

Care Inspection Report

13 March 2017



Orchard Grove Day Centre

Type of service: Day Care Service
Address: 7 The Square, Clough, BT30 8RB
Tel no: 02844811672
Inspector: Dermott Knox

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Orchard Grove Day Centre took place on 13 March 2017 from 10.30 to 17.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day centre was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The day centre premises were in good condition with no obvious hazards for service users or staff. Written records and discussions with staff and service users confirmed that staffing levels met the assessed needs of those who attended the centre. Safeguarding principles and procedures were understood by both of the care staff who were interviewed. In a follow-up phone discussion the manager confirmed that a senior staff member was always available on the premises to provide any necessary support. Risk assessments were reviewed regularly in an effort to minimize risks and to manage them appropriately. Observation of the delivery of care indicated that service users' needs were being met safely by the staff on duty, throughout the period of the inspection. Records of fire safety checks and practices were satisfactory. The registered provider has responded positively to the Quality Improvement Plan from the previous care inspection.

Areas for improvement

No areas for improvement with regard to safe care were identified during the inspection.

Is care effective?

There was written evidence in review reports of service users, their representatives and a range of community based Trust professionals being satisfied with the outcomes of the day care service in terms of benefits for service users. Staff were deployed in a manner that made good use of their skills and experience and enabled the team to function effectively. Well-detailed and structured care plans for service users supported the delivery of effective care for those whose circumstances and records were examined at this inspection. Progress for service users was recorded using this care planning format and the review process. The positive value of the day care service was confirmed by both of the staff members who met with the inspector and by observations of service users' involvement in the centre's activities. The use of existing resources, including the centre's two vehicles, facilitated provision of a good range and variety of activities and outings. Three areas for improvement are identified in Section 4.4 of this report. Overall, there was evidence to indicate that effective care is provided by Orchard Grove Day Centre.

Areas for improvement

- The physical organisation of the day centre's documents and records should be improved
- The Statement of Purpose should be reviewed and revised to include all necessary information
- The Service User Guide should be revised to make it more accessible to service users.

Is care compassionate?

Interactions between staff members and service users were seen and heard to be caring, good humoured, encouraging and respectful. Personal care and confidential matters were dealt with discreetly and sensitively. Progress records, written at least once for every five attendances of each service user, were well individualised and reflected the caring nature of the practices we observed. Staff members confirmed their confidence in the caring qualities of their colleagues and were clear that poor practice would be reported. All seven of the service users, who spoke with us, communicated positive feelings on their enjoyment of the activities in which they were engaged and of other aspects of their activity programmes. Overall, the evidence presented at this inspection indicated that compassionate care was provided consistently in Orchard Grove Day Centre.

Areas for improvement

No areas for improvement with regard to compassionate care were identified during the inspection.

Is the service well led?

Orchard Grove Day Centre has systems in place to inform staff on the responsibilities of their various roles and the expected standards of practice. Some aspects of these systems require improvement and these are detailed in the main body of the report and in the Quality Improvement Plan (QIP) in Section 5.3. There is a programme of training covering the identified needs of staff and there was evidence of the provision of satisfactory training opportunities. Staff members confirmed that they are supervised and supported within the team and that they have the confidence and support of their colleagues. Formal supervision of staff should be no less than every three months, a frequency not currently being met. There were insufficient records of staff meetings that focussed exclusively on the day care provision. Monthly monitoring reports were comprehensive and clear and the provider was responding satisfactorily to each report’s recommendations. Two areas for improvement are identified in this domain.

Areas for improvement

- Formal supervision of staff should be no less than every three months
- Staff meetings should include discussion and minutes that focus exclusively on the day care provision.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Deirdre Burns, Registered Manager, by phone on the 14th March, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 21 May 2015.

2.0 Service details

Registered organisation/registered person: Orchard Grove/Mr. Craig Cecil Emerson	Registered manager: Ms Deirdre Burns
Person in charge of the service at the time of inspection:	Date manager registered: 11 February 2013

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 21 May 2015.

During the inspection the inspectors met with:

- Nine service users in group settings
- Three service users individually
- Two care staff, in individual discussions
- The residential worker with management responsibility in the absence of the registered manager, at the commencement and conclusion of the inspection.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. By Monday 27th March 2017, seven completed questionnaires had been returned to RQIA, two from staff and five from service users.

The following records were examined during the inspection:

- File records for four service users, including assessments and review reports
- Progress records for four service users
- Monitoring reports for the months of November and December 2016 and for January 2017
- Records of fire safety checks and fire prevention training

- The centre's annual quality survey report for 2016
- Record of complaints
- Training records for staff
- Procedures for Implementing and Reviewing Care Plans
- Procedures for receiving, investigating and recording complaints
- The statement of purpose for the centre
- The service user guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 February 2017

The most recent inspection of the service was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the specialist inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 21 May 2015

Last care inspection statutory requirements		Validation of compliance
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>Action taken as confirmed during the inspection: Records of the dates of supervision meetings provided evidence of individual supervision meetings with the manager taking place in compliance with this requirement.</p>	Met
Last care inspection recommendations		Validation of compliance
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</p>	Met

	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>Recommendation 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be Completed by: 16 July 2015</p>	<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>Action taken as confirmed during the inspection: This policy and procedures document has been completely revised and is now satisfactory.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be Completed by: 16 July 2015</p>	<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>	Met

	Improvements made in this regard should be detailed in the returned QIP.	
	<p>Action taken as confirmed during the inspection:</p> <p>Care plans have been reviewed and updated to contain relevant information, related to the individual's assessments, including more detailed continence care objectives and actions.</p>	
<p>Recommendation 4</p> <p>Ref: Standard 21.4</p> <p>Stated: First time</p> <p>To be Completed by: 16 July 2015</p>	<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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>All staff had attended training on continence care.</p>	

4.3 Is care safe?

Orchard Grove Day Centre premises were clean, well-furnished and equipped and in good condition, with no obvious hazards for service users or staff. There is comfortable space available for group activities and individual work with service users can be accommodated as necessary. The manager was not present on the day of this inspection, but two staff members, who met with the inspectors, demonstrated their competence in their work and in providing evidence for the inspection. The adjacent residential home and the day centre jointly have a Residential Worker/shift co-ordinator in charge in the absence of the manager and this person was available to provide support for staff and, on this occasion, evidence for the inspection.

Staff recruitment and selection records are held in the provider's head office in Carryduff. Staffing duty records and discussions with staff confirmed that staffing levels in the centre met the assessed needs of the service users. Safeguarding principles and procedures were understood by staff who were interviewed. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where possible and appropriate, a relative/carer. The centre's Risk Management Policy had been reviewed in March 2016. Risk and vulnerability assessments with regard to transport and moving and handling, were present in each of the service user's files and two of the four files contained detailed risk assessments regarding falls and the measures required to minimise the risks. Staff were observed working attentively and safely with one service user for whom a high risk level was identified.

Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. Each service user's file contained a Personal Emergency Evacuation Plan (PEEP) and this is good practice. Both of the day care staff were trained in fire safety awareness and in the use of equipment for control of a small fire. Records of fire safety checks and evacuations were well-detailed and were described clearly by one of the day care staff.

During the inspection visit, seven service users spoke very positively of the quality of care provided at the centre and confirmed that they felt safe in the centre, in the transport vehicles and in organised activities. Service users and staff regularly went out walking in the local community area and service users said that they enjoyed these outings. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. 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. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff team.

One notifiable event had been reported to RQIA since the previous care inspection and this had been managed appropriately. No complaints had been recorded in that period. Staff confirmed their understanding of what constitutes a complaint. The evidence presented supports the conclusion that safe care is provided in Orchard Grove Day Centre.

Areas for improvement

No areas for improvement with regard to safe care were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

The manager of Orchard Grove Day Centre was registered in February 2013. Other staff, similarly, have been in post for several years and demonstrated a strong commitment to supportive work with the service users. These staff expressed satisfaction with the management arrangements which allow them to spend almost all of their time in direct work with service users.

Four service users' files were examined and each was found to contain satisfactory assessment information on the individual and on his or her functioning. A well-detailed, written agreement, signed by the service user, or a representative, was present in each file. Care plans were clearly set out and had relevant care objectives. There was also good evidence of the inclusion and involvement of service users in accessing and understanding their records.

A record was kept of each service user's involvement and progress at the centre and entries were in proportion to the frequency of attendance. Review records, informed by the progress notes and including the service user's views, were available in each of the files examined. A monthly summary report was completed consistently for each service user and these provided a useful basis for review reports. Review outcome reports provided evidence that an evaluation of the overall suitability of each placement had been discussed in detail and agreed by all those involved. Staff stated that they had good working relationships with community based personnel who have referred clients to the day centre and who contribute to the review process.

Five service users in a group discussed their experiences of participating in the centre's activities and in their individual care programmes and presented positive views of the support that they received from all staff. There was widespread evidence of very creative and imaginative craft work, initiated by staff and much enjoyed by several service users who gained satisfaction and fulfilment from producing both practical and ornamental items for sale in a craft fair. Three people expressed pleasure in spending time in the centre's garden and in joining in with the horticulture activities for which they have a polytunnel.

The centre’s Statement of Purpose (SoP) and the Service User Guide (SUG) were in need of revision. The statement of purpose addresses most but not all of the required areas of information, as set out in Schedule 1 of the Day Care Setting Regulations (NI) 2007. Missing information includes, room sizes, qualifications and experience of the registered provider, the number of service users to be provided for and, the fire safety checks that are carried out regularly. There were also some inconsistencies in information, for example, the initial review of the care plan is cited on page three as “within 6 weeks”, but on page four as, “4 weeks”.

The service user guide presents relevant information, but in a format that is largely inaccessible to service users. Examples of the use of pictures and symbols, and/or DVD’s in a service user guide should be sourced and a new guide developed. Overall, there was evidence to confirm that Orchard Grove provides effective care, although the strengths of this service are not fully represented in the SoP and the SUG. (See above)

Areas for improvement

The centre’s Statement of Purpose (SoP) and the Service User Guide (SUG) are in need of review and revision.

Number of requirements	1	Number of recommendations	1
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4.5 Is care compassionate?

Observations of activities throughout the centre provided evidence of service users and staff relating positively to each other. There was also evidence of supportive relationships between service users. Staff members presented as being committed to providing service users with a welcoming and enjoyable experience at the centre. In all of the interactions observed, service users were engaged by care staff with warmth, and encouragement.

Service users confirmed that staff involve them in deciding what they want to do during their time in the day centre. Several people stated that it is important for them to have regular contact with others and to know there is a safe and happy place for them to spend time on weekdays. Observation of events throughout the day confirmed that service users were afforded choice and were seen to be encouraged by staff in creative and enjoyable activities. Seven service users spoke with the inspectors and all provided enthusiastic reports of the warmth and benefit to them of attending the centre. One person said, “I have come here for years and the staff are just great”, while another said, “Everyone here is very good to me and I enjoy the company”.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. An annual satisfaction survey is carried out and in 2016, eight people had completed questionnaires. All had confirmed their satisfaction with: - Staffing, Relationships with staff, Food, Activities and their plan to continue attending the centre. Service user meetings are usually held each month and minutes of these were available for inspection. Staff demonstrated an understanding of each service user’s assessed needs and individual care plan. Responses in all five of the service user questionnaires, returned to RQIA, affirmed strongly that compassionate care was provided within the day care setting and that the respondents were very satisfied with all aspects of the service. During each monthly monitoring visit, the views of a sample of service users were sought and their comments were included in both of the monthly reports examined.

Areas for improvement

No areas for improvement with regard to compassionate care were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Orchard Grove Day Centre has systems in place to ensure that staff are informed on the responsibilities of their roles and the expected standards of practice. The centre has management information set out in the statement of purpose, showing part of the leadership and decision making structure regarding the day care services. This information should be expanded to include the arrangements for providing cover in the absence of the registered manager. There was evidence from discussions with staff and the proprietor to show that staff members were appropriately experienced for their designated roles. Service users in the centre stated that the service was well organised by very caring people. The centre's policies and procedures covered the required range of topics, although some documents served both the residential home and the day centre, which may compromise the clarity for day care staff.

There is a planned programme of training, mostly mandatory, and staff are encouraged to identify other needs. A system is in place for the identification of staffs' training needs and for meeting these, as far as is possible. Staff members confirmed that they felt well supported within the team and that they have the confidence and support of the manager and of their colleagues. The adjoining residential home and the day centre jointly have a shift co-ordinator in charge in the absence of the registered manager and this residential worker was available when required to provide support for staff and, on this occasion, evidence for the inspection. The staffing structure for the day centre does not include the residential worker and the registered provider should establish a formal day centre role for the residential worker who provides decision making cover for the centre, in the manager's absence and there should be a recorded assessment of this staff member's competence for that role.

Staff members confirmed that formal supervision and annual appraisals were taking place, but it was identified that supervision was twice yearly rather than the minimum standard of quarterly. The registered person should ensure that individual supervision sessions for staff are provided no less than every three months. Agendas for staff meetings addressed a range of practice and specific service user matters. However, staff meetings were held jointly with the residential home's staff and much of the content of the minutes addressed residential home issues. Given that many of the day care service users are also residents of the home, the matters under discussion may have some relevance to the day care staff, but there are questions of confidentiality or information that may be shared inappropriately. In addition, day care issues may not be given the time and focus that they need. It is recommended that day centre staff meetings be held separately, with separate minutes and an action plan for implementing decisions.

Required records were mostly well kept and up to date, particularly the service users' files, which were well structured and included clear placement agreements and excellent individual risk assessments. However, poor organisation of the whole range of records made it difficult for specific day centre records to be accessed. Sharing premises with the Orchard Grove Residential Home contributes to this difficulty and this is an identified area for improvement. Monthly monitoring reports for January and February 2017 were examined and were found to

address the matters required by regulation. Monitoring visits and their reports are now being completed by an external consultant who has appropriate qualifications and many years of relevant experience and this has added value to this aspect of the centre's quality assurance system.

Areas for improvement

- Formal supervision sessions for staff should be no less than every three months
- Staff meetings should include discussion and minutes that focus exclusively on the day care provision
- The physical organisation and presentation of the day centre's documents and records should be improved and managed in accordance with the DHSSPS guidelines for managing records
- The registered provider should establish a formal day centre role for the residential worker who provides management cover for the centre, in the absence of the registered manager and there should be a recorded assessment of this staff member's competence for that role.

Number of requirements	0	Number of recommendations	4
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deirdre Burns, Registered Manager, by phone, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the day care service. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 4(1)(c) Stated: First time To be completed by: 31 May 2017	<p>The registered provider must review and revise the statement of purpose to ensure that it includes all of the content required by Regulation 4(1)(c) as listed in Schedule 1. A copy of the revised statement of purpose should be sent to RQIA, in paperless format, if preferred.</p> <p>Response by registered provider detailing the actions taken: This is in process now and will be sent to RQIA when completed.</p>
Recommendations	
Recommendation 1 Ref: Standard 1.2 Stated: First time To be completed by: 30 June 2017	<p>The registered provider should review and revise the service user's guide so that it is available in a format and language suitable for each service user and contains information in keeping with this standard.</p> <p>The Service Users guide is at present under review and will be completed before the time scale.</p>
Recommendation 2 Ref: Standard 23.8 Stated: First time To be completed by: 28 April 2017	<p>The registered provider should ensure that day care staff meetings are held at least quarterly and that the minutes are separate from those for the residential staff team. Minutes should include all matters identified in this standard including an action plan that reflects the decisions taken following discussion in the meeting.</p> <p>Response by registered provider detailing the actions taken: Completed on 14th April 2017 and staff meetings will be planned three monthly.</p>
Recommendation 3 Ref: Standard 22.2 Stated: First time To be completed by: 31 May 2017	<p>The registered provider should ensure that individual supervision is provided no less than every three months for day care staff members.</p> <p>Response by registered provider detailing the actions taken: Staff supervision completed on 13th April 2017 and staff supervision will be planned three monthly.</p>
Recommendation 4 Ref: Standard 19.2 Stated: First time To be completed by: 31 May 2017	<p>The physical organisation and presentation of the day centre's documents and records should be improved and managed in accordance with the DHSSPS guidelines for managing records.</p> <p>Response by registered provider detailing the actions taken: Documents are now in a locked Day-care filing cabinet</p>

<p>Recommendation 5</p> <p>Ref: Standard 17.1</p> <p>Stated: First time</p>	<p>The registered provider should establish a formal day centre role for the Residential Worker who provides decision making cover for the centre, in the absence of the manager and there should be a recorded assessment of this staff member's competence for that role. (Std.23.3 also refers)</p>
<p>To be completed by: 31 May 2017</p>	<p>Response by registered provider detailing the actions taken: The Residential worker is the Senior Team Leader of the Organisation. Competence assessments have been completed for the senior team leader and the senior day-care worker.</p>

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



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