

Unannounced Care Inspection Report

20 September 2016



Orchard Grove

Type of service: Residential Care Home
Address: 7 The Square, Clough, BT30 8RB
Tel no: 028 4481 1672
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Orchard Grove took place on 20 September 2016 from 10.25 to 16.10.

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

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, risk management and the home's environment.

Three areas for improvement were identified. One recommendation was made in relation to staff supervision and annual staff appraisals. One recommendation was made in relation to providing domestic staff with a higher level of training in Control of Substances Hazardous to Health (COSHH). One recommendation was made relating to review of the adult safeguarding policy and procedures and implementing these within the home, also to review of the Infection Prevention and Control (IPC) policy and procedures.

Is care effective?

There were examples good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

One recommendation was made in relation to noting the name and contact details of residents' dentists and opticians within care records, where appropriate.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

One recommendation was made in relation to the reporting to RQIA of all accidents/incidents/notifiable events.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Deirdre Burns, registered 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Orchard Grove/Craig Cecil Emerson, Ian George Emerson	Registered manager: Deirdre Burns
Person in charge of the home at the time of inspection: Lana Crothers, residential worker, until 12.30. Deirdre Burns after 12.30.	Date manager registered: 1 April 2005
Categories of care: RC-LD, RC-LD(E), RC-MP, RC-MP(E)	Number of registered places: 19

3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with seven residents, two care staff, the registered manager and one member of domestic staff. No visiting professionals or residents' visitors/representatives were present.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment files of two staff members
- Care files of three residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews, environment, catering
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Policies and procedures manual

A total of 20 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. 15 questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 9 December 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty:

- 1 x registered manager
- 1 x senior team leader
- 1 x residential worker
- 2 x care assistants
- 1 x domestic

A cook was scheduled to be on duty but was unwell. The cook's duties were undertaken by care staff. Two residential workers and one care assistant were due to be on duty later in the day. Two senior night staff were scheduled to be on overnight duty with one person on call, if required.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection. Whilst it is evident that staff supervision and annual staff appraisals were completed, it was noted that the method for ensuring robust managerial oversight of these areas could be improved. A recommendation was made in this regard. It was also identified that domestic staff in the home had not recently been provided with a higher level of training in COSHH. A recommendation was made that arrangements are put in place to provide this training.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of staff competency and capability assessments was reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The registered manager confirmed that Enhanced AccessNI disclosures were viewed by her for all staff prior to the commencement of employment. There were arrangements in place to monitor the registration status of staff with their professional body (where applicable); the registered manager also completed spot checks to ensure that staff remained appropriately registered.

The adult safeguarding policy and procedures in place were not consistent with the current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). A recommendation was made that the policy and procedures should be updated in line with the latest regional guidance and implemented within the home. The home's existing policy and procedures included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional guidance and the registered manager gave assurances that a copy would be made available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments (e.g. manual handling, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed. The registered manager confirmed that, should it be necessary to introduce restrictive practices within the home, for example, bed rails or pressure alarm mats, these would be appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the Statement of Purpose and Residents Guide identified that the use of any such restrictions was adequately described.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure identified that this was not in line with the most recent regional guidelines. A recommendation was made, as part of a wider recommendation relating to policies and procedures, that this should be reviewed. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff, including those with sensory impairments. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had a fire risk assessment in place dated 15 October 2015; this was examined at the last care inspection and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every six months, most recently on 21 June 2016 and 29 January 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

15 completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas for improvement

Three areas for improvement were identified. One recommendation was made in relation to improving the method for ensuring robust managerial oversight of staff supervision and annual staff appraisals. One recommendation was made in relation to arrangements for domestic staff to be provided with a higher level of training in COSHH. One recommendation was made relating to review of the adult safeguarding policy and procedures in line with the latest regional guidance and implementing these within the home, also to review of the IPC policy and procedures.

Number of requirements	0	Number of recommendations	3
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of the care records of three residents confirmed that these were maintained in line with the legislation and standards, although care records did not note the name and contact details of residents' dentists and opticians; a recommendation was made in this regard. The care records included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe the individual choices and preferences of residents and how these were met within the home.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls), environment and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports,

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were available for inspection.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who required specialist supports, although it was more likely that the local HSC trust would make such arrangements.

15 completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A staff member commented:

- "Service users get the right care at all times and, if other professionals are required, they are informed."

Areas for improvement

One area for improvement was identified. This was in relation to noting the name and contact details of residents' dentists and opticians within care records, where appropriate.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There was a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager, residents and staff confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected, for example, through conducting private conversations in a discreet manner and storing written records securely.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of inspection a group of residents were going on a planned outing to a park and were to have their evening meal at a restaurant. Arrangements were in place for residents to maintain links with their friends, families and wider community. On the morning of

the inspection a group of residents, along with the registered manager and other staff, attended the funeral of a person who attended day care in Orchard Grove for many years.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example, there was easy read, large print information available on how to make a complaint and about giving consent.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report. This area will be examined more closely at the next care inspection. Residents also participated in regular residents' meetings and were actively encouraged by staff to give their views and opinions on a range of issues which affected them.

Residents spoken with during the inspection made the following comments:

- "I've lived here for more than ten years and I love it here. I go out often with my family and I also enjoy going out on trips. This is a good place to live."
- "All is going well for me here. I really like it. The staff are good to me and I love my room – it is kept nice and clean and comfortable and the food is great. I always get lovely stuff to eat. I go out at least three times a week and I have good friends here."
- "I like it here. They (staff) are good to me."
- "I wouldn't think of living anywhere else. It's great here!"

15 completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A staff member and a resident's representative commented:

- "Service users at all times are treated with dignity and respect and action is taken (to respond to) discomfort or pain when required."
- "The staff make me welcome. The atmosphere is friendly and welcoming and caring."

Areas for improvement

No areas for improvement were identified during the inspection.

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

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The registered manager also confirmed that the health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide which was also available in an easy read version. Discussion with staff confirmed that they had received training on complaints management during induction and were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. The home did not receive complaints in significant quantities. The registered manager confirmed that, should complaints be received more regularly, an audit would be used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA, with the exception of one which was not reported to RQIA, and other relevant organisations in accordance with the legislation and procedures. A recommendation was made that all accidents/incidents/notifiable events should be reported to RQIA as outlined within RQIA guidance. As few accidents and incidents occurred within the home, regular audits were not undertaken. The registered manager, however, advised that should these increase, audits would be used to identify trends and to use this information to minimise risks. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager advised that she had recently completed NVQ level 5 qualification in leadership and management. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered providers were kept informed regarding the day to day running of the home through email and telephone contact and visits to the home.

The registered manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered providers respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

15 completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A resident's representative and a staff member commented:

- "The staff are on the ball. They care on a very down to earth way with the residents.
- "... the manager is always willing to help with advice when needed."

Areas for improvement

One area for improvement was identified in relation to the reporting to RQIA of all accidents/incidents/notifiable events.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deirdre Burns, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 residential care home. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standards 24.2 and 24.5 Stated: First time To be completed by: 30 December 2016	The registered provider should ensure that the method for ensuring robust managerial oversight of staff supervision and annual staff appraisals is improved.
	Response by registered provider detailing the actions taken: A Matrix has been completed to oversee and manage staff supervision and appraisals
Recommendation 2 Ref: Standard 23.3 Stated: First time To be completed by: 30 December 2016	The registered provider should ensure that arrangements are in place to provide domestic staff in the home with a higher level of training in COSHH.
	Response by registered provider detailing the actions taken: COSHH Training is planned for 24 th November 2016
Recommendation 3 Ref: Standard 21.1 Stated: First time To be completed by: 30 December 2016	The registered provider should ensure the following: <ul style="list-style-type: none"> the adult safeguarding policy and procedures are reviewed in line with the latest regional guidance and implemented within the home the IPC policy and procedure is reviewed in line with the most recent regional guidelines
	Response by registered provider detailing the actions taken: ICP Policy updated in October 2016 in line with the most recent regional guidelines Adult Safeguarding policy at present is being reviewed and updated in line with regional guidance
Recommendation 4 Ref: Standard 9.1 Stated: First time To be completed by: 30 December 2016	The registered provider should ensure that care records note the contact details of residents' dentists and opticians, where appropriate.
	Response by registered provider detailing the actions taken: All service users records now note details of their dentist and optician where appropriate completed on 27 th September 2016

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Recommendations	
Recommendation 5 Ref: Standard 20.15 Stated: First time To be completed by: 20 September 2016	The registered provider should ensure that all of all accidents/incidents/notifiable events are reported to RQIA as outlined within latest RQIA guidance.
	Response by registered provider detailing the actions taken: All notifiable incidents/ accidents will be reported to RQIA as per guidelines.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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