

Unannounced Care Inspection Report

9 March 2017



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 Residential Home took place on 9 March 2017 from 12.15 to 16.10.

A lay assessor, Mr Jay Flood-Coleman, was present during the inspection. Comments provided to the lay assessor are included within the report.

The inspection sought to assess progress with any issues raised during and 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, adult safeguarding, infection prevention and control, risk management and the home's environment.

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

Is care effective?

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

One recommendation was made in relation to policies and procedures.

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.

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

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	1

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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 20 September 2016.

2.0 Service details

Registered organisation/registered person: Orchard Grove/Ian George Emerson	Registered manager: Mrs Deirdre Burns
Person in charge of the home at the time of inspection: Maria Forsythe, team leader	Date manager registered: 1 April 2005
Categories of care: 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	Number of registered places: 19

3.0 Methods/processes

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

During the inspection the inspector met with two residents and three care staff. The lay assessor met with five residents and completed questionnaires with these residents. No visiting professionals and no residents' representatives were present. The lay assessor also took the opportunity to speak with a regular visitor to the home.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Care records of three residents
- Equipment maintenance records
- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- 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. Five questionnaires were completed with residents by the lay assessor on the day of inspection. Two additional questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 September 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 20 September 2016

Last care inspection recommendations		Validation of compliance
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.	Met
	Action taken as confirmed during the inspection: Inspection of the staff supervision and annual staff appraisal records confirmed that the method for ensuring robust managerial oversight of these areas was improved.	

Recommendation 2 Ref: Standard 23.3 Stated: First time To be completed by: 30 December 2016	<p>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.</p> <p>Action taken as confirmed during the inspection: Inspection of staff training records confirmed that domestic staff in the home were provided with a higher level of training in COSHH.</p>	Met
Recommendation 3 Ref: Standard 21.1 Stated: First time To be completed by: 30 December 2016	<p>The registered provider should ensure the following:</p> <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 homethe IPC policy and procedure is reviewed in line with the most recent regional guidelines <p>Action taken as confirmed during the inspection: Inspection of policy and procedure documents confirmed that these were reviewed and implemented accordingly.</p>	Met
Recommendation 4 Ref: Standard 9.1 Stated: First time To be completed by: 30 December 2016	<p>The registered provider should ensure that care records note the contact details of residents' dentists and opticians, where appropriate.</p> <p>Action taken as confirmed during the inspection: Inspection of care records confirmed that the contact details of residents' dentists and opticians were noted, where appropriate.</p>	Met
Recommendation 5 Ref: Standard 20.15 Stated: First time To be completed by: 20 September 2016	<p>The registered provider should ensure that all of all accidents/incidents/notifiable events are reported to RQIA as outlined within latest RQIA guidance.</p> <p>Action taken as confirmed during the inspection: Inspection of records of accidents/incidents/notifiable events in the home confirmed that these were reported to RQIA as outlined within latest RQIA guidance.</p>	Met

4.3 Is care safe?

The person in charge 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. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with 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 reviewed during the inspection.

The person in charge 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. Samples of completed staff competency and capability assessments were reviewed during the last care inspection and found to be satisfactory.

Review of the recruitment and selection policy and procedure during the last care inspection confirmed that it complied with current legislation and best practice. Discussion with the person in charge confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The person in charge advised that arrangements were 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 procedure in place was consistent with the current regional guidance and 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 (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was 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 person in charge established that no issues of adult safeguarding had arisen since the last care inspection; the person in charge confirmed that suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The person in charge confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the person in charge 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.

A review of policy and procedure on restrictive practice/behaviours which challenge during the last care inspection 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 person in charge confirmed that the only restrictive practice used in the home at that time was bed rails; this applied to one resident, placed for respite care, and the restriction was appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The registered manager confirmed there were risk management policy and procedures in place relating to safety of the home. Discussion with the person in charge 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 person in charge confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. This was confirmed through observation of equipment and inspection of maintenance records.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. 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.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The person in charge reported that any outbreaks of infection within the last year had been managed in accordance with the home's policy and procedures. The outbreak had been reported to the Public Health Agency, 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.

The home had an up to date fire risk assessment in place dated 24 October 2016 and no recommendations were. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Five questionnaires were completed by residents with the lay assessor and two were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments provided to the lay assessor were as follows:

- “I like the staff.”
- “I am blind so I like to listen to the radio. I use a doorbell which I press to get the staff to come to me if I need help.”
- “The staff are always at hand.”
- “The staff are helpful.”
- Staff are around to help me, if I need it.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

Discussion with the person in charge 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. They 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. Care needs assessments and risk assessments (e.g. manual handling, bedrails, nutrition, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

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 individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice.

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.

The home had a policy relating to records. It was noted, however, that this mainly described how records should be maintained. There was also a policy which related to maintaining records in line with data protection. A recommendation was made that a policy is developed to describe the creation, storage, maintenance and disposal of records and to set out arrangements for access to records.

During the last care inspection it was established that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits completed by the registered manager may be examined during

subsequent care inspections. There was evidence of audit contained within the monthly monitoring visits reports.

The person in charge 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. 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.

A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Five questionnaires were completed by residents with the lay assessor and two were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments provided to the lay assessor were as follows:

- "The doctor was good at coming to visit me after I fell at night."
- "I can get help at night time."
- "It can be difficult get out, at times."

Areas for improvement

One area for improvement was identified. This was in relation to the development of a records management policy to describe the creation, storage, maintenance and disposal of records and to set out arrangements for access to records.

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

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

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents and with a priest who was a regular visitor to the home confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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, staff supported residents to complete an easy read report in preparation for annual care reviews which were attended by residents, their representatives and trust staff.

The person in charge and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were able to demonstrate how residents' confidentiality was protected.

The person in charge and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them, also that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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 which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

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. The home was also registered to provide day care and staff provided a wide range of indoor craft activities, outings and visits. Residents also had a greenhouse and grew bedding plants for window boxes and hanging baskets which were sold at the spring fair. This further supported the arrangements in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- "I love it here. The staff are brilliant. I like my room and the food is very good. We go out nearly every day and I keep myself very busy. I wouldn't think of living anywhere else!"
- "I'm getting on the very best here. This is a great place. They (staff) are very good to us all."

Five questionnaires were completed by residents with the lay assessor and two were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments provided to the lay assessor were as follows:

- "I feel my privacy is well respected."
- "I go to the local church every Sunday and people from the church visit me here. The staff check with us on our needs."
- "I like peace and quiet. The staff advised me to walk slower because I need to be careful about falling."
- "We get out and about without problem."

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

The person in charge outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The 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 Department of Health (DoH) 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 provided in an easy read version. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

The person in charge advised that no complaints had been received since the last care inspection. Review of the complaints records during the last care inspection 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.

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 and other relevant organisations in accordance with the legislation and procedures.

The person in charge confirmed that there were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys, also that there was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts.

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 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 person in charge confirmed that the registered provider was kept informed regarding the day to day running of the home.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The person in charge confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The person in charge confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Five questionnaires were completed by residents with the lay assessor and two were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments provided to the lay assessor were as follows:

- “I know that there are staff here night and day.”
- “I have trust in the staff.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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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 Mrs 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: Standard 21.1

Stated: First time

To be completed by:
31 May 2017

The registered provider should ensure that a records management policy is developed to describe the creation, storage, maintenance and disposal of records and to set out arrangements for access to records.

Response by registered provider detailing the actions taken:

At present we are working on a policy for record management which will be completed before the timescale

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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