

# Inspection Report

8 December 2023



## Orchardville Training and Resource Centre

Type of service: Day Care Setting  
Address: 10 Orchardville Avenue, Belfast, BT10 0JH  
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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 HSC Trust	<b>Registered Manager:</b> Mr Terry McCrea
<b>Responsible Individual:</b> Dr Catherine Jack	<b>Date registered:</b> 7 February 2023
<b>Persons in charge at the time of inspection:</b> Two Assistant Managers	
<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 Health and Social Care (BHSC) Trust area. 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 (BHSC) Trust.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 8 December 2023 between 11 a.m. and 4.00 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 and Dysphagia management was also reviewed.

One area requiring improvement was identified in relation to the views of service users and/or their relatives/representatives being reflected in the annual quality report.

Good practice was identified in relation to the provision of person centred care, communication between service users, staff and other key stakeholders. staff training and teamwork. 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 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 love it here."
- "I enjoy the arts and crafts."
- "I feel safe here."
- "I like coming here and talking to people."
- "I help out here, I enjoy my job."
- "The staff are lovely."

**Service users' relatives'/representatives' comments:**

- "I'm very happy with the service, it is excellent."
- "The staff are lovely and they speak to clients very nicely."
- "The staff provide lots of activities for my relative and he really likes going to the centre."
- "They're fabulous. The staff are all excellent and they really know about my relative's needs."

**Staff comments:**

- "This is a great place to work."
- "My line manager is amazing and very supportive."
- "My training is up to date. The refresher training is really good."
- "We have great teamwork here and I can approach my manager if I have any problems."

**HSC Trust representatives' comments:**

- "Referrals are always very timely and the treatment plan is always followed."
- "I always feel very welcome in Orchardville. The staff are easy to contact and overall there are great lines of communication."
- "I can't speak highly enough of Orchardville. The staff take on board my feedback. If something's not working, the staff will work with me to change it."
- "It is a very well organised service."

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was either excellent or very good and that the service was well managed.

We have noted some of the comments received:

- "It's very good."
- "Amazing"
- "It's good"
- "I love it here. The staff are kind and nice"
- "I like the activities. We have good fun in the centre. I keep my belongings with me"

A number of staff responded to the electronic survey. The respondents indicated that staff were very satisfied or satisfied that care provided was safe, effective, compassionate and that the service was well led. Written comments included:

- “The staff team go over and above their roles to ensure the service provided is varied and meets the needs of the service users. Great staff team.”
- “Great centre to work for. Great staff team and clients.”

## **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 day care setting was undertaken on 8 November 2022 by a care inspector. No areas for improvement were identified.

## **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 persons in charge 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. A review of records confirmed that these had been managed appropriately.

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 Moving and Handling training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme. A review of records confirmed that where the day care setting was unable to provide training in the use of specialised equipment, this was identified by the day care setting before care delivery commenced and training was requested from the HSC Trust.

A review of care records identified that moving and handling risk assessments and care plans were up to date. Where a service user required the use of more than one piece of specialised equipment, direction on the use of each was included in the care plan. Daily records completed by staff noted the type of equipment used on each occasion. A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

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. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. If an oral syringe was used to administer medicine to a service user, this was clearly noted in the daily care records. Medication competency assessments were in place for all staff.

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 their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, their care records contained Form 1 and a letter from the relevant HSC Trust confirming there was a DoLS in place. The day care setting maintains a register of those service users who have a DoLS 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



service 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 care setting 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:

- "Very happy with the transport and feel safe and well protected."
- "I really enjoy the time on the bus with my friends."
- "Would like to do more activities in the afternoon."
- "The meals are beautiful. The staff do a great job."
- "I really enjoyed the summer barbeque and ice cream van."

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

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.

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 a 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.

### **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 Annual Quality Report was reviewed and it was observed that it did not contain any feedback from service users and/ or their representatives. This was discussed with the manager following the inspection and an area for improvement has been identified.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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.

There was a system in place for managing instances where a service user did not attend the day care setting, as planned. This included a system for signing in and out the service users who attend.



**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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	0	1

An area for improvement and details of the Quality Improvement Plan were discussed with two assistant managers at the time of the inspection and Mr Terry McCrea, Registered Manager, following the inspection, 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 Settings Minimum Standards August (revised) 2021</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 17.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2024</p>	<p>The registered person shall ensure that the views of service users and their relatives/representatives, regarding the quality of the service provided, are included in the annual quality report.</p> <p>Ref: 5.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager has ensured that direct quotes and comments of the service users and their carers, are captured during Monthly Quality Monitoring visits, Client Committee Meetings, Compliments, Questionnaires, Annual Planning Meetings (review of careplan) and various Parent/Carers Meetings throughout the inspection year. These will be added to the Annual Quality Report.</p>

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