

# Inspection Report

24 March 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

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust	<b>Registered Manager:</b> Mr Terry McCrea (Acting Manager)
<b>Responsible Individual:</b> Dr Catherine Jack	<b>Date registered:</b> Not Applicable
<b>Person in charge at the time of inspection:</b> Mr Terry McCrea	
<b>Brief description of the accommodation/how the service operates:</b>  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 took place on 24 March 2022 from 8.45 a.m. to 3.20 p.m. by the care inspector.

This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Service users said that they were very satisfied with the standard of care and support provided.

Evidence of good practice was found in relation to monitoring the professional registration of staff, the provision of person centred care, communication between service users, staff and other key stakeholders and staff training.

Two areas requiring improvement were identified in relation to the environment and fire safety.

The findings of this report will provide the responsible individual with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 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.

Prior to inspection we reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report and Quality Improvement Plan (QIP), and any written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how staffs' registrations with NISCC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. Two relatives' responses were received and the respondents were very satisfied that care was safe, effective, compassionate and well led. No staff responses to the electronic survey were received within the timescale requested.

Two areas for improvement were identified at the last care inspection. These areas were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager and two assistant managers at the conclusion of the inspection.

### 4.0 What people told us about the service.

The information provided by service users during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. We spoke with five service users and six staff including the manager.

**Comments received during the inspection process included:**

**Service users' comments:**

- "We do lots of gardening and painting; I like doing these things."

- “I like the singalongs and yoga.”
- “This is a good place to come.”
- “Staff clean the tables and chairs. Staff told us how to keep safe from Covid.”
- “I love it here; staff treat me good.”
- “Staff are good, they talk to me. Staff ask what I like to do.”

#### Staff comments:

- “We have a good team and work closely together.”
- “I can approach the manager or the managers at any time and they always do their best to resolve the issues.”
- “The care is person centred and we look at everyone’s individual needs and meet them where possible.”
- “Service users are treated with care and respect.”
- “I have done all my mandatory training including Infection Prevention and Control (IPC) and donning and doffing.”
- “We always wear our PPE in the centre.”
- “We have good systems in place to ensure service users get the right meal in line with International Dysphagia Diet Standardisation Initiative (IDDSI).”

## 5.0 The inspection

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

The last inspection to Orchardville Training and Resource Centre was undertaken on 18 March 2021 by a care inspector; one area for improvement was identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 18 March 2021		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 28 (4) <b>Stated:</b> First time	The registered person shall ensure that the person carrying out the visit shall— (a) interview, with their consent and in private, such of the service users and their representatives and persons employed in the day care setting as appears necessary in order to form an opinion of the standard of care provided in the day care setting; (b) inspect the premises of the day care setting, its record of events and records of any complaints; and (c) prepare a written report on the conduct of the day care setting.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> A review of the returned quality improvement plan and a sample of monthly quality monitoring visit reports, and discussion with the manager confirmed that this area for improvement had been addressed.</p>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2021</b>		<b>Validation of compliance</b>
<p><b>Area for Improvement 1</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff have completed training on and can demonstrate knowledge of adult safeguarding.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of the returned quality improvement plan and adult safeguarding training records, and discussion with the manager confirmed that this area for improvement had been addressed.</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 and staff revealed they were knowledgeable regarding their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns and maintain written records.

Records viewed and discussions with the manager indicated that no referrals had been made with regard to adult safeguarding since the last inspection.

The manager and staff further confirmed that there was a clear pathway for staff to follow in regard to referring any safeguarding concerns to appropriate professionals and established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

In addition, staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response.

It was confirmed that staff were required to complete adult safeguarding training during their induction programme and regular updates thereafter.

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

The manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided by the manager that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A review of a sample of the staffing roster evidenced that there was adherence to the planned staffing levels. Discussions with staff, service users and observations during the inspection indicated that staffing levels were sufficient to meet the assessed needs of service users.

The day care setting's governance arrangements in place for identifying, managing and, where possible, eliminating unnecessary risk to service users' health, welfare and safety were reviewed during the inspection. This indicated that an effective incident and accident reporting policy and system was in place. Staff were required to record any incidents and accidents in a centralised electronic record which is then reviewed and audited by the manager, senior manager and the BHSC governance department. A review of a sample of these records and discussion with the manager evidenced that incidents/accidents were managed appropriately.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff and the manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Staff were provided with training appropriate to the requirements of their roles. Discussion with staff and review of the staff training matrix confirmed that mandatory staff training was up to date; this included DoLS training.

Staff had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The manager advised that discussions were ongoing with Trust key workers in regard to practices that may be potentially restrictive.

On entering the day care setting the inspector's temperature and contact tracing details were obtained. The manager advised that this is completed for all persons entering the day care setting in line with Covid-19 guidelines in place at that time..

The environment was observed and there was evidence of IPC measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Wall mounted hand sanitisers were strategically located throughout the day care setting.

There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning (putting on) and doffing (taking off) PPE.

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. A review of staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning and doffing of PPE. The manager confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

Observation of the environment was undertaken during a walk around of the day care setting; the environment was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. Discussion with the manager confirmed that furniture, aids and appliances were fit for purpose for the diverse needs of service users.

During a review of the environment it was noted that a fire door was damaged as the glass fire resistant panel was missing. An area for improvement was identified in this regard. There were areas within toilets where the paintwork was chipped and peeling. A separate area for improvement was identified in this regard.

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

Discussions with staff and review of service user 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 day care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

It was noted that a number of service users had been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs and how to modify food and fluids. It was positive to note staff had undertaken dysphagia training.

### **5.2.3 Are there robust systems in place for staff recruitment?**

The review of the day care setting's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards. Checks were completed before staff members commenced direct engagement with service users. Records reviewed evidenced that criminal record checks (AccessNI) had been completed for staff.



A review of records confirmed all staff working in the day care setting were registered with NISCC. Information regarding registration details and renewal dates was monitored by the manager. The manager confirmed that all staff were aware that they were not permitted to work if their professional registration was to lapse.

Discussion with staff confirmed that they were registered with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager told us that the day care setting does not use volunteers or voluntary workers.

#### **5.2.4 Are there robust governance processes in place?**

We discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken by an independent monitoring officer in line with legalisation. The reports evidenced a review of the conduct of the day care setting, engagement with service users, service users' representatives and the development of action plans for follow up at subsequent visits. Reports also included review of service user care records; accident/incidents; safeguarding matters; complaints; compliments; staff recruitment and training, and staffing arrangements.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. The review of records and discussion with the manager confirmed that no complaints were received since the date of the last inspection.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

Discussions with the management and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous training updates, supervision/appraisal processes, team meetings and an open door policy for discussions with the management team and observation of staff practice.

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

## **6.0 Conclusion**

Based on the inspection findings and discussions held with staff and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner and that the service was well led.



Two areas requiring improvement were identified in relation to the environment and fire safety.

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Terry McCrea, Registered Manager, and two assistant managers as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 26 (4)(d)(i)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of inspection	The registered person shall ensure that adequate arrangements are made for detecting, containing and extinguishing fires.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> The registered person has ensured that adequate arrangements have been made by raising the following work order number (C1068139) with the BHSCT estates department and followed up via email on 25/03/2022, to have the missing glass and frame repaired on the fire door identified by the inspector. The estates department have given a completion date of 7.10.2022, if not before, for this work.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 26 (2)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2022	The registered person shall ensure that the chipped and peeling paintwork in the identified toilet areas is made good.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> The registered person ensured that the identified toilet area has now been repainted and made good. (Work order number C933339 followed up with the BHSCT estates department).

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



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