



The Regulation and
Quality Improvement
Authority

Orchard Centre
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Dromalane Road
Newry
BT35 8AP

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**Unannounced Care Inspection
of
Orchard Centre**

24 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 24 November 2015 from 10.00 to 17 00 hours. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	2

The details of the QIP within this report were discussed with Ms Maureen Smith the registered manager as part of the inspection process. The timescales for completion commenced from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Southern Health and Social Care Trust/Paula Mary Clarke	Registered Manager: Maureen Smith
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Maureen Smith	Date Manager Registered: 18 October 2010
Number of Service Users Accommodated on Day of Inspection: 33	Number of Registered Places: 40

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- a review of notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection

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

- discussion with the registered manager
- discussion with 18 service users
- discussion with four staff
- observation of practice and care delivery
- review of the environment
- evaluation and feedback

At the commencement of the inspection, a poster was displayed in the centre informing service users and their representatives that an inspection was taking place and inviting them to provide their views of the service by speaking to the inspector.

During the inspection the following records were examined:

- the statement of purpose
- the service user guide
- records of complaints recorded from April to November 2015
- samples of three monthly monitoring reports
- selected policies and procedures relevant to standard 5 and 8
- minutes of meetings of the service user group from April to September 2015
- file records for six service users
- staff duty rotas for November 2015
- four staff training records

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 15 December 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 15.1	<u>Advocacy</u> The centre should invite a speaker from an advocate service to advise service users and their relatives of the role of the advocate.	Met
	Action taken as confirmed during the inspection: The registered manager had contacted a number of agencies and obtained information for service users on their rights and advocacy. In addition the PPI officer from the trust had spoken with service users regarding their rights and their right to be involved in service provision. The information provided was supplemented with information leaflets.	
Recommendation 2 Ref: Standard 23.1	<u>Staffing</u> It is recommended that the manager has discussion with staff in regard to staffing shortfall, as reflected within three 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.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that a review of the staffing levels had been undertaken. Examination of staff meetings records confirmed staffing issues had been discussed on 15 and 19 January 2015. Control measures had been devised and implemented. Staff consulted during inspection were familiar with the new procedures and the action to take in the event of unplanned leave. The control measures were displayed in the office for ease of reference for staff. No issues were raised during this inspection and all staff consulted confirmed they were satisfied with the staffing arrangements.	

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

The Southern Health and Social Care Trust Continence Promotion Procedure for Older People was presented for inspection. The policy was reviewed in April 2015 and staff confirmed the document was available to them when required and expressed confidence in following the procedures. The policy was complimented by supplementary information and guidance on continence promotion. Staff reported that senior staff are always available should they require further guidance or support.

Staff explained that some service users need staff support to orientate them to the bathroom and others require the assistance of a staff member. During discussions with staff they were familiar with the assessed continence needs of each service user and could describe the care and support required for each person. Service users were observed to be supported by staff in a discreet manner when this care was needed.

Confirmation was provided that service users brought their own individual products to the centre and could retain responsibility for them or the products could be stored discreetly in a cupboard. It was noted that emergency supplies were named and appropriately stored in cupboards.

Observation, review of staffing levels and service users' positive feedback confirmed there were sufficient numbers of staff employed in the day care setting to meet the identified needs of service users who attend.

Records examined confirmed staff were in receipt of training regarding moving and handling. However it was noted that infection control training was out of date for the majority of staff and training on continence promotion and prevention was needed. The registered manager had organised training in January 2016 and it was agreed the registered manager would confirm staff had attended the training on the return of the QIP.

There was evidence that annual appraisals and formal supervisions had also taken place. During discussions staff expressed that supervision was provided regularly and focused on care records, activities and individual service users' assessed needs.

Service users confirmed that staff supported them with their continence care. One service user could describe the support staff provided and expressed that staff were always available when they needed assistance.

Staff presented as knowledgeable, experienced and compassionate. During discussions with staff they reflected the person centred approach used with service users and were also able to describe the different communication strategies adopted to maintain dignity and privacy.

Is Care Effective?

Six service users' care records were examined during this inspection. Appropriate assessments and risk assessments had been completed by staff for each service user and these contributed to the development of the service user's care plan.

In records viewed service users had signed the document to indicate they had been involved in discussions regarding their care; each record examined had evidence that a review of the care provided had been undertaken. During discussions with service users they could relate the care and support staff provided in accordance with their care plans.

There was one care record, however, which resulted in a lengthy discussion with the management team. The current care plan should be reviewed to ensure the multi-disciplinary team are in agreement with the personal care directed. In addition, the needs of the service user should be re-assessed to ascertain if the centre can meet the service user's current personal care needs.

Observation of the environment found it to be satisfactory and adequate supplies of personal protection equipment was evident.

Is Care Compassionate?

Staff interaction with service users was observed throughout the inspection period and presented evidence of a high level of compassionate care being delivered.

Service users who held discussions with the inspector confirmed that they were always treated with respect and enjoyed very positive relationships with staff members. They were very complimentary about the care and support they received when attending the day care service. Personal care was observed to be undertaken in a discreet manner and no issues regarding this aspect of care was identified during this inspection.

Comments made on the day included:

- "Staff are most helpful and go out of their way to help you."
- "Staff are very respectful; they really care about their work and all so pleasant and kind."

Staff presented as knowledgeable, experienced and compassionate and in discussions they reflected a person centred approach. Overall the discussions with staff found they had a good working knowledge of current best practice with regards to infection, prevention and control and continence promotion, and were confident regarding the care delivered.

The overall assessment of this standard shows the quality of care to be compassionate, safe and effective.

Areas for Improvement

Two areas for improvement were identified regarding this theme. One concerned an identified care plan. It is required that management review the identified care plan to ensure the multi-disciplinary team are in agreement with the current plan of personal care. Arrangements should be made to re-assess the personal care needs of the service user to ascertain if the centre can meet the identified needs. A recommendation was made regarding training. The

registered manager was requested to confirm staff had attended organised training relating to continence promotion and infection control.

Number of Requirements:	1	Number of Recommendations:	1
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

The day centre had in place the SHSCT corporate policies that promote service user involvement and empowerment and these were available for inspection. Staff confirmed policies were available to them at all times. Policies examined included:

- Service User Involvement
- Communication with Service users and their Representatives
- Involvement of Service Users in the Running of the Centre
- Assessment, Care Planning and Review
- Listening and Responding to Service Users (PPI Action)
- Protection of Vulnerable Adults from Abuse
- Whistleblowing

The complaint records examined revealed a record of any complaint or expression of dissatisfaction received is maintained. The registered manager and staff consulted were fully familiar with the action to take in the event of a service user making a complaint. A review of the record of complaints indicated that seven complaints had been received for the year April 2014 -31 October 2015. These complaints had been investigated and resolved satisfactorily.

Relevant policies regarding the protection of vulnerable adults from abuse and whistle blowing were available and records examined confirmed that staff were in receipt of the required training.

The inspector spoke individually with service users and also with groups of service users and during those discussions examples were given about how staff and management have responded to their suggestions, views and opinions. The following is a sample of comments made on the day:

- "We decide what we want to do. No-one would ever dream of forcing you to do anything, to tell you the truth sometimes we just decide not to do the planned activity and just have a bit of craic instead."
- "Really enjoy coming here, the staff are excellent and there is always something to do, you are always given a choice regarding meals, activities or outings."
- "We all work well together, we listen to each other and staff listen to what we want."
- "All my friends are here and we support each other."
- "Plenty of choices and everyone gets a say."

Discussions with 20 service users, five staff and the registered manager reflected how service users were involved in the running of the service. A review of the minutes of service users' meetings and discreet observations of staff interactions with service users concluded safe care was delivered in the Orchard Centre.

Is Care Effective

The day centre has a range of methods and processes where service and their representatives' views are sought.

There was evidence that management seek the views of service users informally each day and more formally in quarterly meetings. Photographs of the range of activities and outings service users participated in provided evidence that activities were varied, flexible and organised in response to service users' preferences and previous hobbies.

The availability of a range of information leaflets ensured service users were fully informed and kept up to date on different topics relevant to them.

Staff confirmed their confidence in the systems for information sharing, practice guidance, supervision and training. They detailed the arrangements that ensured service users were involved and actively participated in the decision making process.

Examination of six care records provided evidence that annual care review meetings were taking place and service users and their representatives were encouraged to take part and actively contribute to the process.

The records viewed and discussions with service users demonstrated that they are encouraged to maintain their independence and exercise control and choice when they are in the day centre.

The evidence examined on the day of inspection confirmed the arrangements within the Orchard Centre were effective and ensured that service users directed and shaped the care provided in the centre.

Is Care Compassionate?

The discussions held with service users provided evidence that staff support them to ensure they get the most from their attendance at the day care centre.

Staff interaction with service users was discreetly observed at different intervals throughout the inspection period, and it was noted that staff addressed service users in a respectful caring manner. Staff and service users are on first names terms and all consulted stated this was their preferred choice. It was evident that service users were very supportive of one another and identified strongly with the centre, its ethos and the staff team.

The monthly unannounced monitoring visits report included service users' views and opinions about the service.

As part of the inspection process five questionnaires were distributed to service users and returned completed to the RQIA. The responses indicated that service users were very satisfied with the care provided, were very satisfied that staff knew how to care for them and very satisfied that that they were safe and secure in the centre. One service user commented as follows:

- "I feel that the staff are very compassionate and throughout."

- “When I need something the staff are very quick to help.”
- “I feel 100% safe from any worries that I may have.”

Service users who spoke with the inspector confirmed that they felt well supported by staff in the service; comments provided regarding the staff team and attendance at the centre were very positive. A random selection of service users comments on the day include:

- “We are asked about everything and we went to the war Memorial place and it was brilliant.”
- “The meals are excellent and good value.”
- “I feel very safe here and know staff will look out for me.”
- “You never hear a cross word here.”

Several service users confirmed that they always felt safe and well cared for in the centre.

Areas for Improvement

There were no areas identified for improvement during the inspection of this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Service Users’ Money and Valuables.

Staff reported that service users pay for their meals on a daily, weekly or monthly basis. In addition service users pay for a hairdressing service as and when required. It was noted that the centre did not have a policy regarding the handling and management of service users’ money or valuables and a recommendation is therefore made. A review of the financial records found that they were not robust. Staff recorded in a communal attendance sheet when service users paid for their dinner. The records were not signed by the service user or the staff member. The registered manager must ensure suitable records are maintained regarding the income and expenditure of service users’ monies and a requirement is made in this regard.

5.5.2 Certificate of Registration

The certificate of registration was appropriately displayed in the centre. It was noted that following the redesign of the day centre in 2012 the number of service users attending on a daily basis had changed. The Statement of Purpose viewed on the day detailed that the centre provided day care to forty service users on a daily basis. The changes to the number of service users accommodated should be notified to RQIA and the registered manager was requested to submit an updated Statement of Purpose.

Areas for Improvement

A requirement and a recommendation is made regarding financial records and a policy on the management of money. A further requirement is made with reference to the number of service users accommodated in the centre.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 16 (2) and 15 (e)

Stated: First time

To be Completed by:
31 December 2015

The registered manager must review the identified care plan to ensure the multi-disciplinary team are in agreement with the current plan of personal care regarding continence promotion.

Arrangements should be made to re-assess the personal care needs of the service user to ascertain if the centre can meet the identified needs.

Response by Registered Person(s) Detailing the Actions Taken:

In relation to the above requirement the Registered Manager facilitated a multidisciplinary care review meeting on 11 December 2015. The actions and outcome from this meeting now ensures that the service users care plan has been updated and agreed and the centre can meet the service users identified needs.

The registered manager obtained a compatible hoist to meet the service user's personal care needs this was delivered to the day centre on 7 December 2015.

Training in the use of the hoist for staff was delivered by community Physiotherapist 15 & 16 December 2015.

This requirement has now been achieved..

Requirement 2

Ref: Regulation 19(2) Schedule 5. 8

Stated: First time

To be Completed by:
Immediate

The registered manager must ensure suitable records are maintained regarding the income and expenditure of service users' monies.

Response by Registered Person(s) Detailing the Actions Taken:

From 22 December 2015 a new process has been implemented this ensures that all service users are given a receipt for monies given to staff for lunch cost contribution

The management of money received remains unchanged and this continues to be held securely in the day centre safe and is lodged on a weekly basis in the Bank of Ireland Newry. The centre clerical officer accompanied by another member of staff transfer the money to the bank on an identified day which is agreed with the manager.

The bank issues a receipt for lodgements. The lodgement details and relevant documents are e- mailed to accounts receivable@centre BSO. Hard copies of the documents are held in the lodgement file.

As from the 1st January 2016 all other adhoc purchases eg Hair dresser are now the responsibility of the vendor and the service user or their carer. No other money is held by the centre.

Trust procedures are in place and complied with in relation to current 2016 Southern Trust petty cash procedures. which are available on the

	Southern Trust Intranet.		
Requirement 3 Ref: Regulation 4 (1) © Schedule 1. 7 Stated: First time To be Completed by: 31 December 2015	The registered manager must advise RQIA of the numbers of service users to be accommodated in the day centre on a daily basis. The registered manager must submit a revised statement of purpose to RQIA.		
	Response by Registered Person(s) Detailing the Actions Taken: The most recent up to date Statement of Purpose June 2015 was e-mailed to RQIA 22 December 2015.		
Recommendations			
Recommendation 1 Ref: Standard 18.1 Stated: First time To be Completed by: 31 January 2016	The registered manager should ensure a policy on the handling and management of service users' monies is in place.		
	Response by Registered Person(s) Detailing the Actions Taken: Registered manager has reviewed Trust policies on the management of money this included a scoping exercise on available SHSCT relevant policies and procedures including existing Adult day care procedures developed by MH&D services This information has supported the development of a Standard Operating Procedure for The Safe Management of Service Users Contributions for Meal Costs . At a meeting with the Head of Service on the 8 th January this SOP was ammended and an agreed draft (Version 1.0) prepared.This version will be circulated to all OPPC day care locality managers for comments with an agreed implemmentation date planned for 1 st February 2016 to ensure compliance with this recommendation in reference to standard 18.1.		
Recommendation 2 Ref: Standard 21.3 Stated: First time To be Completed by: 31 January 2016	The registered manager should confirm all staff has received refresher training regarding infection control and continence promotion.		
	Response by Registered Person(s) Detailing the Actions Taken: The Registered Manager can confirm the date for infection control refresher training has been scheduled for 11 February 2016 .The date for Continence Promotion has been scheduled for 15 March 2016 Both dates have been circulated to all care staff with a mandatory requirement to attend.		
Registered Manager Completing QIP	Maureen Smith	Date Completed	08/01/2016
Registered Person Approving QIP	Mrs Angela McVeigh Director OPPC	Date Approved	08012016
RQIA Inspector Assessing Response	Maire Marley	Date Approved	13/01/2016

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address