

Unannounced Care Inspection Report 5 December 2018



Orchardville Training And Resource Centre

Type of Service: Day Care Service
Address: 10 Orchardville Avenue, Belfast, BT10 0JH
Tel No: 02895043160
Inspector: Suzanne Cunningham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This Day Care Setting provides care and support for up to 103 adults aged from 19 years of age 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.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust (BHSCT)	Registered Manager: Karen Neville
Responsible Individual(s): Mr Martin Joseph Dillon	
Person in charge at the time of inspection: Gary Wilson Assistant Manager	Date manager registered: 4 May 2010
Number of registered places: 103	

4.0 Inspection summary

An unannounced inspection took place on 5 December 2018 from 10.00 to 17.00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction; staff training; adult safeguarding; potential restrictive practice; infection prevention and control; risk management; the day centre's environment; care records; audits and reviews; communication; culture and ethos of the day care setting; listening to and valuing service user's views; promoting service users independence; governance arrangements; quality improvement; and maintaining good working relationships

No areas requiring improvement were identified.

Service users were asked to tell RQIA their thoughts about Orchardville, they said "it's alright"; "good place to come"; "it's fun"; "we go out"; "every day is a different day"; "if I didn't come here I would be in bad form"; and "staff are very friendly and very nice".

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 20 March 2018 and premises inspection dated 31 July 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspections

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- The registration details of the day centre.
- Information and correspondence received by RQIA since the last inspection.
- Incident notifications which highlighted 12 incidents had been notified to RQIA since the last care inspection.
- Unannounced care inspection report and quality improvement plan from 20 March 2018 and premises inspection on 31 July 2018.

During the inspection the inspector met with the assistant manager, the staff on duty and more focused discussions were completed with a group of six staff. The inspector greeted all of the services users in the group setting on the day of inspection and engaged with a focus group of five service users to obtain their views about this day care setting.

The following records were examined during the inspection:

- Four service users' care records, including a sample of activity records.
- A sample of service users' daily records.
- Two band 5 day care worker staff records.
- Two assistant manager records including evidence of their competency in relation to acting up in the managers absence
- A sample of staff supervision and appraisal information.
- The day centre's complaints/compliments record from April 2017 to November 2018
- Staff roster information for November 2018.
- The day centre's record of incidents and accidents recorded from June to December 2018.
- Fire safety precautions.
- A sample of minutes of consultation with service users' since the last inspection.
- A sample of minutes of staff meetings from June 2018 to October 2018.
- A sample of monthly quality monitoring reports from September 2018 to November 2018.
- The Statement of Purpose, November 2018.

At the request of the inspector, the registered manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; two questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the assistant manager, service users and their relatives and staff for their contribution to the inspection process.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent premises inspection dated 31 July 2018

The most recent inspection of the establishment was an announced premises inspection.

6.2 Review of areas for improvement from the last care inspection dated 20 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 28 Stated: First time To be completed by:	The registered person shall improve the monthly monitoring reports so they detail the times of the visits, if the visit was announced or unannounced and monitoring of the satellite services must be recorded. Ref: 6.7	Met

22 May 2018	Action taken as confirmed during the inspection: Inspector confirmed the monthly monitoring reports were available for inspection and had been improved since the last inspection.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 15.3 Stated: First time To be completed by: 22 May 2018	The registered person shall ensure the frequency of the review meetings held with service users in bluebell cards are completed in compliance with the standard and as a minimum once a year. Ref: 6.5 Action taken as confirmed during the inspection: The inspection of four service users individual records found their review meetings had been held within the required timescale of 12 monthly and records had been updated to reflect the outcomes of the meeting at the time of inspection.	Met

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The inspector reviewed the setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day care centre. The staffing rota showed on average there was two to three staff allocated to each room/ group and this varied in accordance with service user numbers and the ability of the group. All duties for the day, specific care plans and rooms were allocated to named staff. Discussions with staff identified that they felt there were sufficient staffing levels to ensure the safety of service users in the day centre. The staff raised when there were staff absences they had needed to move around to cover duties, they felt this had the potential to impact on the activity programme provided to service users. However they confirmed the staffing levels were still adequate to meet service user's needs.

Discussion with the assistant manager and staff did confirm that in their opinion at all times sufficiently qualified, competent and experienced persons were working in the centre 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. When required, the management team had supported staff in the provision of direct care. Observation of care during this inspection verified service users' needs were met by the staff on duty that presented as knowledgeable and fully apprised of the service users' needs that were in their care.

Observation of staff in the day care setting and discussion with them revealed that they were supportive of each other and open communication was in place which was ensuring the team were working well together. Discussion with staff feedback verified that this approach was promoting safe and effective care for service users in the setting.

The assistant manager confirmed that staff employment records were held within the BHSCT human resources department. Recruitment of new staff was stated as undertaken in compliance with the Trust's policy/procedures, legislation and day care standards. The inspection of four staff files did not find any variance in these arrangements.

On the day of the inspection observations of the staff supporting service users did not highlight any areas for improvement in relation to their practice. Discussion with staff and inspection of four individual staff records found the NISCC induction standards were incorporated into the induction process. Furthermore when existing staff gained promotion in the setting induction processes were still followed, albeit they were tailored to fit the circumstances such as staff knowledge and experience. This ensured staff explored the skills and knowledge required to work safely and effectively in their new role, in the day care setting

Inspection of staff training records and discussion with staff on the day of inspection confirmed that they had received training to enable them to fulfil the duties and responsibilities of their role. The discussion with staff confirmed training was ongoing and they had training opportunities over and above mandatory requirements such as "safe pause". In particular "safe pause" had led to an innovative approach to safe care facilitated by staff. This was an initiative championed by a trust Speech and Language therapist. The staff team adapted the approach and developed a new place setting for the dining tables which incorporated a "safe pause" poster. This initiative had encouraged and guided service users to slow down when eating; and for example pause between each mouthful of food to ensure they eat and swallow safely. Staff reported they had noticed this was promoting safer eating habits. Discussion with service users during lunch time verified they knew what safe pause was and what it meant for them when eating. These were initial findings therefore the staff were encouraged to make note of any significant outcomes since they had implemented the safe pause table setting, to explore was the outcome significant enough to be implemented in other settings.

The day care setting's governance arrangements in place that identify and manage risk were inspected. This confirmed that an effective incident/accident reporting policy and system was in place. The staff recorded any incidents and accidents on an electronic system which was reviewed and audited by the registered manager or the assistant manager. A paper record of incidents and accidents was available for inspection and a sample were inspected ranging from June to December 2018. The record showed that the incidents had been managed appropriately, effectively documented with safety issues and risks were identified and actions taken to minimise risk of reoccurrence.

The assistant manager advised that there was no locked doors into or out of the setting or other restrictions that would impact on the whole group in the day care setting. The assistant manager and staff identified restrictive practices may be in place to support the safe care of individual service users in the setting, examples were the use of a service users chair which had

a belt and increased staffing levels to help a service user move around the setting safely. Assurances were given by the staff and assistant manager that when a restriction was identified this was recorded clearly detailing why the restriction was necessary and how this promoted improved outcomes for the service user, in comparison to not having the practice in place. Two service users' individual records were examined and examples of care were observed which showed the plans in place were the least restrictive measure in place and used for the shortest time possible to meet the service user's needs. Records also showed there had been consultation with the multi-disciplinary team to ensure best practice that was appropriate to meet each individual service users' needs was in place.

Observations of the environment concluded that it was clean and tidy. Discussion with the registered manager and observation of the environment found that furniture, aids and appliances presented as fit for purpose for the needs of the service users. Infection prevention and control measures were in place, and no obvious health and safety hazards were identified.

Fire exits were clear and free from obstruction. Records examined identified that a number of weekly fire safety precautionary checks were undertaken. It was noted that the last full evacuation drill was undertaken on 27 July 2018 and whilst no improvements were identified, the outcome of the drill was discussed in the next team meeting to explore if staff had any additional feedback or issues regarding the drill. A fire risk assessment was completed on 9 November 2017 and was not due for review until November 2019. The action plan was a working document that showed actions taken to address improvements identified. Where jobs had not been completed the actions taken to progress this were recorded which showed staff were consistently working on maintaining a safe approach by staff in relation to fire safety.

Discussion with staff provided evidence that they felt the care was safe in Orchardville. They said they were aware of their responsibility to raise concerns in relation to service users' wellbeing and poor practice, and were confident management would respond safely. Discussion with staff found they were very knowledgeable regarding each service user and the support they required in order to ensure their safety while in the day centre, and during outings. In addition, discussions with staff and the registered manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with promotion of independence and service users wishes. The staff confirmed they were cognisant of using the least restrictive measures for each individual and identified the "safe pause" initiative as an example of how they had promoted service users independence, and in the longer term they hope this will significantly improve service users' outcomes.

Discussion with service users concluded they felt safe in Orchardville. They gave examples such as they were safely strapped in on the bus; they practiced their exit in case of a fire; If a floor is wet there is a wet floor sign put up to remind them to slow down, they have table mats and identified the "safe pause" poster on the tables "reminds us to slow down". They said overall "staff help us to be safe" and "they (staff) get training".

Two service users/ relatives returned a questionnaire to RQIA post inspection, they identified they were "very satisfied" regarding the questions "is care safe" in this setting.

Areas of good practice

There were examples of good practice found during the inspection in relation to staff induction; staff training; adult safeguarding; potential restrictive practices; infection prevention and control; risk management; and the day centre's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed the day care setting's arrangements for responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was described in the settings Statement of Purpose.

Four service users' individual files were inspected. They contained essential information such as: referral information; when required the multi-disciplinary assessment; behavioural support plan; communication assessment; manual handling and transport assessments; epilepsy management plan; the activity plan; and a care plan. The care profile which contained relevant assessments, the plan and review documentation contained comprehensive recording that was person centred and holistic. Service users' views, goals and personal objectives were incorporated into the documentation and when possible documents were signed by service users. This provided assurance there had been consultation with service users and they agreed to the content. When service users were not able to communicate their agreement in the same way, this was reflected in the recording and a relative or representative had signed the documentation.

The records inspected contained evidence of audit which verified documentation was current and described the most recent needs and care plan to meet the needs. Records were stored safely and securely in line with data protection requirements.

Overall inspection of effective care and discussion with staff provided evidence that they were knowledgeable regarding service users' individual needs and their care plans. Staff confirmed that they use service users' care records to guide their practice and therefore recognised the importance of ensuring that such records remained current and relevant.

Discussion with staff and the assistant manager provided evidence that they felt the care provided was effective. They confirmed there was effective communication systems between staff that had ensured all staff received information relevant to the care and support of service users that they support. Staff did identify service users information in their care profile was detailed and repetitive in places. This had been acknowledged by the management team and identified as an area they could improve to ensure staff can access the right information; to provide the right care effectively. Staff also discussed they were working with service users using audio and visual records. The aim was to use methods that service users could interact with and would enable them to openly communicate their opinion, rather than relying the staff to interpret their feelings, preferences and wishes into words that fit into the service user's records and documents. This approach was one example of many used by this staff team to improve communication with and between service users. Other examples were easy read documentation, fire training for service users; and the monthly newsletter.

Discussion with service users confirmed they felt care was effective in this day care setting. They said they enjoy doing activities such as relaxation; cookery; watch television; and learning new skills. Service users confirmed they knew about their care plan and said the staff uses this to keep them safe. Service users also identified they can make choices but within options that are safe for them for example if they are on a soft diet their choices were from the soft diet options.

Two service users/ relatives returned a questionnaire to RQIA post inspection and identified they were “very satisfied” regarding the questions “is care effective” in this setting. One relative wrote “(service user’s name) has complex needs. The staff are very aware of this and show the utmost care and are helpful at all times to minimise any problems that arise”.

Areas of good practice

There were examples of good practice found during the inspection in relation to care records; audits and reviews; and communication.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Observations of staff meeting service users’ needs during the inspection indicated that staff communicated respectfully with service users. Service users were observed freely approaching staff to ask for assistance and staff were observed communicating using a variety of techniques depending on the service user’s communication needs. Observation of staff intervention with service users demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence and safety.

Staff were observed assisting and supporting service users in a sensitive manner. Discussion with staff regarding the activities they were delivering confirmed the activities available were consistent with service user’s ability, preferences and choice. Staff described they were aiming to enable service users to develop their strengths and support them to reach their goals. During the observations of care the inspector saw staff communicating with, understanding and responding appropriately with service users who possessed minimal verbal communication.

The activity schedule for service users was available in a way that was assessed as being the most effective, for example, service users who liked and relied on picture schedules could see this near to where they were sitting, the rooms plan was visible and the outings and outreach opportunities were displayed on the service users notice board. Visual strategies were also being used to help support service users remain as independent as possible during day care.

Discussion with staff in the individual activity rooms found they knew service users well and notice quickly if a service user's behaviour deteriorates. Staff described they may intervene by using calming techniques agreed with the service user, or redirect the service user to do something different or divert deescalate their behaviour.

The inspector reviewed the systems in place that promoted effective communication between service users and staff, the records showed a number of methods were used that were aimed at involving service users in their personal care and the improvement of the day care setting. Examples were staff used communication methods that were appropriate for each individual such as Makaton; staff facilitated monthly meetings with service users in their activity/ group rooms to gain their views and preferences; the service facilitated a representative group to attend meetings regarding menus and development of trust services; the staff consulted with service users regarding activities they had taken part in and their activity plan; the service sent out an annual survey to all service users who had attended Orchardville and used this to improve the service annually, and a group of service users produced a monthly newsletter that for service users. The record of the outcomes of these interventions showed each intervention had the potential to fully involve service users and improve their outcomes. Notable outcomes were the development of the menu pictures to ensure all service users who wanted to be involved in menu planning could be; the afternoon activity schedule had been developed using the service users survey feedback; the service users views further developed and improved the "safe pause" initiative; and the staff/ service users were regularly producing reports and communication in large print and easy read format to ensure service users could access information and were informed.

Discussion with staff provided evidence that they felt the care provided was compassionate. They said staff aim to provide a meaningful timetable for the service users that supports service users to get the most out of their time in Orchardville. Staff described processes that were protecting service user's confidentiality, privacy and involved seeking service users preferences and choices. Overall staff described using a person centred approach to delivering care which supported and promoted a safe and a positive experience for service users.

Discussion with the service users revealed they felt staff showed compassion when delivering care and support. They said Orchardville is a place they can relax and be calm. When they talk to staff, the staff calm them. Service users also confirmed staff ask them what they like to do in day care and they are encouraged to give suggestions for the group activities. One group of service users who were working independently said they were able to plan their day and staff were there to help but don't do it for them.

Two service user /relatives returned questionnaires to RQIA post inspection. They identified they were "very satisfied"; regarding questions on "is care compassionate" in this setting.

The inspection of compassionate care confirmed the staff were actively promoting effective communication between service users and staff to involve service users in their care and improve their outcomes.

Areas of good practice

There were examples of good practice found during the inspection in relation to the culture and ethos of the day care setting; listening to and valuing service user's views; and promoting service users independence.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussions with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. Staff spoken with during the inspection confirmed they were provided with a supervision meeting quarterly, an annual appraisal. Staff described the management team had an open door policy for staff to access management support at any time. The review of staff supervision records and observation of practice during the inspection verified these processes were in place.

The Statement of Purpose for the day care service was reviewed during the inspection and was found to be satisfactory. The document described the nature and range of the service to be provided and addressed all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. Evidence gathered at this inspection indicated that the service was operating in compliance with its Statement of Purpose.

The registration certificate was up to date and displayed appropriately.

The inspector inspected the monitoring arrangements and confirmed they were consistent with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by another manager within the sector who demonstrated a good understanding of the setting. The visits were a mixture of announced and unannounced visits, described their engagement with service users and staff, and reported on the conduct of the day care setting. Any improvements identified were recorded in an action plan which was reviewed during the next visit.

The inspector was provided with a number of audits that were in place to monitor and review the effectiveness and quality of care. It was positive to note that the management team had undertaken audits in relation to supervision and appraisal, service user records, staff rotas, consultation with service user, the environment and safety measures in place. The outcome of the audits assured practice in place was safe and effective, and improvements were made when identified as necessary.

The day care setting's last annual report had been written for the period up to March 2018. Matters included in Regulation 17 (1) and schedule 3 were reported on and an action plan was included which detailed areas for improvement.

The inspector discussed the recent development of the NISCC website and the adult social care learning zone. The assistant manager and staff were encouraged to access this as a resource that may be beneficial for promoting staff development and training opportunities for staff in the day centre.

The complaints and compliments record was reviewed. Eight areas of dissatisfaction or complaints were recorded since the last inspection. The review of the records showed the staff had openly encouraged service users to give feedback and they had been responded to in accordance with the trust policy and procedure. Areas for learning or improvement were clearly recorded and the service users satisfaction with the outcome was recorded. The record was another good example of service users being encouraged to be involved in their care and the future development of the day care setting.

The inspector discussed arrangements in place that related to the equality of opportunity for service users. The inspector noted that the day care setting develops person centred care and support plans, and risk assessments for each individual service user. Other areas of equality awareness identified during the inspection included:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness.

Discussion with staff provided evidence that they felt the service was well led. They said the management team encourage staff to make the most of what they have to develop an excellent service. They said this improvement focussed approach kept staff morale high because they were involved in developing practice and improvement. They said "we are always trying to improve and involve service users"; the managers give them autonomy to develop ideas; and every staff member in the setting has something to offer.

Two service users/ or relative returned a questionnaire to RQIA post inspection they identified they were "very satisfied" regarding questions on "is care well led" in this setting.

Areas of good practice

There were examples of good practice found during the inspection in relation to governance arrangements; quality improvement; and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)