure they are in the best interest of the service user.</p> <p>(b) Confirmation that the Capital Bid has been received for the outdoor space and replacement of the identified gates. In the interim the existing measures that are presently in place to ensure the safety of the service user will be maintained and subject to review by the multi disciplinary team and Behavioural support services. This will ensure that the situations when restrictive practices are necessary to maintain the safety of the service user are kept to a minimum.</p>	
4	20 (1) (a)	The registered person should confirm that a review of the staffing in ETC unit has been undertaken. The outcome of the review should be forwarded to the RQIA.	One	<p>A review of the staffing levels with in the ETC Club has commenced and will be forwarded to RQIA.</p> <p>The vacant Club Assistant Band 4 post has been approved for recruitment</p>	No later than 30 October 2014

Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	17.10	It is recommended that the registered provider ensures that all monthly monitoring visits include opinions from those who act as representatives of the members of the scheme.	Two	The registered provider will ensure that all monthly monitorings will include opinions from those who act as representatives of service users	No later than 30 October 2014
2	Theme 1	<p>The registered provider/manager should review the positioning of the monitoring camera and ensure that the cameras do not view areas that are not of interest.</p> <p>Management must confirm that images captured are managed in accordance with Data Protection and the CCTV Code of Practice Revised Edition 2008.</p>	One	<p>COMPLETED The registered provider/manager reviewed the positioning of the monitoring cameras and have ensured that the cameras do not view areas that are not of interest.</p> <p>Management can confirm that images captured are managed in accordance with Data Protection and the CCTV Code of Practice Revised Edition 2008</p>	No later than 30 October 2014

3	7.6	<p>The registered provider/manager must revise the policy file and ensure that the policies are up to date and relevant to the Belfast Trust.</p> <p>Policies and procedures should be indexed for ease of reference.</p>	One	<p>COMPLETED The registered provider/manager has revised the Policy File and are checking that all policies are up to date and relevant to the Belfast Trust. All policies are being indexed in accordance with reommendation 3. 7.6</p>	<p>No later than 30 October 2014</p>
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Adrian Brennan
Name of Responsible Person / Identified Responsible Person Approving Qip	Martin Dillon, Acting Chief Executive

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	M. Marley	29/9/14
Further information requested from provider			