



The Regulation and  
Quality Improvement  
Authority

Orchardville Training and Resource  
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**Unannounced Care Inspection  
of  
Orchardville Training and Resource Centre**

**23 March 2016**

The Regulation and Quality Improvement Authority  
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 23 March 2016 from 10.00 to 16.30. Overall on the day of the inspection the day care setting 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 HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards 2012.

### 1.1 Actions Taken Following the Last Inspection

Further work is recommended in regard to recommendation number 3. The development of an index to improve access to policies / procedures is necessary.

### 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>	0	3

The details of the QIP within this report were discussed with the Gary Wilson, assistant 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> Belfast HSC Trust/Martin Joseph Dillon	<b>Registered Manager:</b> Karen Neville
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Gary Wilson (Assistant Manager)	<b>Date Manager Registered:</b> 4 May 2010
<b>Number of Service Users Accommodated on Day of Inspection:</b> 86	<b>Number of Registered Places:</b> 135

### 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 standards have been met:

**Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.**

**Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting.**

### 4. Methods/Process

Prior to inspection the following records were analysed:

- The previous care inspection report and returned Quality Improvement Plan (QIP)
- Review of notifiable events submitted to RQIA since the previous care inspection
- Written and verbal communication received since the previous care inspection

During the inspection discussion took place with service users, the assistant manager, three assistant managers and six day care staff.

During the inspection the following records were examined:

- The Statement of Purpose (updated January 2016)
- The Service User Guide
- Records of complaints
- Monthly monitoring reports
- Selected policies and procedures relevant to standards 5 and 8
- Minutes of meetings of the service users
- Care records for five service users
- Accident/incident records
- Quality assurance audits
- Five care records provided by the assistant manager

Care delivery and care practices were observed in Orchardville Training and Resource centre, Extending the Choice (ETC) and Bluebell Cards.

Inspection of the environments of all three facilities was undertaken.

Staff and service user satisfaction questionnaires were provided for completion and return to RQIA.

This inspection report refers to the inspection across all three sites: the main centre, Orchardville Training and Resource Centre; and the two aligned off site projects, namely ETC and Bluebells.

## 5. The Inspection

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

The previous inspection of the service was an announced pharmacy inspection dated 24 February 2015. The completed QIP was returned and approved by the pharmacy inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 7 & 8 August 2014

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection.</b> Written confirmation was submitted to RQIA as requested. Gary Wilson, assistant manager, was the designated person in charge on the day of inspection as the registered manager was off duty.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The care records examined provided written planned interventions as required. Review is ongoing with the behavioural support team, with records of review retained.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 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 promote the service user safety.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the assistant manager and examination of care records showed that planned interventions were subject to ongoing review by the behavioural support services to ensure these are in the best interest of the service user.</p> <p>External security had been reviewed. The large gate is no longer operational. This gate is permanently locked to minimise identified risks to service users.</p>	
<p><b>Requirement 4</b> <b>Ref:</b> Regulation 20 (1) (a)</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> This requirement was discussed with the assistant manager. Review was undertaken by the registered manager, RQIA notified of the outcome. Staffing within this unit has been addressed and is now satisfactory.</p>	<b>Met</b>
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<p><b>Recommendation 1</b> <b>Ref:</b> Standard 17.10</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> Records examined showed that where possible representatives' views were sought.</p>	<b>Met</b>
<p><b>Recommendation 2</b> <b>Ref:</b> Standard Theme 1</p>	<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>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Internal cameras are no longer positioned to view service users within the internal environment. The only camera in use focuses on the entrance door to the centre.</p> <p>An external camera is in position for security reasons.</p>	
<p><b>Recommendation 3</b> <b>Ref:</b> Standard 7.6</p>	<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> <p><b>Action taken as confirmed during the inspection:</b> The assistant manager confirmed that review of policies and procedures had been undertaken to ensure these were in keeping with the Belfast Trust corporate policies. A list of each policy held was positioned at the front of the policy file. However, it was recommended that further work is undertaken to provide ease of access to policies by staff as no dividers or reference index numbers were included.</p>	<p><b>Partially Met</b></p>

### 5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

#### Is Care Safe?

The centre had a continence promotion policy in place. The policy defined personal and intimate care and gave guidance to staff involved with service users who had assessed continence needs. Staff demonstrated awareness of the policy and where to obtain same.

Staff consulted confirmed that they were satisfied with arrangements for access to personal protective equipment, and that they possessed sufficient knowledge, skills and experience on how to assist service users with their personal needs based on their care plan.

Observation, review of staffing levels and feedback from service users confirmed that sufficient numbers of staff were employed in the day care setting to meet the identified needs of service users in attendance.

On the day of inspection staff were observed to be confident in carrying out their work. Duties were carried out in an organised, unhurried and organised manner. Discussions with staff confirmed that they were able to demonstrate an understanding of individuals' assessed needs. Service users who required support to use the bathroom on a regular basis were given appropriate private time as part of their care plan. Staff confirmed that they adhere to all

relevant policies and training undertaken, including manual handling; use of protective resources/equipment; and infection prevention and control.

Examination of staff training records showed that training in manual handling was last provided during 2014. One recommendation was made in regard to the provision of this training on an annual basis, in keeping with RQIA mandatory training recommendations.

Service users who were able to respond reported that they felt safe in the day centre and were confident that staff had the skills and experience to assist them with their assessed needs. No issues or concerns were raised or indicated.

One staff questionnaire was completed and returned to RQIA. The respondent indicated they were satisfied that care provided was safe with staff training in continence promotion; timely support from multi-professional staff; and equipment provided as required to meet the service users' needs.

### **Is Care Effective?**

Discussion with the assistant manager and care staff confirmed that several service users who require assistance with mobility require additional assistance with their continence needs.

The assistant manager confirmed that service users bring in their own continence garments which are retained for use when needed.

The inspector sought verbal permission to inspect care records during this inspection. The care records inspected confirmed that continence care needs are discussed as part of the core assessment which is completed on admission. Where there is an assessed need for continence care, the measures to be taken were recorded in a care plan.

Staff confirmed that the provision of incontinence garments was not the first line of management. Products can only be provided following assessment by the community nurse or continence team. All other options would be considered prior to the nurse making a product request.

Staff training in continence management and stoma care was provided, and recorded within records retained.

A care/support plan for each service user was in place and indicated the general support required. Risks were highlighted and the management of these risks recorded.

Re-assessment of needs is conducted at six to twelve monthly intervals. When necessary, changes to the care plan are agreed and recorded.

Inspection of the internal environment confirmed that a number of adapted bathrooms/toilets were available to meet the assessed needs of the service users. Staff confirmed that a sufficient supply of personal protection equipment was always available to them. Hand washing dispensers were also available throughout the centre.

Staff training records showed that nine staff did not receive fire safety training during 2015. This training should be provided annually to all staff.

One staff questionnaire was completed and returned to RQIA. The respondent indicated they were satisfied that: care provided was effective; staff had access to personal protective equipment e.g. gloves, aprons and towels; they had sufficient knowledge, skills and experience of how to assist and support a service user with their personal care needs; and staff have access to supplies of service users' incontinence products.

### **Is Care Compassionate?**

Staff interaction with service users within Orchardville Training and Resource Centre, ETC and Bluebell Cards was observed to be polite, friendly, warm and supportive.

Staff discussed with the inspector the importance of meeting service users' continence care in a respectful, dignified manner.

During periods of observation it was noted that continence care was undertaken in a discreet, private way.

Care records and care support plans showed that the views of service users/representatives were recorded.

The centre's Statement of Purpose (January 2016) reflected core values service users can expect from the service.

One staff questionnaire was completed and returned to RQIA. The respondent indicated they were satisfied that care provided was effective and that service users are afforded privacy, dignity and respect at all times.

### **Areas for Improvement**

There were no issues identified for improvement.

The care within Standard 5 was found to be safe, effective and compassionate.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting.**

### **Is Care Safe?**

A range of policies/procedures were available to promote service users involvement in the day centre, and each policy sets out the principles for involving service users to ensure they have an active role in the service delivery.

An inspection of the complaints records found evidence to confirm that expressions of dissatisfaction are taken seriously and managed appropriately.

Service users who were able to articulate their views confirmed that they felt they would raise any issues of concern with the registered manager or staff. They also confirmed that they felt that issues would be appropriately dealt with.



Care plans inspected provided evidence that service users are encouraged to be involved in the planning of their care and actively participate in their annual care reviews.

One staff questionnaire was completed and returned to RQIA. The respondent indicated they were satisfied that care provided was safe; they were satisfied with the training provided in safeguarding vulnerable adults and reporting poor practice and whistle blowing.

### **Is Care Effective?**

There was evidence that management and staff actively seek service users'/representatives' views, and comments shape the quality of services and facilities provided by the day care settings via a range of methods explained by the assistant manager, including:

- assessments – reviews (service user's views/opinion sheets recorded)
- monthly visits made on behalf of the registered provider
- zone service users' group meetings every four to six weeks
- service user/representative satisfaction surveys
- consultation with representatives
- client committee meetings every four to six weeks

Minutes of the meetings held were retained with service users' comments, views and preferences reflected in the running of the services, for example activities, care and support.

One recommendation made related to the development of a report that identifies the methods used to obtain the views of service users; incorporates the comments made and issues raised; and any actions to be taken in response. A copy of this report should be made available to service users/representatives.

Inspection of five service users' care records provided evidence that service users and their representatives are encouraged to participate in decisions about the care and support they receive.

Discussions with service users who were able to articulate their views confirmed that staff consulted with them on a daily basis regarding their preferred activities and routines.

Records inspected and discussions with service users demonstrated that they are encouraged to maintain their independence and exercise control and choice.

It was evident from discussion with staff that they had knowledge and understanding of service users' preferences and needs and the importance of ensuring they were fully involved in as far as was possible in the day to day running of the three units.

One staff questionnaire was completed and returned to RQIA. The respondent indicated satisfaction that care provided was effective.

## Is Care Compassionate?

Discussion with staff demonstrated that they were knowledgeable about service users' needs and a person centred approach was adopted. In discussions with staff it was identified that service users were listened and responded to by staff.

Care support provided by staff within each of the three units inspected was conducted in a respectful manner. Staff interactions with service users were observed to be polite, friendly and supportive.

One staff questionnaire was completed and returned to RQIA. The respondent indicated they were satisfied that care provided was compassionate and that service users are afforded privacy, dignity and respect at all times; satisfied that care provided is based on individual needs and wishes; and satisfied that they had time to listen and talk to service users.

### Areas for Improvement

- One recommendation made related to the development of a report that identifies the methods used to obtain the views of service users, incorporates the comments made and issues raised, and any actions to be taken in response. A copy of this report should be made available to service users/representatives.
- Staff update training in manual handling should be provided annually. (Staff training records showed this training was last provided in 2014).

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## 5.5 Additional Areas Examined

### 5.5.1 Service User Views

The inspector met with several service users within each of the three units; in small group settings and individually. In accordance with their capabilities, service users expressed and indicated that they were happy and enjoyed attending day care. No issues or concerns were raised or indicated.

No service users' questionnaires were returned to RQIA following the inspection.

### 5.5.2 Staff Views

The inspector spoke with seven care staff members, in addition to the assistant manager in charge. Staff confirmed they felt supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties.

One staff satisfaction questionnaire was returned after this inspection. Feedback from this respondent indicated satisfaction that the care provided was safe, effective and compassionate.

### **5.5.3 Complaints**

Complaints recorded from 1 January 2014 to date were examined and discussed with the assistant manager. Complaints had been investigated and appropriately managed in accordance with the Belfast Trust Complaints Policy/Procedure.

### **5.5.4 General Environment**

The three units, Orchardville and the two aligned off site projects, namely ETC and Bluebells, were clean, tidy and adequately heated, and fresh smelling throughout. There were good, accessible facilities and space for service users to avail of.

### **5.5.5 Care Practices**

The atmosphere within was friendly and welcoming. We observed staff to be interacting with service users in a respectful, polite, warm and supportive manner.

Care duties and tasks/activities were organised with good evidence of support and staff supervision. Service users were observed to be comfortable, content and at ease in their environment and interactions with staff. Planned programmes of activities were in place. One staff satisfaction questionnaire returned to RQIA indicated that with the space provided in Orchardville it can prove difficult at times for those service users with extreme challenging behaviours to prevent this impacting on other service users.

### **5.5.6 Accident/Incident Reports**

An inspection of the accident/incident reports from the previous inspection until the date of this inspection was undertaken. Notifications submitted to RQIA were discussed with the assistant manager as details recorded in two did not relate to misconduct.

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Gary Wilson, assistant 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 Day Care Settings Regulations (Northern Ireland) 2007.

## **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. 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 [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) and assessed by the inspector.

## Quality Improvement Plan

Recommendations			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 7.6  <b>Stated:</b> Second time  <b>To be Completed by:</b> 30 June 2016	Further to the previous inspection QIP regarding policies/procedure file (Recommendation 3), a contents list of policies was placed at the front of the policy file. However, further work is necessary to provide ease of access for staff as no dividers or index reference numbers were in use.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> In response to this recommendation index dividers have been inserted into our Policy/Procedure files for easier access.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 21.3  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 June 2016	Training records retained showed that manual handling was last provided during 2014. This training should be provided on an annual basis in keeping with RQIA Mandatory Training Recommendations.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> In response to this recommendation, all staff requiring an update of practical manual handling training have been booked onto sessions, this training will be completed by the 27 <sup>th</sup> June 2016.		
<b>Recommendation 3</b>  <b>Ref:</b> Standard 28.4  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 May 2016	Staff training records showed that nine staff did not receive fire safety training during 2015. This training should be provided annually to all staff.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> In response to this recommendation, all staff who required fire safety awareness refresher training have attended refresher sessions, this was completed by 26 <sup>th</sup> April 2016. Further annual refresher training in fire safety has been booked for the beginning of September 2016.		
<b>Registered Manager Completing QIP</b>	Karen Neville	<b>Date Completed</b>	29/04/16
<b>Registered Person Approving QIP</b>	Martin Dillon	<b>Date Approved</b>	12/05/2016
<b>RQIA Inspector Assessing Response</b>	Priscilla Clayton	<b>Date Approved</b>	18/5/16

*\*Please ensure the QIP is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.