

Inspection Report

8 November 2022



Orchardville Training and Resource Centre

Type of service: Day Care Setting
Address: 10 Orchardville Avenue, Belfast, BT10 0JH
Telephone number: 028 9504 3160

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| Organisation/Registered Provider: Belfast Health and Social Care Trust | Registered Manager: Mr Terry McCrea |
| Responsible Individual: Dr Catherine Jack | Date registered: application received 17 May 2022 – pending review |
| Person in charge at the time of inspection: Mr Terry McCrea | |
| Brief description of the accommodation/how the service operates: Orchardville Training and Resource Centre is a day care setting that provides care and support for up to 100 adults who live within the Belfast Trust. Service users have a learning disability and may have a range of additional disabilities/conditions including profound and multiple disabilities, complex healthcare needs, dementia, autism, mental ill health, behaviours which challenge and sensory impairment. The day care setting is open Monday to Friday and is managed by the Belfast Health and Social Care Trust (BHSCT). | |

2.0 Inspection summary

An unannounced inspection was undertaken on 8 November 2022 between 10.20 a.m. and 4.25 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

Orchardville Training and Resource Centre uses the term 'clients' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

3.0 How we inspect.

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

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey for staff.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "I like everything. Staff make me laugh."
- "The food is lovely. I get to choose what I want to eat."
- "One of the best things is the staff."
- "I enjoy the activities."
- "The staff are lovely to me."
- "During lockdown, I got activities sent out to me."
- "I like coming here to talk to people."
- "We are a big family."

- “I feel safe and staff help me with what I need.”

Staff comments:

- “I love working here. It’s very rewarding.”
- “Working across the rooms is really good experience as the service users have different needs.”
- “My line manager is amazing and very supportive.”
- “There is an open door policy.”
- “My training is up to date. The refresher training is really good.”
- “I can speak to the manager if I have any concerns.”

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

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- “I love coming to Orchardville.”
- “I love the bus coming for me. I love the fun on the bus with my friends. The driver and escort are good to me and they make me laugh.”
- “I love the new bathrooms.”
- “All the staff are so kind to me and look after me. They report to my mum every day to let her know how I have spent my day.”
- “I really missed the centre during Covid and I miss going to the canteen for lunch because everyone was happy there and we could talk to each other.”

No staff responded to the electronic survey.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 24 March 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

| Areas for improvement from the last inspection on 24 March 2022 | | |
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| Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 26 (4) | The registered person shall ensure that adequate arrangements are made for detecting, containing and extinguishing fires. | Met |

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| <p>(d) (i)</p> <p>Stated: First time</p> | <p>Action taken as confirmed during the inspection:</p> <p>The arrangements for detecting, containing and extinguishing fires were found to be appropriate on the day on inspection. The panel on a fire door had been replaced. The day care setting was compliant with this regulation.</p> | |
| <p>Area for Improvement 2</p> <p>Ref: Regulation 26 (2) (b)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that the chipped and peeling paintwork in the identified toilet areas is made good.</p> <p>Action taken as confirmed during the inspection:</p> <p>The bathrooms have been re-decorated and there was no chipped or peeling paintwork observed. The day care setting was compliant with this regulation.</p> | <p>Met</p> |

5.2 Inspection findings

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

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

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. No adult safeguarding referrals had been made since the last inspection.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on the 10 October 2022. Fire risk assessments for the centre were available for the inspection and had been completed on 23 November 2021. Staff fire training was completed on the 2 November 2022. During the inspection fire exits were observed to be clear of clutter and obstructions.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, their care records should contain a Form 1, a letter confirming a DoL is in place and the day care setting maintains a register of those service users who have a DoL in place. From reviewing the care records, it was noted that they contained the letter from the relevant trust advising there was a DoL in place however a Form 1 had not been received. The manager gave assurances that they were going to follow this up with the trust representatives. The manager was also in the process of compiling a register of those service users who have a DoL in place. The care records contained details of the DoLS assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and/or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some matters discussed included:

- Transport
- Timetable
- Lunchtime
- Housekeeping
- Your staff
- Outdoor activities
- Health matters
- Seasonal activities

Some service users comments included:

- "Staff are great."
- "Bathrooms are clean."
- "Drivers are friendly."
- "I want more healthy options for pudding."
- "I don't want the Friday chips to change."

It was important that individuals with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency was aware of the resources available from NI Direct, HSC websites and local organisations to support service users.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was an appropriate system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the day care setting.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The day care setting had completed an annual review in relation to their practice however it did not contain any feedback from service users and their representatives. The manager gave assurances that the feedback obtained from the quality monitoring questionnaires will be included in these reports. This will be reviewed at the next inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. No complaints were received since the last inspection.

The Statement of Purpose required updating with RQIA's contact details and those of the Patient Client Council and the Northern Ireland Public Ombudsman's Office. The manager was also signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The manager agreed to submit the revised Statement of Purpose to RQIA within two weeks of the inspection. This was received and was satisfactory.

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Terry McCrea, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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