

Unannounced Day Care Setting Inspection Report 20 and 21 September 2016



Orchardville Training and Resource Centre Incorporating Bluebell Cards and Extending The Choice

Type of service: Day Care Service
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www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Orchardville Training and Resource Centre Incorporating Bluebell Cards and Extending The Choice took place on 20 September 2016 from 11.15 to 16.30 and 21 September 2016 from 09.15 to 16.30 (24 hour clock).

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The inspection of staff duty rotas, supervision audits, training records; observations of the setting; discussions with service users and staff provided evidence the care delivered was consistent with the settings statement of purpose and ethos.

The staff in Orchardville day centre was observed responding to a range of service users' needs. The service users said the centre was supportive and safe. The staffing levels were responsive to service user's needs, welfare and safety and the premises presented as safe on the day of the inspection.

Overall the assessment of "is care safe" concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

Is care effective?

The inspection of six service users individual care records, incident recording, complaints recording, discussion with the service users, staff and visiting professionals concluded care was being delivered at the right time, in the right place, and with the best outcome. Individual care needs had been assessed and the outcome was written into a plan. Review and monitoring arrangements were in place which reviewed the effectiveness and quality of care delivered to service users.

Overall the assessment of "is care effective" concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with compassion, dignity and respect. Staff were observed listening to service users, seeking their views and communicating with them in a supportive and caring manner.

Overall the assessment of "is care compassionate" concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

Is the service well led?

The discussion with staff and service users regarding the management arrangements confirmed they were informed regarding the management arrangements and the staffs role and responsibilities. Documents and records such as monthly monitoring reports; and policies and procedures evidenced there was arrangements in place to promote minimum standards of care and quality improvement in the setting.

Overall the assessment of “Is the service well led?” concluded the inspection of the minimum standards was met. No areas for improvement were identified during this inspection.

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

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 0 |

This inspection resulted in no requirements or recommendations being made. 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 23 March 2016.

2.0 Service details

| | |
|---|--|
| Registered organisation/registered person: Belfast HSC Trust/Mr Martin Joseph Dillon | Registered manager: Karen Neville |
| Person in charge of the service at the time of inspection: Gary Wilson, assistant manager | Date manager registered: 04 May 2010 |

3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Belfast Health and Social Care Trust
- Incident notifications which revealed 12 incidents had been notified to RQIA in the last 12 months
- Unannounced care inspection report 23 March 2016 and trust response to the inspection.

During the inspection the inspector met with:

- Three assistant managers
- 14 staff
- 23 service users.

Questionnaires were given to the manager to distribute between service users, representatives and staff in The Orchardville day centre. Two were returned by service users, two by staff and three by relatives.

The following records were examined during the inspection:

- Six service users' care files including a sample of service users' daily records
- Staff rota for weeks beginning 25 January, 01 February, 21 March, 08 August and 29 August 2016
- The complaint/issue of dissatisfaction record which had six entries recorded from April 2015 to September 2016
- A sample of incidents and accidents records from July to September 2016
- The minutes of two parents group meetings held in June and September 2016
- The minutes of client committee meetings (service user meetings) 14 April and 12 May and 16 June 2016
- A sample of the team meeting minutes for April, June and August 2016 and senior meetings held in June and July 2016.
- Staff supervision dates for 2016
- Five staff records
- Three monthly monitoring reports for May, June and July 2016
- Staff training information for 2016
- Statement of Purpose
- Service Users Guide
- The Orchardville monthly newsletter for July 2016.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 March 2016

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 23 March 2016

| Last care inspection recommendations | | Validation of compliance |
|---|--|--------------------------|
| Recommendation 1 Ref: Standard 7.6 Stated: Second time To be Completed by: 30 June 2016 | <p>Further to the previous inspection QIP regarding policies/procedure file (Recommendation 3), a contents list of policies was placed at the front of the policy file. However, further work is necessary to provide ease of access for staff as no dividers or index reference numbers were in use.</p> <p>Action taken as confirmed during the inspection: The policy file was available for inspection and had additional dividers as recommended. To ensure staff access the most recent policy the staff access policies and procedures through shared file access on the day centre computerised files.</p> | Met |
| Recommendation 2 Ref: Standard 21.3 Stated: First time To be Completed by: 30 June 2016 | <p>Training records retained showed that manual handling was last provided during 2014. This training should be provided on an annual basis in keeping with RQIA Mandatory Training Recommendations.</p> <p>Action taken as confirmed during the inspection: This training was delivered on 27 June 2016.</p> | Met |
| Recommendation 3 Ref: Standard 28.4 Stated: First time To be Completed by: 30 May 2016 | <p>Staff training records showed that nine staff did not receive fire safety training during 2015. This training should be provided annually to all staff.</p> <p>Action taken as confirmed during the inspection: This was completed on 26 April 2016. This year's training was delivered on 01 & 02 September 2016. Any staff absent on those days has been booked into a mop up session on 18 October 2016.</p> | Met |

4.3 Is care safe?

Discussion with the assistant manager revealed there was staff recruitment in process and the setting is short staffed. A walk around the setting and visits to the two satellite projects revealed there was staff in all of the rooms and out with the outreach groups. No service users were left alone and observation did not reveal any unmet needs during this inspection. The staffing rota for 25 January, 01 February, 21 March, 08 & 29 August 2016 were inspected and this detailed what staff were on duty each day including their role in the day care setting. This record was compliant with standard 23.7 which states a record should be kept of who is working and in what capacity.

During the inspection there were three assistant managers in the setting. One assistant manager was acting up as manager because the manager was on annual leave. There was a procedure in place regarding absence of the manager dated June 2016. During the two day inspection the staff and service users confirmed they were aware of who was in charge of the day care setting in the absence of the manager.

Four staff files were inspected; they provided evidence that staff commenced their job following satisfactory pre-employment checks undertaken by the trust. There was a staff induction policy in place that described roles and responsibilities regarding induction for each staff and student role. The management team had also put in place a buddy system for all staff to enable staff to become competent in new processes being introduced. The most recent process was the computerised records. Staff said the support had helped them to gain confidence and skill which enabled them to use computerised records such as policies and procedures, recording contact and care issues for each individual service user and managing their own personnel processes.

Supervision arrangements were inspected for staff. The supervision audit records for 2016 showed staff had received one individual supervision session no less than once every three months. The supervision meetings followed a set agenda including staff progress, service users and their records, activities, complaints and compliments.

The staff training record was inspected for 2016. The staff mandatory training and training specific to service users' needs record detailed they undertook a range of training such as complaints; fire safety; epilepsy; SCIP (behaviour management); Makaton; medication; continence; COSHH and swallowing. This record, review of the staff training plan and discussion with the assistant manager and staff confirmed all staff had or will receive the required training to safely undertake the duties of their role in 2016. Each training session delivered on line or in a group training session was evaluated by staff on a feedback form. This had been used by their supervisor and the manager to verify the staff had the required skills, knowledge and understanding to undertake their role and responsibilities safely in the day care setting. Any gaps or concerns identified by the management team were addressed with the staff.

This day care setting was delivering a range of activities. They ranged from room based activities, community activities, job assignments and projects which were delivered in the satellite settings. The service users could engage with activities they wanted to take part in and staff support was provided as identified within their assessment; to ensure they are safe. During the inspection staff were observed enabling individuals to experience the benefits of social interaction with other service users and engaging service users in tasks and activities.

In the main centre the care was delivered in a range of rooms that accommodated small groups, physical activities, sensory activities, crafts, quiet time/ relaxation and larger group activities such as a disco. There was also outside space, a dining area and bathrooms, which were observed as accessible. The day centre environment presented as focussed on the service users and promoted their independence. For example there were notice boards detailing volunteering opportunities, community activities and activities being delivered for the whole setting.

The walk around the environment identified there was infection prevention and control measures clearly displayed and fire exits were observed as clear. The manager had undertaken slips, trips and falls assessment in August 2016 and a fire safety audit in August 2016. Two fire drills had been undertaken in 2016. These safety measures did not reveal any concerns regarding safety in the environment that were not being managed or addressed.

Overall the environment was functional for this group, warm, comfortable and the lay out promoted freedom of movement for all service users. It was noted the building had been well maintained and areas had been updated such as the reception, which was recently painted. No obvious hazards internally or externally were noted. Overall the inspection of the premises and grounds identified they presented as safe, well maintained and suitable for their stated purpose.

The two satellite buildings are community buildings. The visits to them confirmed they are functional for the projects that are delivered in them. The buildings were accessible for the service users and no hazards were observed.

23 service users were consulted with during the inspection regarding is care safe. This revealed staff had talked to them about keeping safe in their own community, in the day care setting and in their own homes. They described staff had helped them to understand what being safe is, how they can be safe and what to do if they are not safe. They talked about preventing trips and falls, fire safety, internet safety and being vulnerable. The service users said this knowledge had given them confidence and independence. The service users said they knew where to go if the fire alarm sounded and they were aware the staff team keep an eye on them in the setting to keep them safe. Service users said if they have a problem or a worry they could go to a staff member to get help, advice or support.

Two service users returned questionnaires to RQIA regarding this inspection and they stated they felt safe in the setting; they could talk to staff if they were unhappy, the setting is comfortable, they knew what to do if the fire alarm sounded and they could tell someone if they were worried about someone being treated badly.

Three relatives returned questionnaires. They answered their relative is safe and protected from harm, they could talk to staff, and they would report concerns to the manager and the environment is suitable to meet their relative's needs.

The staff on duty discussed the staff numbers on duty have been less than they would like due to vacant posts however; they work together to plan where staff are needed to address risk and need. This had ensured they had provided safe care; in a safe environment. The staff said if they had any concerns regarding safe practice they would discuss this with their colleagues or the management team. They described the staff work well together and are open with each other about challenges to ensure they support each other. The staff identified the key to safe care is in planning and thinking ahead. Examples were responding to service users changing needs by ensuring risk assessments and plans are up to date, all staff are kept aware of any changes and if there is concerns regarding any service users care, risks or their plan this is

discussed at an early stage regarding planning and the best caring response available by staff that is compliant with the settings policies and procedures.

Two staff members returned questionnaires. They stated safety was very good in the setting. The questionnaires detailed care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities

Areas for improvement

No areas for improvement were identified during the inspection.

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| Number of requirements | 0 | Number of recommendations | 0 |
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4.4 Is care effective?

The content of the Orchardville day centre statement of purpose was sampled and this accurately described the purpose of this service. The setting provides day support for service users who have a learning disability. Service users may also have complex health care needs which require intensive support and they care for service users who are highly independent individuals. The day support services incorporate training and development opportunities for all service users. The inspection of six individual service user care files showed each service user met these criteria, their needs had been assessed and this was used to draw up a plan with the service users, their relatives or representatives. This had been reviewed at least annually to ensure the care provided was appropriate to meet the service user's health and social care needs.

The inspection of the six service user's assessments and care plans provided evidence that where possible the service user's independence was promoted and they were being supported to achieve their own goals. The files also provided evidence the care described in the statement of purpose was being put into practice and service users were being cared for effectively. The record keeping formats were produced and completed in accordance with legislation, standards and best practice guidance. For example risk management information was clearly stated at the front of the file, consent forms were signed, assessments including moving and handling; transport; communication passport; risk and all about you were completed, plans such as behaviour management; my support needs and transitional planning was completed. Review documentation included consultation with service users and the minutes were produced in DVD format as well as an easy read report to assist service user involvement and understanding.

The day care setting activity schedule and opportunities for additional activities/opportunities was written and displayed for service user's reference in the day care setting corridor. The activities were grouped on boards according to their theme. For example community outreach was on one board, work opportunities was on another board and the details of centre based activities were displayed near the large hall; where they happen. The information was displayed in easy read versions and displayed in a colourful eye catching way. Service users also had individual schedules that they could refer to in their room. Staff and service users confirmed the activity schedules in the setting and in the community were informed by the consultation with service users; service user needs and staff ideas.

Discussion with service users identified they liked being in the setting because they could take part in activities and new opportunities. They described the care was effective because they were getting the right care. Staff were described as wonderful, they knew what the service users needed and they were kind. If they were looking for a new opportunity to engage in they knew they could look at the boards in the corridor and ask staff for help to access an activity or work opportunity. The service users described the day centre gives them independence, its good because it is in the community, gets them out of the house, they can be with friends, they have lots of laughter and are kept busy. One group of service users described their review as about them, they liked that they could invite who they wanted to and knew what was going to be talked about.

Two service users' questionnaires identified they were getting the right care at the right time; staff were communicating with them; their choices are listened to; they can choose the activities they take part in; and have been involved in the annual review of their day centre placement.

Three relative's questionnaires identified their relative gets the right care, at the right time, in the right place; they were satisfied with communication with staff; their awareness of their relative's needs; preferences and choices, that these were incorporated into the care they receive; and they are involved in their relative's annual review.

Discussion with staff revealed they are focussed on what individual service users' needs are when developing individual care plans and activity opportunities. They make sure plans are suitable, can be staffed and will achieve positive outcomes for the service users. This had involved them consulting with the service user, their family and professionals involved. Furthermore they ensured information they had recorded was current and relevant for the service user to ensure they get the right care, at the right time, in the right place. Staff said they don't tell service users what to do on a daily basis; they guide and encourage service users to come up with ideas, make a choice and direct the process of their involvement. Staff said they are most successful when they build on positive outcomes. They said staffing numbers promoted effective care when posts are filled or covered. They were aware of the potential for the group dynamics to change when doing larger activities. For example the number involved in the Orchardville mean there may be potential for behaviours to escalate, therefore they make sure staffing numbers can respond appropriately and divert behaviours successfully.

Two staff questionnaires identified service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

Areas for improvement

No areas for improvement regarding effective care were identified during this inspection.

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| Number of requirements | 0 | Number of recommendations | 0 |
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4.5 Is care compassionate?

This inspection included consultation with 23 service users in Orchardville, extending the choice ladies group, and Bluebell cards. The inspection also included observation of the morning and afternoon activities, and lunch times. Service users said they felt care was compassionate and gave examples such as: they are encouraged to write how they feel their day has been in their diary; they can talk at any time with staff and attend group meetings to give their ideas, views

and opinions; and they felt the management staff have an open door and they can talk to them if they want to.

Observation of care showed the staff were checking service users were comfortable, that their needs were being met and seeking service user's preferences using the most appropriate communication method for each individual. If the staff identified someone needed additional support they sensitively moved service users to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

Records such as individual service users review documentation, the parents group meeting minutes, client (service user) committee meetings and monthly newsletter were viewed. These showed the management team and staff group have processes in place to involve service users and their relatives in decisions about their care, and the running of the day care setting. There was also an information board near the reception area that displayed general information that service users can access about the review meeting process, activities, groups, making a complaint and compliment.

During the inspection the open door policy was noticed as in place. Service users walked around the setting and into the managers offices to talk about a range of subjects. Other opportunities for service users to communicate their views, opinions and preferences were attendance at user forums, feedback forms, opinion sheets, questionnaires and small working parties that have focussed on particular issues such as food. All of these examples were viewed; to involve service users they were produced in easy read versions and displayed around the setting so service users were familiar with them.

The annual survey and annual report was provided for this inspection. They included an action plan with timescales and who will put the plan into place. The actions were focussed on improving practice and did not detail any issues of non-compliance.

Two service users' questionnaires identified they were treated with respect and were involved in decisions affecting them, the staff are kind and caring, their privacy is respected; they have choices and are involved in decisions. One service user said "this place is brilliant, I love swimming. I have learnt so much here, I do so much". They described doing office duties, pay for service users and activities.

Two relative's questionnaires described their relative was treated with dignity and respect and involved in decisions affecting their care. They do not have any concerns and their relative is treated well. One relative commented "My son is so happy at Orchardville. He still wants to go in even if he isn't feeling well. He is treated very well".

The staff discussion revealed they encourage service users to be independent and confident. Their experience was service users ask staff if they want to do something particular in day care for example a walk or activity. Staff said it was important service users feel confident that they can communicate openly with staff. They said they are conscious of the way they speak to service users, that the service users know staff are flexible in their delivery of day care; the staff offer reassurance as required, are supportive, help and assist all service users.

The staff described they let service users lead activities where possible, they wanted service users to be independent in their choices and for the setting to be user led. They said they do this by involving service users in meetings, consultations, questionnaires to evaluate particular issues or activities such as health and wellbeing, feedback sheets and informal discussions.

They stated if service users go home happy we know they have had a good day. Staff felt knowing all service users was an important factor in providing compassionate care. They acknowledged they know service users in their group's best but to provide effective care and be compassionate they communicate with all service users so they feel comfortable in any staff members company.

The two staff questionnaires identified service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

Areas for improvement

No areas for improvement were identified during the inspection.

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| Number of requirements | 0 | Number of recommendations | 0 |
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4.6 Is the service well led?

The three assistant managers were present during the inspection. The manager was on annual leave. Examination of the day centres statement of purpose evidenced the management arrangements were correctly described in the statement of purpose and were consistent with the day centres registration details. The assistant managers provided examples of management and governance systems they had in place which ensure the setting is safe, well managed and service users' needs are met in compliance with the Day Care Settings Regulations (NI) 2007 and Standards 2012. Examples were the annual reporting, monthly monitoring visits and the audits of the settings records and environment. The audits did not identify any concerns regarding the centres compliance. The annual report for 2015/2016 was provided for this inspection and the document presented as compliant with regulation 17(1).

The monthly monitoring visits and reports were inspected from May, June and July 2016. The reports available evidenced visits had taken place once per month as required in regulation 28 and described the conduct of the setting.

Policies and procedures were accessible for staff in centrally indexed files and electronically. Staff confirmed they could access the policies and procedures. Samples of policies were referred to such as Whistleblowing, adverse incident reporting, safeguarding vulnerable adults, induction and fire safety. This revealed they were current and had been recently updated.

The complaints record was reviewed and this revealed six had been received since April 2015 to September 2016. Compliments records were also recorded and maintained by staff. The record evidenced service users' issues of dissatisfaction were recorded and responded to in accordance with the settings policies and procedures. It was also noted service users were satisfied with the outcome.

The service users spoken to were aware of the management arrangements in the setting. They said they are encouraged to make decisions and to be in charge of what they do in the setting but do have staff support. They said the manager was accessible to them, they felt they could talk to any of the staff if they had suggestions or a concern. One service user said "I can tell staff how to look after me". Another said "staff support us; this is a wonderful place to come to".

Two service users' questionnaires identified the service was managed well; they said they knew the manager and could talk to them if they had any concerns. Finally staff had responded well to them and they are asked what they would like to do in the setting.

Three relative's questionnaires stated the service was managed well; staff and the manager are approachable, professional and caring. They have a copy of the service user's guide.

Discussion with staff confirmed they knew how to respond to a range of situations such as responding to issues of dissatisfaction or a vulnerable adult concern communicated by service users. The staff acknowledged they are a large staff team; they adjust to the needs of the service and service users which requires good communication across the team and clear working together practices. They described their job as rewarding because they get immediate feedback and can see positive outcomes. They described the manager as supportive and they knew they could speak to the assistant managers' for guidance or advice in the manager's absence. Staff also recognised they plan together and support each other in their daily planning / staff meetings. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user. Staff described everyone's opinion is valued and they feel able to voice what they think with other staff.

Two staff questionnaires identified the service is managed well, the service is monitored, and communication between the staff and management is effective.

Areas for improvement

No areas for improvement were identified during the inspection.

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| Number of requirements | 0 | Number of recommendations | 0 |
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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