



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Orchard Centre
Establishment ID No:	11253
Date of Inspection:	15 December 2014
Inspector's Name:	Priscilla Clayton
Inspection No:	IN020047

The Regulation And Quality Improvement Authority
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Name of centre:	Orchard Centre
Address:	Drumalane Road Newry BT35 8AP
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Registered organisation/ Registered provider:	Southern Health and Social Care Trust Mrs Anne McAlinden
Registered manager:	Ms Maureen Smith
Person in Charge of the centre at the time of inspection:	Ms Maureen Smith
Categories of care:	DCS-MP, DCS-MP(E), DCS-DE
Number of registered places:	70
Number of service users accommodated on day of inspection:	38
Date and type of previous inspection:	20 November 2013 Primary Announced Inspection
Date and time of inspection:	15 December 2014 10.00am–4.00pm
Name of inspector:	Priscilla Clayton

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 day care settings. A minimum of one inspection per year is required.

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

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes 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. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

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

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

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

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	30
Staff	4
Relatives	None present
Visiting Professionals	None present

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	14	8

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 Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

Records are kept on each service user's situation, actions taken by staff and reports made to others.

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**

- **Theme 2 - Management and control of operations:**

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

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.

Profile of Service

The Orchard Centre is a purpose built, single storey, statutory day care centre, situated within the boundaries of Newry City and provides services for people, over the age of 65 years, in the geographical areas of Newry, South Down and South Armagh. The Southern Health and Social Care Trust is the registered Organization in Control.

The centre is registered to provide a service to a maximum of 40 people per day and normally has approximately 70 people who attend on one or more days per week. All referrals and allocations of attendance days are made in accordance with the Trust procedures and placements are offered following an assessment of need.

The centre operates from Monday to Friday and is open from 9.00 am until 5.00 pm and provides a hot meal for service users on a daily basis, Monday to Friday.

Car parking is available for visitors in close proximity to the centre and vehicles bringing people to the centre can stop beside the main entrance.

Summary of Inspection

A primary announced inspection was undertaken in The Orchard Day Care Centre on 15 December 2014 from 10:00am until 4:00pm. Prior to the inspection the service provider submitted to RQIA a self-assessment of the centre's performance in one standard and two themes forming the focus of this inspection. There were three recommendations from the previous inspection conducted on 20 November 2013. Validation of the level of compliance with the recommendations evidenced that these has been addressed.

The inspector was introduced to the service users attending the centre and met for discussions with them in small group format. Individual discussions were also held with the manager and three staff regarding standards, team working, management support, supervision and the quality of the service provided

Overall, discussions with service users and with staff contributed a positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff team to practice in compliance with the minimum standards for day care settings. There was evidence from discussions and in written records examined indication of a high level of inclusion and involvement of service users in decision making with regard to the service provided. Service users' spoke highly of the support they experienced and the opportunities provided by the staff for their enjoyment and development.

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.

The centre has policies and procedures regarding confidentiality, recording and reporting and data protection. Policies and procedures were available for staff reference. Care records examined were observed to be legible, dated, and securely stored. Progress notes for service users were being kept, as were records of reviews. There was also good recorded evidence of multi-professional collaboration and service user/representative in planned care.

The centre was compliant with this standard. This is to be commended.

Theme 1 - The use of restrictive practice within the context of protecting service user's human rights

The centre has a written policy and procedures on the use of restrictive interventions, which was available to staff in the centre. Discussions with staff confirmed that there was no restrictive practice used within the centre. The manager explained there was a clear policy, which was known by staff, and training provided should this ever be necessary in the best interest of service users' health and safety. This would include for example: multi-disciplinary discussion, planning for such events, risk management, engaging with service user/representative monitoring by staff of those practices, to ensure the comfort and well-being of the service users concerned. This information was evidenced in associated documents examined.

Staff discussed the use of good communication, the calming techniques and the importance of developing good understanding of each individual's needs and preferences. There was also a range of good resource information available to staff on human rights, deprivation of liberty and restraint.

Discussion and analysis of five staff questionnaires returned to RQIA evidenced were familiar with Deprivation of Liberty Safeguards or Guidance document on Restraint and Seclusion and associated trust corporate policies/procedures.

The centre was compliant with the criteria of this theme. This is to be commended.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

The manager is registered with RQIA since 2007. The manager has management responsibility for two other day care centres within the trust. The staffing structure and reporting arrangements were clearly set out in writing in the Statement of Purpose, for reference by all stakeholders. Staff mandatory and other professional development training had been provided with records of attendance retained. Systems and processes were in place for staff supervision, appraisal, staff meetings accident/incident reporting and complaints management.

Staff presented as being enthusiastic, knowledgeable, competent and confident in their roles and responsibilities and their learning in specific areas of interest was encouraged and facilitated where possible. Announced and unannounced monthly monitoring arrangements are undertaken in day care centre and the four monitoring reports examined, addressed all of the required matters.

The evidence indicates that the centre is operating in compliance with the criteria in this theme which is to be commended.

Care Practices

The atmosphere in the centre was friendly and welcoming. Staff was observed to treat the service users with dignity and respect taking into account their views. Very good relationships were evident between service users and staff. Well planned organised therapeutic activities,

which were displayed on the notice board, were ongoing throughout the day. Responses from service users who spoke with the inspector were positive with staff being highly commended on the provision of an excellent service. No issues or concerns were expressed or indicated.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be well maintained.

Conclusion

In conclusion two recommendations were made as a result of this inspection. Details of improvements are contained within the report and the appended Quality Improvement Plan. The inspector wishes to acknowledge the open and constructive approach of the manager and staff throughout the inspection process. Gratitude is extended to service users, who welcomed the inspector to the centre and contributed to the evaluation of the service provided.

Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15.1	The centre should ensure that there are policies and procedures available in relation to assessment, care planning and review.	Policies and procedures on assessment, care planning and review were available in the centre all of which were dated year 2013	Compliance
2	15.1	The centre should invite a speaker from an advocate service to advise service users and their relatives of the role of the advocate.	<p>Information on advocacy had been distributed to stakeholders.</p> <p>The manager confirmed that advocacy had been discussed at a service user meeting and a representative from Age NI is to be invited to attend a meeting during 2015.</p>	Working towards compliance
3	13.4	A competency and capability assessment should be completed for the person left in charge; this should reflect evidence of training and knowledge of the centre's policy /procedure including reporting in keeping with the commissioning trust protocol/procedure.	Competency and capability assessments were in place and reflected information as recommended	Compliant

Standard 7 - Individual service user records and reporting arrangements:

Records are kept on each service user's situation, actions taken by staff and reports made to others.

Criterion Assessed:

7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.

COMPLIANCE LEVEL

Provider's Self-Assessment:

Service users' files are held securely in the workstation in the centre. Day Care staff and relevant professionals only have immediate access to the files. Staff can refer to the SHSCT Policy and Procedures files for guidance on Accessing Health & Social Care Records, Management of Records, Data Protection, Confidentiality and deciding whether it is right to share information.. Service users have been given the SHSCT information leaflets about confidentiality and how the SHSCT processes your personal information. The leaflets will be included in the package of information given and explained to new service users and or their representatives at their pre admission visit. Adherence to data protection and other relevant legislative requirements does not infringe the rights of other people.

Compliant

Inspection Findings:

Information as illustrated in the manager's self-assessment of this criterion was verified through discussion with staff and observation of storage.

Robust corporate policies and procedures available to staff in the centre included Record Management, Confidentiality, Data Protection and Protecting Confidentiality of Service Users information. Other resource documents in regard to ethical duty of confidentiality were available to staff.

COMPLIANCE LEVEL

Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	
Provider's Self-Assessment:	
<p>Staff can refer for guidance on 7.2 & 7.3 in the SHSCT Access to Health & Social services records Policy statement and Procedural Guidelines January 2008 and Freedom of information Act 2000.</p> <p>In the event of acting on such a request the relevant documentation will be made and retained.</p> <p>Service users are involved and contribute to their care plans and review meetings. All documentation is shared with them which they sign. If they choose not to sign the reason is recorded.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Information as illustrated in the manager's self- assessment was verified through discussion with the manager who confirmed that service users/representatives are kept fully informed and access to their care records would always be accommodated. The manager confirmed that requests for access to information would be recorded although this has not been necessary to date.</p>	Compliant

<p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>The Service Users' files include the criterion for 7.4 and Appendix1.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Information as illustrated by the manager in the self-assessment was verified through discussion with staff and examination of four care records which confirmed that records were comprehensive with assessments including risk, care plans showing actual and potential needs and interventions to meet agreed objectives. There was good evidence of service user representative consultation and multi-professional collaboration in planned care.</p>	<p>Compliant</p>

<p>Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>There is a written record entered in the service users' files on each day of their attendance. Any recordable events are recorded on the day in a timely manner.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Daily record is made in care records on each day attended by the service user.</p>	<p>Compliant</p>
<p>Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>DCWs Bands 5 & 6 have completed a competency assessment which included reportable events. This included who to report to in the event of a safeguarding issue arising, dealing with complaints, accidents or incidents. If the registered manager is not on site staff will have been informed where she is planned to be, this will also be recorded on the staff rota and office diary. In absence from work for eg. annual leave, staff have contact numbers for the other locality managers and head of service. All staff have access to e-mails. Other relevant professionals contact details can be accessed by global e- mail address book. Other frequently used external contacts are held in the main office and manager's office.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The centre had in place the relevant corporate policies with regard to reporting and management of events. Staff presented as being confident and competent in their roles and clear in their reporting procedures to the manager, service user representatives and other professional staff.</p> <p>Examination of care records evidenced good multi-professional collaboration in planned care, reporting and sharing of information with representatives of service users.</p>	Compliant
<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
Provider's Self-Assessment:	
<p>Records made are legible, up to date , care plans and risk assessments on completion are signed by the registered manager. Other records reviewed and signed off by the manager include, datix reports of accidents on line,quarterly fire safety return to the fire safety dept,food hygiene records and monthly service user file audit.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Examination of a sample of four care records evidence that these were legible, current signed and dated by the staff member and reviewed signed off by the manager.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Substantially compliant
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INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant
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Theme 1: The use of restrictive practice within the context of protecting service user's human rights	
Theme of "overall human rights" assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>Orchard centre is a secure building. This is for safeguarding vulnerable service users, staff and service users with memory loss who may present with a risk of wandering. It is not a means of restraint. The securing of the building was on the agenda of a service users' meeting to ascertain service users who attended who did not have memory loss were agreeable with this arrangement and understood why it was in place.</p> <p>Service users attending who use wheelchairs have lap straps in situ. It is a mandatory health and safety requirement for the straps to be in the closed position while they are in transit or on SHCCT assessed mode of transport. The use of lap straps is for the benefit of the service user it is not a means of physical restraint.</p> <p>Agreement to have the lap strap secured and the level of support required/ independence in opening/ closing the strap is recorded in their care plan.</p> <p>Staff hold the fobs which open and secure the main doors. Service users have the right to leave and enter the building. This request will be granted providing they have the ability to make informed choices and safe decision making. Staff are aware of the condition and behaviour of each service user in order to ensure a reasonable balance is achieved between independence and risk taking. Service users with a risk of wandering and memory loss have this documented in their care plan.</p> <p>There is guidance on restraint, Deprivation of Liberty Safe Guards and the Human Rights Act for staff Policy and Procedure section no 47 . Staff have MAPPA level 2 training .</p>	Compliant
Inspection Findings:	
<p>The centre had a policy/procedure on Restraint and Seclusion which was dated 2013.</p> <p>Information as illustrated in the manager's self-assessment was verified through discussion with the manager, staff and observation. The manager and staff confirmed that no form of seclusion was ever used. Restraint in the form</p>	Compliant

<p>of front door security and transit wheel chair lap strap usage in place to ensure the health, safety and well- being of service users.</p>	
<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p> <p>Service users who may present on occasions with a distressed reaction have a management plan documented in their file. The extent of management in Orchard is to escort the person with their consent to a quiet room where they have the opportunity to settle with the discrete observation and support of staff. Should this occur the registered manager, community key worker and family are informed. The occurrence is recored in the individual's file to include possible triggers, level and time of intervention required and the outcome. Other service users attending who may have witnessed the occurrence will be spoken to by staff to ensure they have not been adversely affected and if they have they will be supported and assisted by staff to enhance/regain their wellbeing. Should the situation escalate. RQIA would be informed and a review meeting of service provision would be arranged to discuss and agree future management and if the service is suitable to meet a change in needs.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Information as illustrated in the manager's self-assessment was verified through discussion with the manager and staff. The manager and staff confirmed that actual physical restraint has not been necessary and explained staff had received training in the provision of the least restrictive practice and early identification of triggers.</p> <p>Staff training records evidenced training in restrictive intervention had been provided in 2013.</p> <p>Needs and interventions in behavioural management were recorded within care records examined.</p> <p>Discussion with staff and analysis of staff comments in questionnaires returned to RQIA evidenced that staff were familiar with the guidance document on Restraint in Health and Personal Social Services.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

<p style="text-align: center;">Theme 2 – Management and Control of Operations</p> <p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	<p style="text-align: center;">COMPLIANCE LEVEL</p>
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p style="padding-left: 40px;">(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>In the absence of the registered manager. DCW B6 or DCW B5 will cover the day to day management of the centre. Competency has been assessed using assessment tools, supervision, KSF and direct observation of the relevant staff. DCWS know their limitations and will contact another locality day care manager or Head of Service if they need support.</p> <p>There are suitably qualified, competent and experienced staff working in the centre in numbers as are appropriate for the care of the service users unless due to unplanned absenteeism.</p> <p>Staffing compliment, hours worked and qualifications are detailed in the Centre Statement of Purpose.</p> <p>Annual leave and training are approved by the registered manager taking staffing requirements into account.</p> <p>The weekly planner is compiled by DCWs on Thursday of each week. This forward planning will highlight any shortfalls in staffing for the followinfg week in a timely manner for an action plan to be implemented as possible.</p> <p>The staffing arrangements are also recorded on a weekly basis on Friday of each week. The rota is displayed in the managers office and maitained for records in a file.</p>	<p style="text-align: center;">Compliant</p>

<p>The management structure is also detailed in the Statement of Purpose. All staff have and are familiar with their issued job descriptions. Staff are NMC or NISCC registered .Staff have annual KSF ,appraisal and personal development plans. Staff have one to one supervision and group supervision as per SHCST policy or at more frequent timeframes if necessary.</p>	
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Evidence as illustrated in the managers self-assessment was verified through discussion with the manager, staff, examination of competency/capability assessments, staff training records and analysis of staff questionnaires returned to RQIA.</p> <p>Three of the five staff questionnaires completed and returned to RQIA commented there can be staff shortfall when no staff cover is provided when staff is off due to annual leave or sickness which left staff feeling under pressure. It is recommended that the manager has discussion with staff in this regard as staffing levels must always be in keeping with the centre’s Statement of Purpose to meet the identified needs of service users in attendance.</p>	<p>Compliant</p>
<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> • The registered person shall ensure that persons working in the day care setting are appropriately supervised 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Guidelines for supervision of staff are taken from the SHSCT Supervision Policy. If due to unforeseen circumstances arising a supervision date is cancelled an alternative date to facilitate the meeting at the earliest possible date. The registered msnager supervises the DCWs B5s & 6. The DCWs Bs 5 & 6 supervise the DCSWs B3. If there are any issues arising before an agreed date, the supervisor or supervisee can request a supervision meeting. Staff undertake KSF and appraisal on a yearly basis. Staff have the opportunity to address any work based matters at the daily team meeting. Staff know the registered manager will speak to and support staff by arranged appointment or at the time if they have any areas of concerns with their practice or that of colleagues.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
There was recorded evidence of ongoing staff supervision which was confirmed by the manager and staff who spoke with the inspector.	Compliant
Regulation 21 (3) (b) which states:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	
Provider’s Self-Assessment:	
The Manager is NMC registered and has attended mandatory training and other training relevant to delivering and managing the service. The day care staff are NISCC or NMC registered and have mandatory training, training relevant to delivering the service and NVQ/QCF or equivalent vocational training. Training and qualifications are recorded in the statement of purpose and on file. Staff and manager have attended/ shared information sessions on FPL and HRPTS on line systems of work. All staff have access to SHSCT e- learning.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Information as illustrated in the manager’s self- assessment was verified through discussion with the manager, staff and examination of the Statement of Purpose and staff training records. Recorded confirmation was submitted to RQIA pre inspection by the manager that all staff members employed in the service have been provided with an induction (more recently recruited staff should have had an induction that meets the NISCC Induction Standards for new workers in social care), current mandatory training and have received other relevant training regarding their specific roles, responsibilities and the assessed needs of service user. Training records evidenced that training in Dementia has been provided.	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Additional Areas Examined

Complaints

Data submitted to RQIA pre inspection identified that three complaints had been received during 2013 with all complaints fully satisfied. Examination of records retained in the centre evidenced that a further four complaints were received by the manager with investigation conducted and outcome shared with the complainant.

Registered Manager Questionnaire

Information was submitted to RQIA pre inspection as requested. The manager confirmed qualifications with registration renewal date due October 2015.

Recorded confirmation was submitted to RQIA pre inspection by the manager that all staff members employed in the service have been provided with an induction (more recently recruited staff should have had an induction that meets the NISCC Induction Standards for new workers in social care), current mandatory training and have received other relevant training regarding their specific roles, responsibilities and the assessed needs of service user. Recorded evidence of the availability of listed policies/procedures, systems/processes for the effective management of the centre in keeping with the trust governance arrangements was reflected.

Statement of Purpose

The centre has a Statement of Purpose which was reviewed and dated April 2014 reflected information as required under Regulation 4 of The Day Care Setting (Northern Ireland) 2007.

Service Users Guide

The centre has a Statement of Purpose which was reviewed and dated April 2014 reflected information as required under Regulation 5 of The Day Care Setting (Northern Ireland) 2007.

Monthly Monitoring Reports

Monthly announced and unannounced monitoring reports were in place showing visits were being conducted in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Maureen Smith 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

Primary Announced Care Inspection

Orchard Centre

15 December 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 Maureen Smith, registered manager, at 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.

Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on 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 15.1	<p><u>Advocacy</u></p> <p>The centre should invite a speaker from an advocate service to advise service users and their relatives of the role of the advocate.</p>	Two	<p>The Registered Manager has actively reviewed this recommendation The steps taken include: On the 19/1/15. e-mail contact with the Southern Trust user involvement Officer seeking advice and contact information on local advocate services. On the 22/1/15 telephone contact to Age NI extending an invite to a representative from the organisation to the Orchard to speak with service users. On 26/1/15 telephone contact from Age NI advising this service is no longer provided by Age NI However an offer was accepted to receive leaflets by e-mail along with a list of contacts to share with service users regarding advocacy All information received will be shared with service users and relatives at group meetings and through the day centre February Newsletter.</p>	1 March 2015

2	Standard 23.1	<p><u>Staffing</u></p> <p>It is recommended that the manager has discussion with staff in regard to staffing shortfall, as reflected within 3 staff questionnaires returned to RQIA, and to clarify the necessary action to be taken, at the next team meeting as staffing levels must always be available to meet the needs of service users in keeping with the centre's Statement of Purpose</p>	One	<p>The Registered Manager has reviewed staffing rotas from the 1/4/14/to 31/12/14 and is satisfied that the staffing ratio to service user need has been adequate and reflective of safe ,supportive care to meet the needs of all service users as reflected in the statement of purpose.</p> <p>The Registered Manager has discussed staffing levels and service user need with all day care staff at team meetings on both the 15th & 19th January 2015. The Registered manager provided an opportunity for all day care staff to comment on staffing levels to ensure that any concerns, such as those reflected in the staff questionnaires submitted to RQIA, could be discussed and adressed.in an open,honest and transparent manner.When the opportunity was provided to all staff at both meetings neither the senior day care staff or the day care workers made any comment or raised any untoward issues in relation to staffing levels The Registered manager can confirm that at all times there is appropriately qualified, competent and</p>	1 March 2015
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			<p>experienced staff on duty in such numbers as are appropriate to meet the care health and welfare of the service users attending the day centre. The registered manager held a team meeting 26/1/15 and reinforced that staffing levels are continuously kept under review and that the staffing ratio in place in the orchard day centre is reflective of the following: the competencies and experience of staff</p> <ul style="list-style-type: none"> • the layout of the day care facility • staff training • staff workload • categories of care • the dependency levels of service users • the ratio of staff to service users <p>The registered manager discussed the Procedure to activate agreed control measures to deal with unplanned absenteeism.</p> <p>All day care staff present acknowledged their agreement with the control measures in place.</p>	
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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	Mrs. Maureen Smith
Name of Responsible Person / Identified Responsible Person Approving QIP	Mrs. Angela McVeigh Director Older People & Primary Care

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	P.Clayton	18/02/15
Further information requested from provider			