

# Unannounced Care Inspection Report 26 and 27 March 2018



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

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

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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 103 adults aged from 19 years 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 setting includes two off-site Club facilities which are 'Extending the Choice' (ETC) based in Morton's Community Centre off the Lisburn Road and The Bluebell Cards Project based in Finaghy Community Centre. These services further develop service users independence and employment skills.

### 3.0 Service details

|  |  |
|--|--|
| <b>Organisation/Registered Provider:</b><br>Belfast HSC Trust                          | <b>Registered Manager:</b><br>Karen Neville    |
| <b>Responsible Individual(s):</b><br>Mr Martin Joseph Dillon                           |  |
| <b>Person in charge at the time of inspection:</b><br>Terry McCrea (assistant manager) | <b>Date manager registered:</b><br>04 May 2010 |
| <b>Number of registered places:</b><br>103 - DCS-LD, DCS-LD(E)                         |  |

### 4.0 Inspection summary

An unannounced inspection took place on 26 March 2018 from 09.15 to 15.30 and 27 March 2018 from 09.00 to 14.30.

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 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 knowledge of safe care and risk management; the day care setting environment; providing care and activities in the right place, at the right time; the ethos of the day care setting; listening to service users; governance arrangements, and maintaining good working relationships.

Areas requiring improvement were identified in relation to the frequency of service user reviews and monthly monitoring reports

Service users said about Orchardville: “being here is good company”; “everyone has a job”; we have group meetings when we can talk, we talk about what we done, who we met”; “staff know everything and they know what to do”; “we learn health, happiness and to be kind to ourselves”.

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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 1         |

Details of the Quality Improvement Plan (QIP) were discussed with Terry McCrea, assistant manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 20 & 21 March 2016**

No further actions were required to be taken following the most recent inspection on 20 & 21 March 2016

#### **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 from the registered manager and Belfast Health and Social Care Trust (BHSCT)
- incident notifications which revealed six incidents had been notified to RQIA since the last care inspection in September 2016
- unannounced care inspection report 20 & 21 September 2016

During the inspection the inspector met with:

- two assistant managers
- twenty two service users
- thirteen care staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Two were returned by staff; and one was returned by a service user or relative.

The following records were examined during the inspection:

- three individual staff records
- two staff induction records
- nine service users' individual care files
- a sample of service users' daily records
- the complaints/issue of dissatisfaction record from April 2016 to March 2018
- a sample of incidents and accidents records recorded during November 2016 to February 2018
- the staff rota arrangements during March and February 2018
- fire safety precautions
- the minutes of service user committee meetings held in September 2017 and February 2018
- staff supervision dates for 2017 and 2018

- monthly monitoring reports and easy read versions produced for service users from November 2017 to January 2018
- the staff training information for 2017 & 2018
- the settings statement of purpose and service user guide

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 20 & 21 September 2016

The most recent inspection of the establishment was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 20 & 21 September 2016

There were no areas for improvement made as a result of the last care inspection.

## 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 settings daily staff arrangements and records were inspected for February and March 2018. This provided evidence that the distribution of care staff across the setting was planned according to the needs of the service users and individual needs. The record had been updated regarding staff absences, the manager's presence was recorded and in her absence the staff in charge of the day care setting was recorded.

Clear guidance was available for the assistant managers and day care setting staff that detailed the duties and responsibilities that should be covered in the absence of the manager. Policies and procedures were also identified that guided staff in the management of the day care setting. Discussion with the two assistant managers who were in charge of the setting at the time of the inspection confirmed they were competent to act up in the manager's absence and their role and responsibilities were reviewed with the manager on an ongoing basis.

Three individual staff records and two staff induction records were examined and these revealed safe arrangements were in place regarding staff recruitment, support and induction, records provided some evidence that staff had the right knowledge and skills to work safely and effectively in this setting. The processes in place were discussed with the assistant managers who described if any gaps were identified, a plan would put in place to address

deficits through training, mentoring or coaching the staff member, to ensure competence is achieved.

Service users' needs and activity levels were varied in this setting, service users could move around the main centre and satellites independently and if they were dependent on staff to assist or support them to move around the staff were observed as on hand and offering support as needed. The staff spoken to in the main setting discussed how they used the space in the setting, activity rooms and large spaces to meet individual and group needs. For example floor space and specialist furniture was arranged to ensure service users could enjoy group activities or quiet space when needed. A large group of service users were observed watching a film in the dining room after lunch, whilst they were all together in a group; the space they had around them and the staff available for them was dependent on their individual needs and care plan. Service users who were more sensitive to noise or group activities were supported by a member of staff who was assisting the service users to connect with the content of the film and respond emotionally. A small number of service users remained in their activity rooms instead of watching the film with their staff to take part in activities which was appropriate for their needs, preferences and consistent with their care plan.

During the two days of inspection, the activities available for service users on the day of the inspection were promoting an: active life; creative skills; cognitive skills; developing independence; and social skills. Observation of the care arrangements in this setting showed staff were promoting and encouraging service users to be involved and act independently in a safe way.

The inspection of the settings training record showed that staff had received mandatory training and training relevant to their role and responsibilities. Examples of training staff received in 2017 and 2018 were compliments and complaints; feeding and swallowing awareness; TEACCH principles; Adult safeguarding for managers; SCIP (behaviour management); fire safety; food safety; talking mats; risk assessment; autism awareness. These training opportunities assured staff knew how to provide safe care and support for the service users in this setting.

The examination of a sample of the settings incidents and accidents from November 2017 to February 2018 revealed the setting had recorded accidents and incidents, and actions to prevent reoccurrence were recorded and notifications had been sent to RQIA and other organisations as required. Overall the record showed service users safety needs had been identified and managed to ensure practice was safe and effective.

The service users' access and exit to the main day care setting and satellite services was not restricted and they were observed entering and leaving the premises, staff were also noted as on hand offering support to individual service users that was consistent with each service users' needs. Inspection of the settings environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose.

Fire safety precautions were inspected and it was noted fire exits were unobstructed. The staff received fire training in September 2017, the fire drill had been carried out in October 2017, the fire risk assessment was not due for review until November 2018 and the action plan was being completed.

The service users in the three locations were asked if they felt safe in Orchardville, the feedback from service users was they felt safe in the day care setting, they said they were safe because the staff knew how to promote their health and safety, they knew where the fire doors

were, knew how to evacuate the building if there was a fire and how to prevent slips, trips and falls. They said staff helped them to be safe in the community; staff had given service users training to help them safely use public transport and cross roads independently. They described the staff will contact them if they are not in day care and they can speak to staff if they are worried about anything or have a concern about day care.

Staff were asked was care safe in this setting, they said care was safe and gave a number of examples to evidence this. They identified they know the service users well, they keep the records of service users support needs up to date and current, they also acknowledged service users’ needs can be changeable and they look for indicators of this to identify the safest way to respond and deescalate any potential for escalating behaviours and concerns. Staff discussed their use of general risk assessments and specific risk assessments for activities service users do; they review these regularly to make sure the information staff have to hand clearly measures risks and describes how to support service users safely and effectively. Staff talked about keeping the environment safe, for example they clean spillages quickly in the buildings, remove clutter and measure risk regarding the safety of service users if there is unusual weather that changes the service users risk assessment such as snow or ice. The staff discussed their safeguarding role and described processes that were consistent with current safeguarding procedures; they had a good understanding of indicators of concern and were clear who to report any concerns to and how they respond to service users to support and safeguard them.

One service user or relative returned a questionnaire to RQIA post inspection, they identified they were “very satisfied” regarding the questions “is care safe” in this setting. By this they meant there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean.

Two staff returned questionnaires to RQIA post inspection, they identified they were “very satisfied” regarding questions on “is care safe” in this setting. They identified they felt satisfied that staff were employed in sufficient numbers to meet the needs of the service users, staff had been inducted and had received all mandatory training. Staff had received safeguarding training and all staff were aware of their responsibility to report any concerning or unsafe practice.

In conclusion the inspection of records, discussion with staff and observations showed the care and support delivered by staff was most focussed on preventing harm to service users and the care delivered was intended to help them.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff knowledge in regard to safe care, risk management and the day care setting environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

## 6.5 Is care effective?

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

The centre's Statement of Purpose contained information required by Regulations and Standards, and the content was consistent with the settings registration with RQIA. The setting had also produced an easy read version of the statement that was provided for the inspection, this was an example of the general approach in this setting to produce documentation that is accessible for the service user group. Advice was given to staff to ensure they had the right level of permission from service users and / or their carers regarding the use of service user's pictures in documentation that is openly available to the public. Current arrangements did not present as sufficient in this regard however, the easy read statement was in draft form and not available for use at the time of the inspection.

Nine service users' individual care files were inspected; they contained the service user's individual assessments and care plans which reflected their physical, social and emotional needs. The service users care documentation showed staff had developed individualised communication plans and resources when needed, files also described what each service user wanted to achieve in day care and contained detailed feedback from individuals regarding the activities and programmes they had taken part in.

The inspection found the service users' individual review dates in Bluebell Cards were falling outside of the annual timescale, staff explained the reviews in Bluebell cards were being moved to April, May and June from the winter months because they were less busy during those months making and selling cards. Staff showed the information on the files had continued to be reviewed by staff to ensure it was relevant however they acknowledged the review meeting with the service users would be delayed to allow for the business commitments to be completed. The inspection did find the staff approach to moving the review meetings in bluebell cards was well planned and service users' needs were being monitored however, this practice was not consistent with the day care settings standards and an improvement is made in this regard.

Discussion with the assistant managers revealed records were stored safely and securely in the day care setting, in line with data protection. Staff discussion confirmed they were using the individual records to guide their practice and they understood the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' assessed needs and respond to them effectively.

Service users spoken to during the inspection discussed they were able to take part in a number of activities for example exercise, creative activities, using community resources, social gatherings, music and table top activities. Service users said that they knew the staff well in the setting and could approach staff for help or support. Service users talked about a fashion project they had taken part in which ended with a show and an Easter production, they described the benefits they had gained from being involved in these such as developing new skills and increased confidence. One group of service users said their staff "know everything" and they "trust them to know what to do", they also identified the staffs approach had increased their confidence in knowing how to keep themselves safe and use new skills they had learnt. Discussion with service users in the setting confirmed they knew about their care plan and work with staff to ensure they contribute to the review of their care.



Discussion with staff revealed ways they had responded effectively to service users' needs, they discussed using the essential information stored on individual service users care files and peer audits of files had the potential to identify that the content was current and accessible or provided areas for improvement. Staff discussed they share documents and or practice from training or their own interests and this assists the team to work consistently to improve outcomes for their service user group. They discussed the review process and had been introducing video evidence for service users to use whose communication was limited, this assisted them to report on what they had achieved in day care. The staffs creative and flexible approach to enabling service users to effectively take part in their care is commended.

One service user or relative returned a questionnaire to RQIA post inspection and identified they were "very satisfied" regarding the questions "is care effective" in this setting. By this they meant they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations.

Two staff returned questionnaires to RQIA post inspection, they identified they were "very satisfied" regarding questions on "is care effective" in this setting. They identified the that services users had been assessed and were in the right place for their needs to be met, staff were kept informed of changes to service user care plans, referrals/treatment to/from other agencies and professionals was dealt with promptly and the service had good working relationships with other professionals/agencies.

Overall discussion with staff, review of records and observation of care showed communication and procedures had ensured staff provided safe and effective care, they knew what each service user needed and how best to meet their needs.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to providing care and activities in the right place, in the right time.

**Areas for improvement**

One area for improvement was identified during the inspection regarding the frequency of service user reviews.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

**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.**

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect by staff. Examples of staff promoting service users' independence and preferences regarding activities, finding calm space, and self-care was observed.

On the day of the inspection the service users spoke about activities they were planning or taking part in such as a fashion project; the Easter parade; the film afternoon; outings and

making cards, they spoke positively about their involvement in the activities and how staff had encouraged them to be as involved as they felt comfortable. Evidence of service users enjoying the activities was observed in colourful displays in the buildings and service users discussed their memories of being involved in the activities which was prompted by the pictures or art work displayed. This was a good example of how service users had been enabled and encouraged to be fully involved.

The service user committee meetings record was inspected for September 2017 and February 2018. The minutes provided a clear record of who was involved, the agenda, what input the service users had, their comments, views, suggestions with action points to progress plans, the minutes were also available in an easy read version for service users to access. The setting had continued to produce easy read versions of all documents available for service users to read including the monthly Newsletter which was produced with service users, for service users, and included a recap of what service users were doing in Orchardville.

Service users were asked if care in the setting was compassionate and encouraged them to be involved. They said they speak openly to staff and staff seek their views, opinions and preferences. Service users had confidence that staff knew everything they needed to know and knew what to do at all times to support them. During the inspection it was noted service users who did not communicate verbally were expressing their feelings and choices with staff who responded compassionately to the service users' needs for clear communication. Observation of staffs responses and communication showed the staff knew how to put service users at ease, support them to have fun and ascertain their choices.

Staff were asked to describe their delivery of compassionate care, they described they understood the service users' needs and preferences which guided their care approach. They described creative and innovative approaches to gathering service users views and preferences such as video, easy read planning documents, and complaints and compliments information.

One service user or relative returned a questionnaire to RQIA post inspection. They identified they were "very satisfied"; regarding questions on "is care compassionate" in this setting. They identified they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

Two staff returned questionnaires to RQIA post inspection, they identified they were "very satisfied" regarding questions on "is care compassionate" in this setting. They identified staff treated them with kindness; dignity and respect; All staff engaged with service users with warmth and consideration; care was delivered in a person centred individual manner and not routinely; staff communicated with service users about their care and treatment in a manner which was understood; there was a culture of reporting any concerning practice and confidence that these concerns would be dealt with.

The inspection of this domain confirmed the staff were actively promoting effective communication between service users and staff however their record of this should be improved.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to service users.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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.**

The registration certificate was up to date and displayed appropriately.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months.

The complaints record was inspected and this showed nine complaints had been recorded from 01 April 2016 to March 2018. The record showed these had been responded to promptly to resolve the areas of dissatisfaction and a plan was put in place when necessary to prevent reoccurrence.

Inspection of staff meeting minutes revealed they were recorded, the content showed they discussed the day care being delivered, including the quality of care, best practice examples, policy and procedures, minimum standards, training opportunities, raising the profile of the setting and potential to improve practice.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the monitoring officer and the service users who work in the office had produced an easy read version for service users to access. The reports were sampled and this found they did not record the times of the visits, if they were announced or unannounced and one of the satellite services was not visited in the last twelve months. The reports should be improved in this regard.

The annual report for 2017 was provided for this inspection, the report included matters listed in Schedule 3 and detailed how the setting could improve the care and support they were providing in relation to Schedule 3.

Evidence of audit arrangements for medicines; safety; staffing arrangements; supervision; the environment; files audits and room audits were in place that ensured compliance with standards and planned to improve areas of practice where identified.

The staff were asked for their views regarding effective leadership in the setting, they described they work well together as a staff group and with the leadership team. They felt the structure of the staffing group worked well, managers were approachable and had an open door, advice was given as needed and they were all encouraged to lead staff to develop practice in areas they were particularly skilled in or had an interest. Staff described they encouraged each other to develop their talents, take the lead or become champions and peer support was very good. They said verbal communication between staff was happening daily however they also used team briefings, email, peer supervision and meetings as required.

One service user 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. They identified they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Two staff returned questionnaires to RQIA post inspection, they identified they were “very satisfied” regarding questions on “is care well led” in this setting. They identified there was a culture of staff empowerment and involvement in the running of the service, a culture of learning and upskilling, a culture of continuous quality improvement and all staff were encouraged to bring forward new ideas and innovations. Managers/leaders were approachable and open to whistleblowing or raising concerns.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, and maintaining good working relationships.

### Areas for improvement

One area for improvement was identified in relation to the monthly monitoring reports during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 0         |

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Terry McCrea, assistant manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 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 and the Day Care Settings Minimum Standards, 2012.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

|   |  |
|---|--|
| <p><b>Area for improvement 1</b></p> <p>Ref: Regulation 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>22 May 2018</p> | <p>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.</p> |
|---|--|

Ref: 6.7

**Response by registered person detailing the actions taken:**  
All future monthly monitoring will be arranged and recorded to fully comply with the Day Care Setting Regulations as detailed above.

### Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

|   |  |
|---|--|
| <p><b>Area for improvement 1</b></p> <p>Ref: Standard 15.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>22 May 2018</p> | <p>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.</p> |
|---|--|

Ref: 6.5

**Response by registered person detailing the actions taken:**  
Review meeting dates for Bluebell Cards were set prior to the inspection and have since commenced. The delay was in response to a request made by service users at Bluebell Cards. The change will only impact at this time and regular reviews and updates to each service users care plans and support needs remain ongoing throughout the year. I

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews