



Unannounced Care Inspection Report 1 October 2019



Orchard Grove

Type of Service: Residential Care Home
Address: 7 The Square, Clough BT30 8RB
Tel no: 028 4481 1672
Inspectors: Alice McTavish and Gavin Doherty

www.rqia.org.uk

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 19 residents.

3.0 Service details

Organisation/Registered Provider: Deirdre Burns Responsible Individual: Ian George Emerson	Registered Manager and date registered: Deirdre Burns 1 April 2005
Person in charge at the time of inspection: Deirdre Burns	Number of registered places: 19
Categories of care: Residential Care (RC) MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 16

4.0 Inspection summary

An unannounced inspection took place on 1 October 2019 from 10.00 to 15.35 hours. During this inspection an issue was identified in regard to the premises. An estates inspector attended the home on 23 October 2019 from 14.00 to 15.00 to examine one specific area.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, staff recruitment, induction and training, staff supervision and appraisal, care records, the dignity and privacy afforded to residents and maintaining good working relationships.

Two areas requiring improvement were identified. These were in relation to full compliance with the remedial actions issued by the Northern Ireland Fire and Rescue Service and to staff meetings.

Residents described living in the home in positive terms. Residents were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and with staff.

Comments received from residents and staff during and after the inspection are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with 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.

4.2 Action/enforcement taken following the most recent inspection dated 13 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 13 March 2019. No further actions were required to be taken following the most recent inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the report of the previous care inspection, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Four questionnaires were returned to RQIA. All respondents indicated a high level of satisfaction with the care and services in Orchard Grove.

During the inspection a sample of records was examined which included:

- staff duty rotas from 26 September to 16 October 2019
- staff training schedule
- one staff recruitment file and induction record
- three residents' records of care
- complaint records

- governance audits/records
- accident/incident records from February to September 2019
- reports of visits by the registered provider from May to August 2019
- annual satisfaction survey report for 2018
- annual quality report for 2018
- RQIA registration certificate
- fire safety documentation

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 last care inspection dated 13 March 2019

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

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The people who live in this home said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included during the night. The manager and staff on duty confirmed that staffing was safe and kept under review. There was care, kitchen and domestic staff on duty during the day and care staff in the evenings and overnight.

Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were scheduled to be on duty were present and were carrying out their duties. We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with a range of activities.

We looked at staff files to make sure that staff were properly recruited and that all pre-employment checks had been made. We found that staff were properly vetted and suitable to work with the residents in the home.

Staff induction, supervision, appraisal and competency

We spoke with staff who told us that they had a good induction to working in the home and that they got regular supervision. We saw that the manager had a system in place for planning supervisions and annual appraisals with staff.

All senior care staff had an assessment of their competency and capability to ensure that they could take charge of the home when the manager was not on duty.

Staff training and registration with professional body

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or there was a plan in place for staff to get the training. The manager told us that the care staff received training in all of the core areas every year.

Staff told us that they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Registration with NISCC is necessary to ensure that social care staff are safe practitioners and adhere to standards of conduct and practice. We looked at the records kept by the manager of staff registrations and saw that these were checked.

Safeguarding residents from harm

The manager was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Environment

We walked around the home and saw that it was in good decorative state and it was kept clean and warm. We looked in the bedrooms of some residents and found that they contained personal possessions. There were no malodours. Residents told us that they liked their rooms and felt they had their own space and privacy.

There was a communal lounge and a dining room for the use of residents on the ground floor along with space for activities and meetings. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

Infection prevention and control (IPC)

The manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training

records that all staff had received training in IPC in line with their roles and responsibilities. Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection.

Assessment of premises

Following an inspection by the Northern Ireland Fire and Rescue Service (NIFRS) on the 22 July 2019, a schedule containing required remedial actions was issued to the home. This detailed two items which required to be addressed as follows:

- Acoustic hold open devices in use on bedroom fire doors, not suitable for this category of premises. – provide alternative.
- Provide an easy opening device for the rear fire escape door and remove padlocks.

It was noted at the time of the inspection that the second item had been addressed. However, the self-contained, acoustic door closers, detailed in the first item, remained on a number of bedroom doors throughout the home. Action was therefore required to ensure compliance with the Standards.

Areas of good practice

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

Areas for improvement

One area for improvement was identified. This was in relation to full compliance with the remedial actions issued by the NIFRS.

	Regulations	Standards
Total numb of areas for improvement	0	1

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Management of risks relating to residents

The manager described a robust assessment and admissions process before residents could be admitted to Orchard Grove. When risks were identified and assessed, a plan was put in place to meet the care needs of the resident and to reduce any risks. The manager described how there were good working relationships between professionals, staff and residents' relatives and that these relationships supported the delivery of effective care for residents.

The manager told us that few falls occurred in the home. The manager completes a regular audit of accidents or incidents in the home which includes falls. This looks for any patterns or trends and considers actions to reduce the likelihood of further falls. The manager and staff were aware of how they could get professional advice from medical or trust staff.

The manager told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year and how the manager made sure that these were kept up to date. We also saw evidence that the care records were reviewed regularly to make sure that they were accurate.

The dining experience

We could see that the dining room was spacious, clean and bright. There was a menu on display setting out the choice of two hot dishes on the lunch and dinner menus. We saw that the catering kitchen was well equipped and kept very clean.

We spoke with the cook who told us that all food was made fresh on the premises and this included all baked items. The cook was able to describe in detail the dietary needs and preferences of residents, including one resident who had specific food and fluids requirements.

The manager reported that kitchen and care staff were receiving training in the preparation and use of textured foods and thickeners for fluids as recommended by a Speech and Language Therapist.

Staff described how the kitchen could be accessed by staff when the catering staff are not on duty so that residents who want drinks or snacks in the evenings or during the night can have these. The cook described the care provided to residents as very good and commented that the staff knew the residents very well and treated residents with great kindness.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

We could see that residents' wishes, interests and preferences were reflected in care records; for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed and whether they liked to be checked during the night. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

Activities

Staff told us about the wide range of activities available and how staff worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. On the day of the inspection we met residents who were using the day care facility in the home. Residents said that they enjoyed the activities on offer.

Resident involvement

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. The manager told us that these meetings took place regularly. In addition, staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was also a satisfaction survey completed annually by residents, their family members and staff. We looked at the summary report for the last survey completed in 2018 and this indicated that all parties were satisfied with the care, services and facilities in the home.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Staff in the home said that they got good support from their manager who was supportive and approachable. The manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

The manager described how she spent time completing managerial tasks to make sure she is satisfied that the home runs well. She completes audits of areas such as accidents and incidents and environmental cleanliness and looks for any ways in which these areas can be improved. The manager made sure that staff are properly supported to do their jobs through providing regular supervision, appraisal and training. The manager made sure, too, that all of the systems were in place to ensure the safety of the home, for example, that all routine fire checks are completed.

Complaints and Compliments

The manager deals with any complaints raised by residents or their family members. We looked at the records of complaints since the last inspection and could see that they were managed appropriately.

The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning.

Accidents and incidents

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

Additional training

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in dementia, epilepsy awareness and swallow awareness.

Communication

The manager made sure that information was shared with the staff team about any issues arising. We looked at the records of staff meetings and found that these were not always held each quarter, there was not always a sign in sheet for staff who attended these meetings and

there was no robust system in place to ensure that the minutes of meetings are shared with staff who were not present. Action was required to ensure compliance with the Standards.

Visits by the registered provider

The home was visited by a representative of the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits between May and August 2019. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home.

Areas of good practice

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

Areas for improvement

One area was identified for improvement. This was in relation to staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement 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 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 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 29.3 Stated: First time To be completed by: 18 December 2019	<p>The registered person shall liaise with the NIFRS and the home's fire risk assessor to ensure that suitable hold open devices are installed where necessary, to the satisfaction of the NIFRS.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>There are at present continuing discussions with Gavin Doherty of RQIA and the NIFRS to achieve a suitable solution</p>
Area for improvement 2 Ref: Standard 25.8 Stated: First time To be completed by: 18 December 2019	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • Staff team meetings are held regularly, and at least quarterly. • A sign in sheet is provided to record the names of staff who attend team meetings. • The minutes of meetings are shared with staff who are not present. <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff meetings will completed quarterly. Signing in sheet has been developed to record names of staff attending Team Meetings. The minutes of meetings are provided for all staff to read.</p>

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



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