

Inspection Report

11 January 2023



Orchard Centre

Type of Service: Day Care Service
Address: Dromalane Road, Newry, BT35 8AP
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Southern HSC Trust	Registered Manager: Mrs Maureen Smith
Responsible Individual: Dr Maria O'Kane	Date registered: 18 October 2010
Person in charge at the time of inspection: Team Leader	
Brief description of the accommodation/how the service operates: The Orchard Centre is a day care setting registered to provide care and day time activities for a maximum of 70 people. Service users who attend the setting are those over the age of 65 years, and those living a memory loss or enduring mental ill health	

2.0 Inspection summary

An unannounced inspection was undertaken on 12 January 2021 between 10.00 a.m. and 2.30 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, Dysphagia management and Covid-19 guidance was also reviewed.

An area for improvement has been identified; it relates to the notification required when the management arrangements change.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

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 any previous areas for improvement identified, 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.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users 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 enjoy coming, it is a nice place."
- "It gets me out; I come three days and like coming."
- "The food is grand."
- "You do what suits you."
- "Staff are great."
- "It is quiet today."

Staff comments:

- "Love working here; no issues."
- "Can raise concerns."
- "Great place."
- "Training is good."
- "Trying to increase numbers since Covid."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "Love coming to the centre. Great people, great staff, lovely food."

- “Mum loves going to the centre, enjoys socialising with other people. Great for her mental health.”
- “I love going to the centre to see all my friends and the lovely staff.”
- “The centre is a lifeline for me and my family; it provides an opportunity for my mother to socialise with other people.”
- “As I live alone the centre allows me to talk to other people and do activities both mentally and physically. I enjoy coming here every week. It was terrible when it was closed during Covid. The staff are great. “

There were no responses to the electronic survey.

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 28 September 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 28 September 2021		
Action required to ensure compliance with The Day Care Settings Regulations, (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 28. (3)(4)(c) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that quality monitoring visits of the day care setting are completed monthly and a report compiled. Ref: 5.2.4	Met
	Action taken as confirmed during the inspection: Inspector confirmed that quality monitoring visits of the day care setting are completed monthly and a report compiled.	

Action required to ensure compliance with The Day Care Settings Minimum Standards, 2012.		Validation of compliance
Area for improvement 1 Ref: Standard 13.7 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that written records are kept of all safeguarding concerns and include details of the investigation, the outcome and action taken by the day care setting. Ref: 5.2.1	Met
	Action taken as confirmed during the inspection: Inspector confirmed that a system has been implemented to ensure that written records are kept of all safeguarding concerns and include details of the investigation, the outcome and action taken by the day care setting.	
Area for improvement 2 Ref: Standard 21 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that staff are trained for their roles and responsibilities. This relates specifically to DoLS and Dysphagia training. Ref: 5.2.1 and 5.2.3	Met
	Inspector confirmed that staff had completed training appropriate to their job roles; this included DoLS and Dysphagia training.	
Area for improvement 3 Ref: Standard 19.3 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that the information held on record is accurate, up to date and necessary. This relates specifically to the day care setting's staff rota information, NISCC registration and training records. Ref: 5.2.1 and 5.2.2	Met
	Action taken as confirmed during the inspection: Inspector confirmed that information held on record with regard to the staff rota, NISCC registrations and training is accurate, up to date and necessary.	

Area for improvement 4 Ref: Standard 28 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person must ensure that fire safety precautions are in place that reduce the risk of fire and protect service users, staff and visitors in the event of a fire.</p> <p>This relates specifically to ensuring that fire doors are not propped open at any time.</p> <p>Ref: 5.2.1</p> <p>The inspector observed that fire doors were not propped open during the inspection.</p>	Met
Area for improvement 5 Ref: Standard 20.2 Stated: First time To be completed by: 31 December 2019	<p>The registered person shall ensure the day care setting receive written confirmation that all pre- employment documentation is in place and satisfactory prior to the employment of a staff member.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that the day care setting receive written confirmation that all pre-employment documentation is in place and satisfactory prior to the employment of a staff member.</p>	Met

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the person 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.

All staff, including ancillary 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. 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 has a system for retaining a record of any referrals made in relation to adult safeguarding. A review of records confirmed that no referrals had been made since the last inspection.

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.

RQIA had been notified appropriately of any incidents that in keeping with the regulations. Incidents had been managed appropriately.

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 occupational therapy/physiotherapy department.

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.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

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 had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, their care records contained a letter confirming a DoL is in place is held on file and the day care setting maintains a register of those service users who have a DoL in place.

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. 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 centre and any activities they would like to become involved in.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback.

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

New standards for modifying food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A small 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.

5.2.4 What systems are in place for staff recruitment and are they robust?

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. 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 structured induction programme which also included shadowing of a more experienced members of staff. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The person in charge was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

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.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

It was noted that RQIA had not been notified of the change in the management arrangements. An area for improvement has been identified. Since the inspection RQIA have been informed of the absence of the manager and the current arrangement in place.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. It was noted that no complaints had been received since the last inspection.

6.0 Conclusion

Based on the inspection findings, one area for improvement was identified. Despite this, RQIA was satisfied that this day care setting was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with the person in charge and the locality manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 31. (b) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall give notice in writing to the Regulation and Improvement Authority as soon as is practicable to do so, if any of the following events takes place or is proposed to take place-</p> <p>(b) a person ceases to carry on or manage the day care setting.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: The Registered Person will ensure that the above action is put in place to ensure compliance with Regulation 31 (b)</p>

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