

# Unannounced Care Inspection Report 22 March 2019



## Orchard Centre

**Type of Service: Day Care Service**  
**Address: Dromalane Road, Newry, BT35 8AP**  
**Tel No: 02830266374**  
**Inspector: Maire Marley**

[www.rqia.org.uk](http://www.rqia.org.uk)

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a Day Care Setting that provides care and day time activities up to 70 services users who are living with a memory loss, mental ill health and service users over the age of sixty five years. 30 places are allocated to people with memory loss on Monday, Wednesday and Friday, On Tuesday and Thursday 24 places are allocated to people over the age of 65 and 16 places to people with mental health over the age of 65.

The centre is open Monday to Friday and is closed for all public and bank holidays. Additional closures may occur for training purposes.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust  <b>Responsible Individual:</b> Shane Devlin	<b>Registered Manager:</b> Maureen Smith
<b>Person in charge at the time of inspection:</b> Fionnuala O'Hagan	<b>Date manager registered:</b> 18 October 2010
<b>Number of registered places:</b> 70 - DCS	

### 4.0 Inspection summary

An unannounced inspection took place on 22 March 2019 from 9.00 to 15.30.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the service, listening to and valuing service users, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities. Overall there was evidence of good governance arrangements; staff training, and professional development opportunities, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

One area requiring improvement was identified and related to availability of staff records for inspection.

#### Service users said;

- “Lovely place, everyone is so good.”
- “Can’t complain everything is good, it gets me out of the house and meeting people and that is so good for me.”

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Fionnuala O'Hagan, person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 06 October 2017

No further actions were required to be taken following the most recent inspection on 06 October 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- record of notifications of significant events
- record of complaints from October 2017 - March 2019
- the previous inspection report and QIP dated 6 October 2017
- the RQIA log of contacts with, or regarding the Orchard centre

During the inspection the inspector met with:

- six service users individually
- five service users during a knitting activity
- twelve service users in television lounge
- the person in charge
- three day workers

Staff were provided with ten questionnaires to distribute to service users or their relatives for completion. The questionnaires asked for service users and/or their relatives views on the service and requested their return to RQIA. No completed questionnaires were returned to the inspector within the timeframes for inclusion in this report.

The manager was requested to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision. No completed questionnaires were returned within the timescales for inclusion in this report.

A “have we missed you” card was left for display in the front entrance, to allow service users or relatives who were not available on the day to give feedback to RQIA regarding the quality of service. No responses were received. In addition a range of RQIA information leaflets were also left for information.

The following records were examined during the inspection:

- Care records for four service users, including assessments, care plans and review reports.
- Four service user’s agreements.
- Progress records for four service users.
- Monitoring reports for the months of December 2018 and January and February 2019.
- Random selection of the records of staff meetings
- Minutes of service users’ meetings for December 2018 and January 2019.
- Selected training records for staff, including staffs’ registration with NISCC.
- The Statement of Purpose.
- Service User Guide.
- Staff duty rotas for January, February and March 2019.
- Safety records, including fire risk assessment.
- Record of incidents and accidents.
- Record of complaints and compliments.
- Audits completed.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 06 October 2017

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

## 6.2 Inspection findings

### 6.4 Is care safe?

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

The Orchard centre is managed by Maureen Smith who is assisted by a team consisting of four senior day care workers, six day care support workers, a clerical officer and three facility support staff. The registered manager is also responsible for a further two day centres within the Southern Health and Social Care Trust area and time is allocated to each centre. The hours the manager allocates to the Orchard centre is recorded on the duty roster.

The duty roster was examined and it was noted that the registered manager and two care staff were on unplanned leave, with a further 3 staff on planned leave. Discussion with the person in charge established that they had risk assessed the staffing levels in accordance with the Trust's contingency plans. The person in charge had noted the number of service users were lower than usual due to some service users being absent and was working on the floor to assist with activities, in addition, staff and service users were allocated specific activities to ensure continuity of care and support. In the afternoon one activity were changed to a sing a long in the television lounge and it was observed that everyone participated in the singing and dancing. The measures implemented ensured that service users' needs were safely met on the day.

Records requested relating to staff competency and capability assessments for staff who acted up in the registered manager's absence were not available as the registered manager was on unplanned leave and had the key to the locked cupboard. This is an area identified for improvement. Arrangements should be in place to ensure all records required by regulation are available for inspection. On the day of inspection the person in charge confirmed they were capable and willing to accept responsibility for the day centre in the absence of the registered manager.

The person in charge explained that all records in regard to the recruitment process are retained in the SHSC Trust's human resource department. It was established that the day care setting receive confirmation of compliance with employment legislation as set within The Day Care Setting Regulations (Northern Ireland) 2007 and Department of Health (DoH) Day Care Settings Minimum Care Standards (2012 prior to new staff commencing duty).

An induction programme is in place for all grades of staff within the centre appropriate to specific job roles. These records were not available for inspection and as previously stated is an area identified for improvement.

A review of the staff training records found that all staff had up to date mandatory training and had access to additional training and development relevant to the needs of service users.

The day care setting had arrangements in place to identify and manage risks, notification of incidents and events were submitted to RQIA as required. A review of the records confirmed that all accidents and incidents reportable and not required to be reported had been managed in a timely appropriate manner. The last recorded incident was dated 5 March 2019 and was managed effectively and in accordance with procedures.

A review of settings policies confirmed there was a policy and procedure on restrictive practice in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS).

Staff discussed the restrictions in place regarding some individuals who use wheelchairs and require lap belts for personal safety. The entrance door is secured and is managed by staff who open the door when the bell is rung. Discussion regarding such restrictions confirmed these were appropriately assessed, minimised and reviewed with the involvement of the multi-professional team, as required.

It was evident that staff were aware of their responsibility to ensure all decisions were in the best interest of the service user and was the least restrictive to support each individual whilst assuring their safety.

It was noted during the inspection that service users responded to staff approaches positively and were accepting of their support, additionally staff presented as familiar with individual service user's needs, personality and methods of communication. Staff were observed responding to everyone in a quiet, respectful manner. Assistance when provided was discreet and it was evident that staff knew when to offer assistance that enabled participation yet ensured service users independence was promoted.

Service users spoken to during the inspection described the building as a secure, safe place to come to and expressed that staff were always available and willing to assist them as and when required.

Staff confirmed there was no current adult safeguarding investigations within the day care setting and were clear about their role and responsibility in the event of such an incident.

Safeguarding procedures were understood by staff members who were interviewed, they confirmed that practice throughout the centre was of a high standard and that they were trained to respond professionally in all situations. Safeguarding training had been provided for all staff in 2018. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the Service User Guide and in the centre's Statement of Purpose.

The staff, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users and expressed their determination to promote safe practice and, if necessary, to report unacceptable practice. All staff members expressed strong commitment to their work and reported that they found work enjoyable and rewarding.

Observation of the environment was undertaken during a walk around the day care setting, this confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers around the setting, "seven step" hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff had access to gloves and aprons as required.

It was noted that staff adhered to safe fire practices and records examined identified that a number of regular safety checks on firefighting equipment had been undertaken. A fire risk assessment was completed and had been reviewed in September 2018 with a further review set for August 2020. No significant deficits had been identified. A fire drill had been undertaken on 15 June 2018.

Discussion with staff with regards to the provision of safe care revealed the following comments:

**Staff comments:**

- "There is an open door policy here, with lots of support, I love working here."

- “We are a good team and we work hard to ensure the safety of our service users.”
- “Care is of a high standard and we are all responsible for the safety of service users and each other.”

Service users spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated.

**Service user comments:**

- “Absolutely brilliant, you could not get any better, staff are just great.”
- “It is as safe as can be and staff work really hard.”

Ten satisfaction questionnaires were given to the staff for distribution to service users and relatives/representatives. There were no questionnaires returned within the timeframes for inclusion in this report.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care documentation, risk assessment and management, fire safety, the physical environment, staff training and support.

**Areas for improvement**

One area for improvement was identified during the inspection of this domain and related to ensuring records required by regulation are available for inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

**6.5 Is care effective?**

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

The centre’s statement of purpose and service user’s guide were examined and revealed that the documents were regularly reviewed and reflected the elements set out in the regulations and standards.

A review of four service users’ individual care records confirmed that care planning documentation was in place for each service user and was based on a range of comprehensive assessments. The records included referral information, a service user agreement, an up to date assessment of needs, including a range of risks assessments and a detailed care plan.

Progress records were maintained of each service user and entries were made in response to the significance of events and were in keeping with the frequency specified by the minimum standards.



Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written review report was available in files examined and included the views of the service user and/or their carer and was informed by the written progress notes.

A record of the contact and involvement of families and professionals was maintained. Records examined were signed and dated. There was evidence that a regular audit of care documentation was undertaken.

During discussions staff revealed that care provided to service users within the setting was effective. They were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. Staff discussed the daily briefs that ensure any updates or changes in service users' needs are discussed and shared as necessary.

The discussions with staff and review of service user 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 day care setting. There was evidence that day care staff consulted with the multi-disciplinary team, in a proactive, timely and appropriate manner.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff, and service users with regards to the provision of effective care included the following comments:

**Staff comments:**

- "The Orchard centre is a really good place and the team all work well together."
- "We know our service users and know when they are having a hard day or just not feeling great and are in need or extra support."

**Service User comments:**

- "This is a fabulous place."
- "Great place, girls (staff) are all lovely, plenty to occupy us and if you decide not to do something that is ok too" it is good to get out and socialise, we all need company."

During the inspection three members of staff were interviewed and all expressed positive views on the quality of service provided and on the confidence they had in the practice of their colleagues.

Ten satisfaction questionnaires were given to the person in charge for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to referral information, assessment of needs and risk assessments, audits of records, communication between service users, staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspection sought to assess the day care setting’s ability to treat service users with dignity, equality and respect, and to fully involve services users in decisions affecting their care and support.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language and demonstrating active listening skills.

Staff were observed throughout the morning, during lunch and afternoon activities offering service users choice regarding activities and the lunch menu. Staff were observed assisting service users as and when necessary and it was evident that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken knowledgeably about service users likes, dislikes and individual preferences.

Service users stated that they were asked their opinion regarding what they like to do in day care and that staff were approachable and listened to them. One service user commented, “Staff are so caring, full of compassion, I have done so many things here, like art and writing poems there is so many things to do.”

The range of activities available was displayed as were many items made or designed by service users. In discussions service users were complimentary about the activities and described those they particularly enjoyed such as, musical activities, arts and craft, boccia and knitting, throughout the day staff were observed to stimulate and encourage service users to participate in a range of activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement.

Staff described the informal arrangements in place that ensured service users are consulted on a daily basis and their views and opinions sought. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through annual care reviews and quarterly service user meetings. A sample of the minutes of these meetings were reviewed and provided evidence of service user involvement in the decision making process.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey undertaken in 2017/2018 and reported on in the Annual Quality Report 2018. The report addressed the elements as specified in Regulation 17 and it was good to note the action plan contained the timescales for completion of the identified improvements.

A review of the records of the monthly monitoring visits found that the views of service users and their carers were sought on each occasion and reflected in the report of the visit. The records were maintained in accordance with Regulation 28.

Service users who spoke with the inspector were aware of the complaints process and could identify the person with whom they would communicate with if they had an issue or concern.

There were measures in place that confirmed all service users, irrespective of their needs were supported and encouraged to have equal opportunity for access to meaningful activities and engagement with others. It was encouraging to note the range of displayed information available to service users and their carers.

Discussion with service users with regards to the provision of compassionate care included the following comments:

- “We are always asked what we want to do.”
- “The staff are all really good.”
- “I love coming here.”
- “We get plenty of choice.”

Ten satisfaction questionnaires were given to the manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users, facilitating service users’ involvement in activities and the maintenance of records.

### Areas for improvement

No areas for improvement were identified during the inspection of this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The person in charge facilitated the inspection and demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and processes in place for the daily management of the day centre.

Examination of the centre's Statement of Purpose revealed that it had been updated by the provider in April 2018. The document clearly described the nature and range of services to be provided and addressed all of the matters set out in Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The evidence gathered during this inspection confirmed that the service was operating in accordance with the Statement of Purpose.

Review of governance arrangements within the day centre and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. The current RQIA certificate of registration was displayed within a prominent position in the day centre

There was a clear organisational structure and the management and reporting arrangements were understood by staff. The day centre is managed by the registered manager who also has management responsibility for a further two day care centres within the Southern Health and Social Care Trust (SHSCT). The duty roster detailed the hours the registered manager allocated to the Orchard centre and indicated the person in charge in their absence.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by care staff in respect of leadership they received from the registered manager. Staff also spoke of good working relationships within the team. They confirmed that if they had any concerns or suggestions they could raise these with the management team and expressed that management had an open door policy.

Staff discussed their knowledge of the whistleblowing policy and the action they would take if they could not resolve their concerns locally. From the discussions with staff it was evident they enjoyed working in the day care setting and enjoyed good working relationships with their colleagues.

The day care setting had a range of policies and procedures in place to guide and inform staff, these policies are also available to staff via the Trust's intranet.

There were policies, procedures and practices in place to facilitate the efficient management of complaints. Information on the complaint procedure was displayed throughout the centre and included in the service user guide and agreement. Discussion with staff and management confirmed that they were open to receiving complaints and knew how to respond to any expression of dissatisfaction sensitively in accordance with the Trust's complaint procedures. The complaint records examined confirmed concerns or issues received had been fully investigated and resolved to the complainant's satisfaction. The last recorded complaint was dated 24 January 2019 and was successfully resolved.

Records examined provided evidence that regular staff meetings were held and records of the meetings maintained. The record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure the delivery of safe and effective care.

The inspector discussed the measures in place in relation to promoting equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The person in charge discussed the ways in which staff development and training enabled them to engage with a diverse range of service users. It was confirmed that no issues regarding equality had been raised by service users to date.

Some of the areas of equality awareness identified during the inspection included:

- effective communication
- service user involvement
- equal care and support
- individual person centred care
- individual risk assessment

The day centre had collected equality data on service users such as; age, gender, race, disability, marital status via their referral information.

There are arrangements in place to ensure staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained. The person in charge reported that the SHSCT had an alert system in place to inform managers when staff registration had lapsed and confirmed that staff were aware that a lapse in their registration would result in the staff member being unable to work within the centre until their registration was suitably updated.

The inspector confirmed there was evidence of the arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. A range of audits are undertaken weekly and monthly and were available for inspection. These included health and safety audits, audits on care records, cleanliness audits, staff training, fire prevention and checks on NISCC registration.

The Regulation 28 monthly quality monitoring visit reports were available for inspection; these were mainly unannounced visits. Three quality monitoring reports for the previous three months were examined and found to be satisfactory and in keeping with the elements specified in Regulation 28. The day care setting had systems in place to review and monitor the matters set out in Regulation 17; an annual quality review report for 2017-2018 was available for inspection and had been made available to service users and their representatives.

Ten satisfaction questionnaires were given to the manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff support systems, annual quality monitoring and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Fionnuala O'Hagan, person in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (3) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2019</p>	<p>The registered person shall ensure all records required by regulation is available for inspection.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager has reviewed the Management of Access to Confidential staff files and the revised procedure has put in place a process which now ensures that all records required by regulation will be available for inspection.</p>

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



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

**📍** @RQIANews