



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment: Orchard Grove

Establishment ID No: 1641

Date of Inspection: 11 June 2014

Inspector's Name: Priscilla Clayton

Inspection ID: 17579

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Orchard Grove
Address:	5 – 7 The Square Clough Downpatrick BT 30 8RB
Telephone Number:	02844811672
E mail Address:	deirdre_brns@yahoo.co.uk
Registered Organisation/ Registered Provider:	Mr Ian Emerson Mr Craig Emerson
Registered Manager:	Deirdre Burns
Person in Charge of the home at the time of Inspection:	Deirdre Burns
Categories of Care:	RC – LD RC - LD (I)
Number of Registered Places:	19
Number of Residents Accommodated on Day of Inspection:	18
Scale of Charges (per week):	As per trust contract.
Date and type of previous inspection:	25 September 2013 (10.30am – 4.30pm)
Date and time of inspection:	11 June 2014 (12.15pm – 4.30pm)
Name of Inspector:	Priscilla Clayton

1.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

2.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

3.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

4.0 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

Standard 23 (Staff training and development)

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

5.0 PROFILE OF SERVICE

Located in the village of Clough in County Down, Orchard Grove provides residential accommodation for a maximum of 19 adults with learning disability.

The home is situated within the village of Clough and is close to all locality services. The home is a two story house in which major refurbishment was carried out some years ago. and consists of individual bedrooms, lounge, dining room, bathrooms / toilets and general office, kitchen and visitors room.

A day care centre, which is independent of the home's registration, is situated to the rear of the home. Several residents from the residential home attend day care in this facility.

6.0 SUMMARY

This secondary unannounced care inspection of Orchard Grove was undertaken by Priscilla Clayton on 11 June 2014 between the hours of 12.30pm and 4.30pm. Deirdre Burns, registered manager, was available during the inspection and for verbal feedback at the conclusion of the inspection.

Two residents were in the home while the remaining sixteen attended day care at various centres commissioned by the trust.

As the previous inspection resulted in no requirements or recommendations being made, no follow up was required during this inspection.

The focus of this unannounced inspection was on Standard 23 (staff training and development) of The Residential Care Homes Minimum Care (2011).

Evidence utilised to validate compliance with criteria in this standard included discussion with the manager, staff and examination of associated documentation. The home is to be commended on achieving compliance with the eight criteria in this standard.

A number of additional areas examined included management arrangements, staffing levels, accidents / incidents, complaints and visits by the registered provider. Further details can be found in section 8.00 of this report.

The inspector discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents with the manager, observed care practice, examined a selection of records and carried out a general inspection of the internal environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

The manager confirmed that staff training and development was high on the company agenda and staff were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents are included in section 8.00 in the report.

Areas of the internal environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a reasonable standard. All residents' bedrooms were individualised with items of personal memorabilia displayed.

One of requirement was made as a result of this secondary unannounced inspection, details can be found in within section 8.0 of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager, and staff for their assistance and co-operation throughout the inspection process.

7.0 FOLLOW-UP ON PREVIOUS ISSUES

There were no requirements or recommendations resulting from the previous inspection conducted on 25 September 2013.

STANDARD 23 - STAFF TRAINING AND DEVELOPMENT
Staff are trained for their roles and responsibilities.

<p>Criterion Assessed: 23.1 Staff who are newly appointed, agency staff and students are required to complete structured orientation and induction.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: The manager confirmed that all newly appointed staff undertakes and completes a structured induction programme. This was evidenced in one induction programme examined by the inspector..</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 23.2 The registered manager requires newly appointed staff to provide evidence of training most recently undertaken that fulfils mandatory training requirements.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: The manager confirmed that new staff are requested to produce evidence of most recent mandatory training so that the provision of training for the new employee can be prioritised and training in areas not # undertaken previously would be prioritised and provided. Evidence of this was verified in mandatory training records retained.</p>	<p align="center">Compliant</p>

STANDARD 23 - STAFF TRAINING AND DEVELOPMENT
Staff are trained for their roles and responsibilities.

<p>Criterion Assessed: 23.3 Mandatory training requirements are met.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Examination of mandatory training records evidenced that mandatory training was being provided as required.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 23.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The manager confirmed that staff training needs are identified through supervision, appraisals, discussions at staff meetings and where any training issues arise in regard to accidents / incidents / complaints. In addition to mandatory training NVQ / QCF training is provided in keeping with DHSSPS targets. The manager is currently undertaking QCF Level 5.</p>	<p align="center">Compliant</p>

STANDARD 23 - STAFF TRAINING AND DEVELOPMENT
Staff are trained for their roles and responsibilities.

<p>Criterion Assessed: 23.5 The registered manager is aware of DHSSPS strategic targets for the training of, and attainment of NVQ qualifications by, care assistants.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: The manager confirmed that seven staff has attained NVQ Level 2 and four staff at Level 3 / QCF. The manager confirmed that on-going training and support to staff would be provided as necessary.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 23.6 A record is kept in the home of all training, including: induction and professional development activities undertaken by staff. The record includes: -</p> <ul style="list-style-type: none"> <input type="checkbox"/> The names and signatures of those attending the training event <input type="checkbox"/> The date(s) of the training <input type="checkbox"/> The name and qualification of the trainer or the training agency <input type="checkbox"/> Content of the training programme. 	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussion held with the manager on the provision of staff training and examination of training records retained verified that staff attendances were recorded, signatures retained, and dates of training recorded in the training matrix. Named trainers and qualifications were recorded.</p>	<p align="center">Compliant</p>

STANDARD 23 - STAFF TRAINING AND DEVELOPMENT
Staff are trained for their roles and responsibilities.

<p>Criterion Assessed: 23.7 There is a written training and development plan that is kept under review and is updated at least annually. It reflects the training needs of individual staff and the aims and objectives of the organisation.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: The staff training matrix for 2014 was in place. Exact dates were not entered for forthcoming training although the month was recorded. The manager is to record the date within the month when this is confirmed by the trainer. The aims and objectives of the organisation in regard to the provision of training is recorded.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 23.8 The effect of training on practice and procedures is evaluated as part of quality improvement.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: The manager explained that the records of staff evaluation on training provided is obtained at the end of the training session and held by the trainer. The effect of training on practice is evaluated by the manager through observation of care practice, supervision, staff appraisal and staff meetings.</p>	<p align="center">Compliant</p>

8.0 ADDITIONAL AREAS EXAMINED

8.1 Management arrangements.

Deirdre Burns is the registered manager of the home and is supported in her role by the services manager Eddy Kerr and registered providers, Ian and Craig Emerson.

There is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities for areas of activity.

At operational level the manager is supported by a mixed skill care and ancillary team.

Monthly unannounced quality monitoring visits are conducted and recorded by Mr Eddy Kerr.. At operational level support is provided by a deputy manager and mixed skill care team.

Identified senior staff is in charge of the home when the manager or deputy manager is off duty. The manager confirmed that "acting up" care staff has had competency and capability assessments undertaken and recorded.

The manager confirmed that she has supervision and appraisal from the company community services manager, Eddy Kerr.

8.2 Residents

Twelve of the eighteen residents accommodated on the day of inspection, twelve attended centres in Downpatrick with the remaining four attending the centre provided by the home. Two residents choose to remain in the home where they undertook various activities including gardening.

Residents returned to the home between 3.30pm and 4.00pm, were keen to share their experience of the day with the inspector and spoke favourably about the activities provided and how they enjoyed socialising and meeting up with their friends from other facilities and the wider community.

The inspector spoke with all residents, several in group format and others individually. All residents were appropriately clothed and spoke freely with the inspector and described their care as good. Comments included:

- "I have been here a long time and would not want to ever leave. This is my home and I have a lovely room, all I need"
- "Food is good, plenty to eat and a good choice, the cook is kind"
- "Staff are always very good, they are always here when we need them and they see to everything, just great"
- I can come and go as I please, so long as I tell the staff I am going and give a time to expect me back"

8.3 Staffing

The manager confirmed that staffing levels were satisfactory for the number and dependency levels of residents accommodated at the time of inspection.

Examination of the staff duty roster evidenced the following staff on duty:

Manager
Team leader X 1
Residential care workers X 2. (3.30 – 9.30 & 2.30 – 9.30)
Care assistants X 1 (2.30 - 9.30)
Domestic / laundress
Cook

House hold tasks are not undertaken by care staff.

The manger confirmed that permanent staff would always willing work additional hours to cover staff leave. Agency staff is not commissioned.

8.4 Accidents / Incidents

Examination of a random sample of accidents / Incident records evidenced that these were being recorded. Cross referencing records retained with notifications submitted to RQIA evidenced that one minor accident was not notified to RQIA as required. One requirement was made regard to ensuring RQIA were notified within three working days of all accidents / incidents. Additionally the Unique Identifier of each resident should be recorded as opposed to the current system ID recorded in notifications.

The manager confirmed that monthly audits of accidents / incidents are undertaken and retained by the community services manager. It was recommended that the analysis record of each audit and any action plan to meet identified trends / patterns is forwarded to the manager and retained in the home.

8.5 Complaints

Examination of records retained showed that one complaint was received. This was investigated and resolved.

8.5 Visits by the registered provider

Monthly unannounced monitoring by care services manager Mr Eddy Kerr with records retained in accordance with Regulation 29 of The Residential Care Homes regulations (Northern Ireland) 2005.

Additionally the manager stated the registered providers, Mr Ian or Craig Emerson visit the home at least weekly to oversee governance arrangements, and meet with residents.

8.6 Environment

An inspection of the home was undertaken. All areas were observed to be clean, tidy and fresh smelling throughout.

No visual evidence of any health and safety issues was observed.

Fire doors were closed and fire exits unobstructed.

Staff training in fire awareness is provided twice yearly.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with the registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Priscilla Clayton
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Orchard Grove

11 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with registered manager on conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

<u>Statutory Requirements</u>					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 30 (1)	<p><u>Accidents / Incidents</u></p> <p>Ensure RQIA were notified within three working days of any accidents / incidents occurring in the home.</p> <p>It is recommended that review and revision the User ID system currently in use is undertaken as each resident must retain the a Unique Identification reference throughout their stay in the home.</p> <p>Retention of a record of the ID is recommended for reference purposes.</p>	Once	<p>New system in placed.</p> <p>All service users have ID system in place. with retention for reference purposes.</p>	30 June 2014

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 20.10	<p><u>Audit – Accidents / Incidents</u></p> <p>It is recommended that the record of analysis of monthly audits and analysis undertaken by the company community service manager and any action plans developed to meet identified trends / patterns is forwarded to the registered manager and retained in the home.</p> <p>Ref; 8.4</p>	Once	completed by service manager	30 June 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Deirdre Burns
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Craig Emerson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	P.Clayton	19 August 2014
Further information requested from provider			