



Orchard Grove Day Centre
RQIA ID: 12181
7 The Square
Clough
BT30 8RB

Inspector: Suzanne Cunningham
Inspection ID: IN022751

Tel: 02844 811672
Email: deirdre@hollygate.net

**Unannounced Care Inspection
of
Orchard Grove Day Centre**

21 May 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 21 May 2015 from 10.00 to 15.30. Overall on the day of the inspection the Day Care Service 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, 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; however the following improvements are restated:

One requirement is restated for the second time. The requirement was first made in the 2014 / 2015 inspection year and required improvement in arrangements for the registered manager to receive appraisal, supervision and support appropriate; to the work she performs. This inspection evidenced arrangements were in place for supervision however, the frequency was not compliant with the minimum standard; and no appraisal had taken place. This requirement is restated. The organisation must ensure a plan for compliance is clearly set out in the returned QIP and evidence of compliance is available at the next inspection.

One recommendation is restated for the third time. The recommendation was first made in the 2013 / 2014 inspection year and sought to improve the quality of the monitoring visit and reporting. The inspection of a sample of the monitoring reports from October 2014 to April 2015 identified some improvement had been made however; improvement was not consistent within this time period. This is restated to ensure improvements are consistent across each visit.

These restated issues are included in the QIP for this inspection. Failure to address these restated improvements at the next inspection may result in RQIA referring to their enforcement policy and procedure to ensure compliance is achieved.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

The details of the QIP within this report were discussed with the Deirdre Burns registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Ian George Emerson	Registered Manager: Deirdre Burns
Person in Charge of the Day Care Setting at the Time of Inspection: Deirdre Burns	Date Manager Registered: 11 February 2013
Number of Service Users Accommodated on Day of Inspection: 9	Number of Registered Places: 10

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 standards 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

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

Prior to inspection the following records were analysed: notifications of incidents sent to RQIA in compliance with regulation 29, RQIA duty log and activity log for this day care setting; and the quality improvement plan for the last care inspection undertaken on 13 October 2014.

During the inspection the inspector met with nine service users, and two staff.

The following records were examined during the inspection: Two service user individual care files; the complaint record which did not detail any complaints for this inspection period; the incidents and accident records for the service from October 2014 to May 2015, relevant policies and procedures, general training records for two staff and the manager; monitoring records October 2014 to April 2015; the settings statement of purpose and service user guide.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the setting was an announced care inspection dated 13 October 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 Statutory Requirements		Validation of Compliance
<p>Requirement 1 Ref: 4.1, Appendix 1</p>	<p>The responsible person must ensure settings statement of purpose is reviewed and updated to ensure full compliance with the regulations and appendix 1. For example this must describe the process of reviewing service users and arrangements in place to ensure this is a person centred experience.</p> <p>The amended statement of purpose should be submitted to RQIA with the completed QIP.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed the statement of purpose was available and up to date at the time of inspection.</p>	Met
<p>Requirement 2 Ref: 5.1</p>	<p>The responsible person must ensure settings service user guide is reviewed and updated to ensure full compliance with this regulation. For example this must describe the process of reviewing service users and arrangements in place to ensure this is a person centred experience and the guide can also refer to the regulation 28 visits and availability of reports</p> <p>The amended service user guide should be submitted to RQIA with the completed QIP.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed the service users' guide was available and up to date at the time of inspection.</p>	Met

<p>Requirement 3 Ref: 20 (1) & (2)</p>	<p>The registered person must put appropriate measures in place to provide the manager of this day care setting with individual supervision at least once every three months and appraisal annually.</p> <p>Arrangements to achieve this must be reported on the returned quality improvement plan.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection: The manager's supervision records were inspected. There was no appraisal record and the supervision records evidenced one session had been held in November 2014 and one in April 2015 since the last inspection. This evidenced records had not been adequately improved at the time of this inspection. This requirement is restated.</p>		
<p>Requirement 4 Ref: 5 (1) (c)</p>	<p>The registered manager must ensure there is a service user agreement in place for service users to sign as an agreement to the terms and conditions of their individual placement. A requirement is made in this regard.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Inspector confirmed the service user agreement was available and up to date at the time of inspection. The inspector reviewed two files which evidenced this was now being used in practice.</p>		

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: 17.10	<p>The responsible person should make appropriate arrangements for the monitoring report to be expanded to include records of service user meetings; records of staff meetings; any quality assurance audits, monitoring of reviews undertaken, service user representative's views, monitoring of staff training undertaken.</p> <p>The visitor could also examine a criterion from the standards during each visit to give more focus to the visit and avoid the repetitive nature of the recording in the reports.</p>	Partially Met
	<p>Action taken as confirmed during the inspection: A sample of monitoring records were inspected from October 2014 to April 2015. The visits had been completed and there was some evidence of improvement in the content of the reporting. However, improvement was not consistent within this time period. This is restated to ensure improvements are maintained.</p>	
Recommendation 2 Ref: 17.10	<p>The responsible person should make appropriate arrangements for this day care setting to have a policy and procedure "management, control and monitoring of the setting" in place which describes the content and process of conducting the monthly quality service audit and report, the writing of the report, the responsibility for undertaking identified actions and the dissemination of reports.</p>	Met
	<p>Action taken as confirmed during the inspection: The policy and procedure was available and up to date at the time of inspection.</p>	

<p>Recommendation 3</p> <p>Ref: 7.2</p>	<p>The registered manager should provide information for service users regarding the records kept and maintained regarding each service user and how they can access this record.</p> <p>The inspector recommends information is given to service users and their representatives in written form where they can indicate consent for example in the service user guide and or service user agreement.</p> <p>Action taken as confirmed during the inspection: The service user agreement has this information. The document was available and up to date at the time of inspection.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: 17.9</p>	<p>The registered person should put arrangements in place to monitor records for example file audits and the regulation 28 reports should detail working practices are systematically audited in this regard.</p> <p>Action taken as confirmed during the inspection: Care records included evidence of audit and were available and up to date at the time of inspection.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: 18</p>	<p>The registered person must review and improve the settings policies and procedures pertaining to: managing aggression and challenging behaviours; recording and reporting care practices; responding to service users behaviour; and restraint to ensure there is a consistent message to staff regarding what their role and responsibility is and how staff must manage and respond to behaviour in this day care setting.</p> <p>Action taken as confirmed during the inspection: The inspection identified the settings policies and procedure had been improved in this regard.</p>	<p>Met</p>

Recommendation 5 Ref: 21.4	The registered manager should improve staff knowledge following the delivery of the challenging behaviour course in April 2014 and ensure staff are also informed regarding legislation and in particular protecting human rights and deprivation of liberty of service users in the day care setting.	Met
Action taken as confirmed during the inspection: Staff have reviewed DOL safeguards. The manager had developed care planning and an assessment tool which incorporates human rights and ensures liberty is promoted.		
Recommendation 7 Ref: 5.2	The registered manager should review individual service user care plans to ensure they also include guidance for staff regarding what day care is going to do to improve outcomes for each service user, care plans should also aim to set individual objectives for each service user.	Met
Action taken as confirmed during the inspection: Two files were reviewed during this inspection and they evidenced improvement in this regard.		

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

Is Care Safe? (Quality of Life)

There is a continence management policy in this day care setting which clearly refers to protecting service user's dignity. The policy and procedure also states continence should be promoted where possible and guides staff regarding planning to maintain continence. The policy and procedure should expand guidance regarding promotion, for example guide staff to position service users within easy access to bathrooms when promoting continence; making sure service users are in a chair they can get out of; ensure the doors to bathrooms are accessible for service users; ensure if a prompt is needed that it is discrete etc.

The inspector observed staff actively seeking service users and their representatives' views. The inspection of records and observation of practice evidenced service user views are incorporated into practice and detailed in records. The inspection evidenced service user's choices, issues of concern; and complaints had been recorded and acted on.

The inspection included review of two service users' individual records including needs assessment, risk assessments and care plans. These had been kept under continual review, amended as changes occurred; and kept up to date to accurately reflect at all times the needs and preferences of the service user. The needs assessment and care plan had been appropriately signed. The care plan could be improved to include more detail regarding the intimate care needs of the service users. Care plans should specifically detail how staff know when a service user needs to go to the bathroom, how does the service user get to the bathroom, when in the bathroom what can the service user do independently and what staff assistance is required. Finally plans should specify what products should be used and how. A recommendation is made in this regard.

The discussions with staff evidenced staff are aware of continence products and Personal Protection Equipment (PPE). They were able to describe care practice for those service users who require intimate care in more detail than had been recorded. The inspection concluded care practice reflects current infection control guidance; however the discussions did reveal staff did not have access to aprons which was remedied during the inspection. One area of improvement identified was staff had not received training in the areas of continence promotion in this setting; and a recommendation is made in this regard.

The inspection included observations of the environment, including odour, and continence products which presented as in keeping with infection control guidance. In conclusion the inspector is satisfied in this setting continence care and promotion of continence is delivered by staff in a safe way. The improvements stated as a result of this inspection will further enhance staff care in this regard.

Is Care Effective? (Quality of Management)

The inspection concluded there are appropriate supplies of continence products and the staff confirmed they have unrestricted access to these products. The discussions with staff confirmed they are aware of how to meet assessed needs; and staff discussed their competence in terms of delivering continence care for the service users that have an identified need in this setting. Inspection of records and discussions with staff also revealed staff had improved the continence of one service user; records evidenced improvement was achieved through assessment and planning. The implementation of the promotion plan had significantly improved the service user's independence in this regard. This practice is commended by the inspector and evidences the effectiveness of care provided in this setting.

The training record did identify staff had not received specific education and training in continence promotion, however they had read the NICE guidelines in urinary incontinence. In terms of improving staff knowledge it would be good practice to review current practice, guidelines and seek to improve staff knowledge. This will improve care with regard to continence care and promotion. A recommendation is made in this regard.

Discussion with six service users confirmed they felt they have been listened to, respected, valued. Service users also discussed that they feel their views are promoted and used.

Is Care Compassionate? (Quality of Care)

Discussions with staff evidenced continence care needs are met using the service user's preferences and perspective. Care is informed by knowledge required to deliver care and support to service users in need of continence promotion and care. The staff observed during this inspection presented as knowledgeable, compassionate and competent when discussing continence care and support for service users in this setting.

Areas for Improvement

1. A recommendation is made the registered manager should review the settings policy and procedure regarding continence care and promotion. For example the procedure should guide staff to position service users in the setting within easy access of bathrooms when promoting their continence; making sure the service users are in a chair they can get out of; ensure the doors to bathrooms are accessible for service users; ensure if a prompt is needed that it is discrete etc.
2. A recommendation is made the registered manager improves the format of service users care plans who require intimate care in the day care setting. Care plans should be expanded and specify how staff know when a service user needs to go to the bathroom, how does the service user get to the bathroom, when in the bathroom what can the service user do independently and what staff assistance is required; and finally what products should be used and how. Specific attention should be given to updating the care plan in file 2. The care plan must include clear and specific information regarding continence promotion and progress made regarding continence care.
3. A recommendation is made the registered manager makes appropriate arrangements for staff to receive specific education and training in continence promotion. Current practice and guidelines should be reviewed to improve care in this setting with regard to continence care and promotion.

Number of Requirements	0	Number of Recommendations:	3
-------------------------------	----------	-----------------------------------	----------

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? (Quality of Life)

The inspection included observation of care, review of records including individual files; service user meeting minutes, discussion with service users and discussion with staff. This evidence demonstrated staff actively seek service users' and their representatives' views and incorporate these into practice. The inspector is satisfied this ensures that service users choices, preferences, issues of concern, complaints or risks are being recorded and acted on.

The discussion with staff and observation of care during the inspection evidenced staff were attentive to service user's individual needs, likes and dislikes during the inspection. The inspection concluded service users are listened to and responded to by staff that are knowledgeable about service users' individual needs and modes of communication.

The review of two individual files evidenced the needs assessment; risk assessments and care plans are kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user. The needs assessment and care plan had been appropriately signed.

The day care setting has policies and procedures regarding:

- service users' meetings and forums
- listening and responding to service users' views
- service users' involvement in activities and events

The registered manager does need to develop the following policies and procedures and a recommendation is made in this regard:

- communications with carers and representatives
- general communication arrangements
- safe and healthy working practices

Is Care Effective? (Quality of Management)

There is a range of methods and processes where service users' and their representatives' views are sought and had been recorded. Records were available regarding action taken following day to day communications, questionnaires, service user meetings; and reviews of care plans. Service users told the inspector they felt staff gave them opportunities to influence what they do in the day care setting. Records viewed included service user meeting minutes, questionnaire feedback and activity plans. These evidenced staff effectively use Service users' views and comments to shape the quality of services and facilities provided by the Day Care setting.

Discussion with staff as part of this inspection evidenced how they ensure service users' dignity and privacy is respected in the setting. Staff individualise their care and communication to meet each service users individual needs, ensure service users choices are sought and integrated into practice when possible. Staff gave a specific and recent example of this when they sought ideas from service users regarding money made from a recent sale.

During the inspection the staff informed service users regarding the inspection and promoted opportunity for service users to give their views to the inspector about the standard of care delivered and the conduct of the Day Care Setting.

The registered manager does need to develop the following policies and procedures and a recommendation is made in this regard:

- inspections of the day care setting
- consent
- management control and monitoring of the setting

There are policies regarding:

- quality improvement
- complaints

Is Care Compassionate? (Quality of Care)

This inspection evidenced service users are listened and responded to by staff that are knowledgeable about individual service users' communication needs. The inspector observed staff informing service users about issues affecting them. Staff were observed treating service users with respect; and treating them as individuals within a group. It was also observed during the inspection the service users were informed regarding the inspection of the Day Care Setting and encouraged to interact with the inspection process. The inspector is satisfied staff care for service users with compassion and use service user's views and preference's to improve the day care experience for those attending this day care setting.

Areas for Improvement

1. A recommendation is made that the registered manager should develop policies and procedures for this day care setting regarding these areas:
 - communications with carers and representatives
 - general communication arrangements
 - safe and healthy working practices
 - inspections of the day care setting
 - consent
 - management control and monitoring of the setting

Number of Requirements	0	Number of Recommendations:	1
-------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined

5.5.1 Service user records

Two service user individual records were reviewed; these were kept in individual files. They contained evidence of assessment; care planning documentation; activity records; risk assessment; review documentation and minutes. The review of these files identified improvements in care planning should be made and a recommendation is made in this regard.

5.5.2 Incidents and accident record

This record was reviewed from October 2014 to May 2015 and this did not reveal any improvements or concerns that require further discussion.

5.5.3 Complaints record

The complaints record was reviewed and this revealed no complaints were made in 2014 and 2015.

5.5.4 Service User Consultation

Nine service users were spoken to during this inspection. They all said they are very satisfied the care support they receive is compassionate. Service users commented:

- “Really happy staff take interest in everything we do”
- “I enjoy it here”
- “I’m happy here”

All of the service users said they are very satisfied the care is effective, the staff know how to care for them; and staff respond to their needs. Service users commented:

- “We tell staff what we need”
- “Staff are trained to do the job”
- “Staff give us plenty of support and guidance”
- “Any problems we go to staff”.

All of the service users said they are very satisfied care is safe; they feel safe and secure; and they feel staffing levels are appropriate. Service users commented:

- “when we walk across the road staff help us”
- “staff are all very genuine and good”.

These comments did not identify any concerns and were used throughout this report to support the positive findings of this inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Deirdre Burns Registered Manager 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 within this report do not absolve the registered person/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 person/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 20 (1) & (2) Stated: Second time To be Completed by: 16 July 2015	<p>The registered person must put appropriate measures in place to provide the manager of this day care setting with individual supervision at least once every three months and appraisal annually.</p> <p>Arrangements to achieve this must be reported on the returned quality improvement plan.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Managers supervision planned for July and annual appraisal planned for 30th June 2015</p>
Recommendations	
Recommendation 1 Ref: Standard 17.10 Stated: Third time To be Completed by: 16 July 2015	<p>The responsible person should make appropriate arrangements for the monitoring report to be expanded to include records of service user meetings; records of staff meetings; any quality assurance audits, monitoring of reviews undertaken, service user representative's views, monitoring of staff training undertaken.</p> <p>The visitor could also examine a criterion from the standards during each visit to give more focus to the visit and avoid the repetitive nature of the recording in the reports. Some improvement had been noted since the last inspection however, continued and consistent improvement must be evidenced at the next inspection. Arrangements to assure this must be clearly stated on the returned QIP.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: monthly monitoring reports for our Daycare will be completed by Mr Malcom Allen from August 2015 onwards. (subject to review early 2016)</p>
Recommendation 2 Ref: Standard 18 Stated: First time To be Completed by: 16 July 2015	<p>The registered manager should review and improve the settings policy and procedures regarding: continence care and promotion. The registered manager should ensure policies and procedures are available for staff reference and inspection regarding:</p> <ul style="list-style-type: none"> • communications with carers and representatives • general communication arrangements • safe and healthy working practices • inspections of the day care setting • consent • management control and monitoring of the setting <p>Response by Registered Person(s) Detailing the Actions Taken: All the above policies have been improved and are implemented within</p>

	our daycare. Daycare staff have read and signed them.
Recommendation 3 Ref: Standard 5 Stated: First time To be Completed by: 16 July 2015	<p>The registered manager should review and improve the format of service users care plans that require intimate care in the day care setting. Care plans should be expanded and specify how staff know when a service user needs to go to the bathroom, how does the service user get to the bathroom, when in the bathroom what can the service user do independently, specify what staff assistance is required; and finally what products should be used and how. Specific attention should be given to updating the care plan in file 2. The care plan must include clear and specific information regarding continence promotion and progress made regarding continence care.</p> <p>Improvements made in this regard should be detailed in the returned QIP.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Care plan has been updated to include staff assistance required also when client requires assistance to use the bathroom and the method on how they get there. Continence assessments for clients have been requested with learning disability nurse this will provide information on assessment also what products the clients uses and the method on how staff use them.</p>
Recommendation 4 Ref: Standard 21.4 Stated: First time To be Completed by: 16 July 2015	<p>The registered manager should make appropriate arrangements for staff to receive specific education and training in continence promotion. Current practice and guidelines should also be reviewed to improve care in this setting with regard to continence care and promotion and staff should be made familiar with any changes.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Continence Policy has been updated. Information on NICE guidelines implemented for staff to read and sign. Continence training planned for 6th July 2015 with the continence nurse</p>

Registered Manager Completing QIP	Deirdre Burns	Date Completed	26/6/15
Registered Person Approving QIP	Craig Emerson	Date Approved	26/6/15
RQIA Inspector Assessing Response	suzanne cunningham	Date Approved	03/07/15

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

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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.