

Inspection Report

28 September 2021



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: Mr Shane Devlin	Date registered: 18 October 2010
Person in charge at the time of inspection: Senior Day Care Worker; Locality Manager was present from 11am.	
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 announced inspection took place on 28 September 2021 between 10.10 am and 3.30 pm by the care inspector.

This inspection focused on the Northern Ireland Social Care Council (NISCC) registrations and/or the Nursing and Midwifery Council (NMC) as appropriate, adult safeguarding, notifications, complaints and whistleblowing. We reviewed Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia, monthly quality monitoring and Covid-19 guidance.

Five areas requiring improvement were identified with regard to Quality monitoring, staff training, record keeping and fire safety.

Good practice was identified in relation to the system in place for disseminating Covid-19 related information to staff. It was positive to note that service users are supported to be engaged in a range of activities to suit their individual interest and choice.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was 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.

Prior to inspection we reviewed the information held by RQIA about this day care setting. This included the previous inspection report and Quality Improvement Plan (QIP) and any written and verbal communication received since the previous care inspection.

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included reviewing staff training records and the process for monitoring care staffs' registrations with the NISCC and/or the NMC.

In addition, we discussed with the person in charge, any complaints and incidents that had occurred since the last inspection and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster; there were eight responses received from the questionnaires. Those who responded indicated that they were very satisfied with the care and support provided. Comments include:

- "Great place. The Orchard Centre is my lifeline, to be able to trust and mix with people. I really enjoy coming here."
- "I like coming to the Orchard Centre as its great company for me and the activities are always fun."
- "Love coming to the centre as I am alone and it's a great place to get out and meet people."

One response was received from the electronic survey; it indicated that the person was satisfied that the care was safe, effective and compassionate and that the service was well led.

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

4.0 What people told us about the service

We spoke with four service users and three staff. We observed a number of service users being supported by staff to participate in a range of activities. Service users appeared relaxed and comfortable in the environment.

The information provided by service users and staff during the inspection indicated that there were no concerns in relation to the day care setting.

Comments received during inspection process included:

Service users' comments:

- "I love coming here; the staff are great, just like family. I would trust them."
- "Would come every day if I could."
- "I missed it when it was closed, I have no issues. I love it."
- "All ok, I enjoy coming."

Staff comments:

- "Fantastic place to work; good support."
- "It was difficult when we reopened, but it is better now."
- "We can approach senior staff and the manager."
- "I enjoy my work. With Covid we have had to find new ways of working and engaging with the service users."
- "We all have adapted so well but it has been hard."
- "I have no issues or concerns."
- "All the staff were very supportive to me when I was ill."
- "Staffing levels have improved; it was difficult for a period when we reopened."
- "I have worked here 17 years and I am very happy. I enjoy my work and I feel supported."
- "Covid has made us change the way we do things; we have more one to one working."
- "Having less service users attending each day has had its benefits."

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 inspection to the Orchard Centre was undertaken on 23 October 2019 by a care inspector; one area for improvement was identified. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

Areas for improvement from the last inspection on 23 October 2019		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 20.2 Stated: First time To be completed by: 31 December 2019	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. Ref: 6.4	Carried forward to the next inspection
	Action taken as confirmed during the inspection: This area for improvement was not assessed as no new staff have been employed since the last inspection. This area for improvement will be carried forward and reviewed at the next inspection.	

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 and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was confirmed that care staff are required to complete adult safeguarding training during their induction programme and required updates thereafter. It was positive to note that ancillary staff including domestic staff had completed safeguarding training.

Staff spoken with indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 referrals made in relation to adult safeguarding matters. Records viewed and discussions with the person in charge indicated that a number of adult safeguarding referrals have been made since the last inspection.

It was identified from records reviewed that the details of the outcomes of referrals were not recorded. An area for improvement was identified.

The person in charge stated that adult safeguarding matters are reviewed as part of the monthly quality monitoring process. Staff stated that information had been provided to service users in relation to keeping themselves safe and the details of the process for reporting any concerns.

Staff demonstrated that they had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. Discussions with the locality manager indicated that there are no service users attending the day care service who are subject to DoLS.

The person in charge stated that staff had completed a range of training including Dysphagia and DoLS. Training records reviewed did not provide assurances that DoLS training had been completed by all staff. An area for improvement was identified.

A review of the staff training records identified that they did not accurately reflect training that had been completed by staff. It was noted that information relating to staff training is not retained centrally. In addition staff rota information reviewed, did not consistently reflect the staff provided or indicate the person in charge in the absence of the manager. This was discussed with the person in charge. An area for improvement has been identified.

Staff advised that there was currently enough staff to ensure the safety of the people who used the service. Staff discussed that challenges encountered with regard to staffing levels when the service reopened following being closed during the start of the Covid-19 pandemic. It was positive to note that a staff member was provided to make regular contact with service users during the time the service was closed. Observation of the delivery of care and support at the time of inspection and discussion with staff evidenced that service users' needs were effectively met by the number of staff on duty.

Incidents and accidents were recorded on an electronic system which is reviewed and audited by the manager, and the HSCT's governance department. There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Records viewed were observed to contain information of the actions taken and the outcomes.

On entering the day care setting the inspector's temperature was checked and contact tracing details were obtained; staff stated that this was completed for all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed during the inspection and there was evidence of infection Prevention and Control (IPC) measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included seven step hand hygiene guidance notices being positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins.

There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning and doffing PPE.

Observations of the environment concluded that it was fresh smelling and clean throughout. There was a good supply of PPE throughout the service.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

Rooms were spacious and it was noted that social distancing guidelines were being adhered to. Staff discussed how they had adapted activities during the pandemic to reduce the risk of transmission of the virus. It was noted that some of the paintwork on walls was damaged due to posters and wall art having been removed in accordance with Covid-19 guidance with regard to IPC.

We observed a small number of fire doors in activity rooms were propped open; we discussed with the locality manager the need to ensure that this practice is ceased immediately. They stated that doors are closed when staff are not in attendance. We discussed the need to review this matter with the HSCT's estates and fire safety departments to review the options with regard to having automatic closures fitted to fire doors. An area for improvement was identified.

5.2.2 Are their robust systems in place for staff recruitment?

The review of the day care setting's staff recruitment records confirmed that recruitment was managed by the organisations Human Resources (HR) department and in accordance with the regulations and minimum standards, before staff members' commenced employment and had direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

It was determined from the review of current records relating staff registrations with the appropriate regulatory body and further discussion with the person in charge that all staff working in the day care setting were currently registered with NISCC or the NMC as appropriate.

However, records reviewed did not provide an accurate account of the staff NISCC/NMC registration information. It was identified from records viewed that the system for recording staff NISCC information was required to be reviewed to ensure that the information was accurate and up to date and that they included the details of all staff employed. We discussed with the person in charge the need to ensure that the system for checking staff registrations is robust, that the information is accurate and that details of checks completed are retained. This matter is subsumed an area for improvement identified in 5.2.1 with regard to record keeping.

Staff were aware that they are not permitted to work if their professional registration lapses. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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

Discussions with staff and review of service user 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 day care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and

appropriate. Staff were also implementing the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

It was noted that a small number of service users have been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs; and how to modify food and fluids. We viewed evidence that staff preparing food had undertaken dysphagia awareness training however we could not determine that the training had been provided to all staff. This matter has been subsumed into an area for improvement identified in 5.2.1 with regard to staff training.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Quality monitoring visits are undertaken by the locality manager. A sample of reports viewed for May, July and September 2021 provided evidence that the monitoring process included engagement with service users and staff.

It was identified that no quality monitoring visits/reports had been completed for June and August 2021, we discussed with the locality manager the need to ensure that quality monitoring visits are completed on a monthly basis and a report compiled. An area for improvement has been identified.

The reports reviewed included details of the review of service user care records; accident/incidents; complaints; safeguarding matters; environmental issues; health and safety; staff recruitment and training, and staffing arrangements.

There is a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisations policies and procedures. It was noted that a record of the actions taken and the outcomes are recorded.

Discussion with staff confirmed that they knew how to receive and deal with complaints and the process for ensuring the information was forwarded to the manager.

It was established during discussions with the person in charge that the day care setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings five areas for improvement were identified. Two were in relation to safe and effective care and three were in relation to the service being well led.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Settings Regulations, (Northern Ireland) 2007 and The Day Care Settings Minimum Standards, 2012, and are detailed in the QIP.

	Regulations	Standards
Total number of Areas for Improvement	1	5*

* the total number of areas for improvement includes one which is carried forward for review at the next inspection.

Details of the QIP were discussed with the locality manager, as part of the inspection process. The timescales commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Settings Regulations, (Northern Ireland) 2007	
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	<p>The registered person shall ensure that quality monitoring visits of the day care setting are completed monthly and a report compiled.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken: The registered manager has reviewed the frequency of the RPV reports. Arrangements have now been put in place to ensure that visits are undertaken monthly and a report compiled to reflect the requirements as per Regulation 28 (3) (4) (c)</p>
Action required to ensure compliance with The Day Care Settings Minimum Standards, 2012.	
Area for improvement 1 Ref: Standard 13.7 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>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.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: The Registered Manager and SDCWs will ensure that written records are kept of all safeguarding concerns and this will include details of investigation the outcome and action taken in the day care setting. A new file has been created and is now in place from file 22/10/2021. The registered Manager will ensure outcomes of investigations are followed up with the relevant community team and the details retained.</p>
Area for improvement 2 Ref: Standard 21 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that staff are trained for their roles and responsibilities.</p> <p>This relates specifically to DoLS and Dysphagia training.</p> <p>Ref: 5.2.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken: DoLS & Dysphagia training are now listed on the Centre Mandatory Training Matrix. In addition the training certificate and evidence of training will be held in individual staff training file</p>

<p>Area for improvement 3</p> <p>Ref: Standard 19.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the information held on record is accurate, up to date and necessary.</p> <p>This relates specifically to the day care setting's staff rota information, NISCC registration and training records.</p> <p>Ref: 5.2.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Actions have been put in place to ensure that the information held on the Staff Rota is accurate, up to date and necessary. Rota and reflects all planned and unplanned staff absences as they arise. on the day of the inspection was corrected. Staff rota An action has also been put in place to ensure that Staff NMC & NISCC registration are checked on line with the relevant Professional Body Checking System & recorded monthly. The Audit Tool used to review this task has been revised to capture this. The revised audit tool was tested on 21 October. The monthly audit is now the responsibility of the Senior Day Care Team and the RM will have oversight of this.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<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>Response by registered person detailing the actions taken: The Registered Manager contacted SHSCT Estates dept 22/10/2021 & Fire dept 25/10/2021. The fire doors in activity rooms propped open on the day of inspection refers to three rooms. TV room, Craft room and Games room. In discussion with a SHSCT Fire Safety Officer, the TV room and Craft room following Fire Risk Assessment determined fire doors not required for these rooms, therefore the doors do not have to be treated as fire doors. The Games room has a fire door. To provide easy access for service users, a hold open device is to be connected to the fire alarm system with automatic closure. An alert has been raised to the Trust Estates Team to carry out remedial works to meet this Fire safety requirement. The above information was confirmed by e-mail 25/10/2021 to the Registered Manager from the Fire Officer. All staff have been made aware and alerts have been put in place to ensure the Games room door is not propped open while waiting on the works to be completed for hold open/automatic closure. Minor works form completed and sent</p>

	<p>to HOS for signing and forwarding on 01/11/2021. A risk assessment for fire safety management of the door has been completed by the Registered Manager , shared with staff and held in the Orchard Day Centre Risk Assessment file, this will be kept under review until the required works are undertaken.</p>
<p>Area for improvement 1 Ref: Standard 20.2 Stated: First time To be completed by: 31 December 2019</p>	<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. Ref: 6.4</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1</p>

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