

Inspection Report

13 August 2024



Orchard House

Type of service: Domiciliary Care Agency, Supported Living Service
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Dr. Maria O’Kane	Registered Manager: Miss Sarah McCartney (registration pending) Date registered: 5 October 2022
Person in charge at the time of inspection: Mrs. Katherine Cairns (Assistant Manager)	
Brief description of the accommodation/how the service operates: Orchard House is a domiciliary care agency, supported living type, located in Loughgall. The Southern Health and Social Care Trust provide the staff that deliver the care and support to service users who have a learning disability. Service users have individual rooms and a range of shared facilities.	

2.0 Inspection summary

An unannounced inspection took place on 13 August 2024 between 9.00 a.m. and 1.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency’s governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also examined.

It was positive to note that service users benefitted from a well-managed service. There was a clear leadership and management structure in place which helped to ensure staff were clear about their roles and responsibilities. Service users appeared content and expressed satisfaction with the care they received.

Good practice was identified in relation to service user involvement, dysphagia care and care planning. There were good governance and management arrangements in place.

3.0 How we inspect

RQIA’s inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice

and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I'm very happy here. The staff are very good. I'm going out for coffee this afternoon."
- "I'm very happy here."
- "The staff are good to me."

Service users' relatives' comments:

- "I'm more than happy with my relative's placement in Orchard House. Staff are on the ball if anything is amiss. They are excellent."
- "I have a very happy relative. The staff create a wonderful caring environment. I have only ever been delighted."
- "My relative gets good care. Staff keep me up to date with issues."

Staff comments:

- "I receive good support from management. My induction was good and I get on lots of training. I'm happy here."
- "I love working here. I feel I have developed myself with the help of the management."
- "I have no concerns working here."

HSC Trust representatives' comments:

- "I'm really pleased with the care service users receive in Orchard House."
- "No issues from me. Staff appear very caring and responsive to the needs of service users."
- "Any issues are forwarded quickly. The staff are excellent."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "All the staff are good to me."
- "I like living here. All the staff are very good. They take me shopping and take me out for coffee."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 05 January 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 5 January 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (b) & (d) Stated: First time To be completed by: From the inspection date.	The registered person shall ensure that service users' finances and property are administered in a manner that does not result in any loss or disadvantage to the service user.	Met
	A system should be implemented to ensure service users are not charged utility bills for premises occupied by Trust staff. RQIA should be informed of the arrangements for appropriate restitution to service users. Ref: 5.2.6	
	Action taken as confirmed during the inspection: Inspector confirmed during the inspection that a Trust Contribution Procedure was now in place and that remuneration had been given to service users for previous overpayments.	

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately. Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The person in charge reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their oral medicine to be administered with a syringe, but was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that one of the service users was subject to DoLS. A resource folder was available for staff to reference. The inspector noted that care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

There was a system in place for notifying RQIA as the agency was managing individual service users' monies in accordance with regional guidance and in conjunction with the trust appointee service.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users and relatives, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care.

The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur. The inspector noted the large amount of easy read documentation in place to assist service users with understanding of and participation in their care.

The inspector noted that the agency had service users' meetings on a weekly basis which enabled the service users to discuss the provisions of their care. Some matters discussed included outings and meals for the coming week.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective. The inspector noted that a service user had experienced a choking episode which was acted upon quickly by staff and involved emergency SALT referral and reassessment.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored monthly by the manager and assistant manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was one volunteer working in the agency. This had been arranged through the trust volunteer coordinator. The agency had a policy and procedure for volunteers which clearly specified their role and responsibilities. The person in charge confirmed that the volunteer did not undertake any personal care duties and that AccessNI checks had been completed.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a training matrix for each member of staff of all training, including induction and professional development activities undertaken; all registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) procedures.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

Where staff are unable to gain access to a service users room, there is a system and procedure in place that clearly directs staff from the Agency as to what actions they should take to manage and report such situations in a timely manner.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs. Katherine Cairns (Assistant Manager), Mrs. Hannah Farrell (Supported Living Coordinator), Mrs. Abigail Gourley (Head of Service) and Mr. Craig Cromie (Governance) as part of the inspection process and can be found in the main body of the report.



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