

Unannounced Care Inspection Report 05 January 2018



Orchard Grove Day Centre

Type of Service: Day Care Setting
Address: 7 The Square, Clough, BT30 8RB
Tel No: 02844811672
Inspector: Suzanne Cunningham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 with a maximum of 10 service users that delivers a programme of day care and day time activities Monday to Friday for adults who have needs arising from learning disability diagnosis.

3.0 Service details

Organisation/Registered Provider: Orchard Grove Responsible Individual(s): Mr Ian George Emerson	Registered Manager: Deirdre Deirdre Burns
Person in charge at the time of inspection: Deirdre Burns	Date manager registered: 11 February 2013
Number of registered places: 10 - DCS-LD	

4.0 Inspection summary

An unannounced inspection took place on 05 January 2018 from 11.30 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 establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff knowledge in regard to safe care; risk management; the day care setting environment; providing the care, in the right place, in the right time; activities; the ethos of the day care setting; listening to service users; governance arrangements, and maintaining good working relationships.

Areas requiring improvement were identified in relation to the service user guide; care planning documentation; improving consultation with service users; the annual review of the day care setting and staff meetings.

Service users said about Orchard Grove "It's brilliant", "it's good", "best place ever", "happy to be here", and "we're one big family".

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Deidre Burns, registered manager, 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 13 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 March 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:

- The registration details of the day centre
- Information and correspondence received from the registered manager and orchard grove
- Incident notifications which revealed no incidents had been notified to rqia since the last care inspection in march 2017
- Unannounced care inspection report 13 march 2017

During the inspection the inspector met with:

- The registered manager
- Nine service users
- Two care staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. None were returned by staff; and nine were returned by service users or relatives.

The following records were examined during the inspection:

- Two individual staff competency records
- Two service users' individual care files
- A sample of service users' daily records
- The complaints/issue of dissatisfaction record from april 2016 to january 2017
- A sample of incidents and accidents records from march 2017 to december 2017
- The staff rota arrangements during november and december 2017
- The minutes of service user meetings held in october, november and december 2017
- Staff supervision dates for 2017
- Monthly monitoring reports from april to november 2017
- The staff training information for 2016 & 2017
- The settings statement of purpose and service user guide

Six areas for improvement identified at the last care inspection were reviewed and assessment of compliance was recorded in four areas of improvement as met. Two areas are stated in the QIP for this inspection for a second time, compliance was recorded as partially met and as not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 March 2018

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 13 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 4(1)(c) Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: Inspector confirmed the statement of purpose was available and up to date at the time of inspection. A copy was provided for the inspection and the improvements had been made. Advice was given regarding further improvements to ensure all information was consistent and accurate.	

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 1.2 Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: The service users guide was available at the time of inspection. Review of the document showed the content described the service, similar to the statement of purpose; rather than informing service users about what they can expect. The content contained complex language more familiar to professional workers not service users. Finally the document referred to service users as “tenants”; and referred to day care as a “home”. All of this indicates the review of the service user guide was not effective and did not improve the service user guide. This is stated for a second time.	
Area for improvement 2 Ref: Standard 23.8 Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: The minutes detailed day care specific meetings and meetings were quarterly. However the content did not evidence if staff discussions included safe and effective care, compliance with standards and areas for improvement, furthermore action plans had not been put in place. This is stated for a second time.	

Area for improvement 3 Ref: Standard 22.2 Stated: First time	The registered provider should ensure that individual supervision is provided no less than every three months for day care staff members.	Met
	Action taken as confirmed during the inspection: Supervision dates were available and up to date at the time of inspection. These showed the frequency had been improved.	
Area for improvement 4 Ref: Standard 19.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The documents had been moved to a secure filing cabinet in the day care setting.	
Area for improvement 5 Ref: Standard 17.1 Stated: First time	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)	Met
	Action taken as confirmed during the inspection: The assessment of competence had been completed and the outcome recorded for this staff member. The record was inspected and this found the improvement stated had been completed.	

6.3 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 settings daily staff arrangements and records were inspected for November and December. This provided evidence that at least two staff were on duty daily in the day care

setting at any one time. The record had been updated regarding staff absences and when the manager was absent the rota showed who was in charge of the day care setting.

Competency and capability assessments had been completed for staff who had acted up in the manager's absence and two records were inspected. These identified the staff who may be in charge were willing to undertake management tasks, understood and had the knowledge to fulfil their role and responsibility in the absence of the manager.

Service users' needs and activity levels were varied in this setting, some service users were observed moving around the setting independently and communicating confidently, some service users were less active and needed more staff support to get involved. Observation of these arrangements showed staff were promoting and encouraging service users to be involved and act independently when it was safe. The activities available for service users aimed to promote an active life, creative skills and build on cognitive skills as well as focussing on developing social skills.

The settings training record demonstrated that staff had received mandatory training and training relevant to their role and responsibilities. Examples of training staff received in 2017 were safeguarding; infection prevention and control; moving and handling service users; first aid; responding to challenging behaviour; fire safety; managing diabetes; and dementia training which will assure staff know how to keep service users safe.

The examination of the settings incidents and accidents revealed there was only one accident that happened in the setting since the last inspection. No notifications were forwarded to RQIA. Overall the record showed service users safety needs had been identified and managed to ensure practice was safe and effective.

The service users' access and exit to the day care setting was not restricted and they were observed entering and leaving the premises. Staff were noted to be observant when this was happening and offered support that was consistent with each service users' needs and plan. Inspection of the Orchard Grove, the observations of the environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected and it was noted fire exits were unobstructed, that the fire drill had been carried out in September 2017 and the fire risk assessment was not due for review until October 2018.

Overall the records and observations of staff showed the care and support delivered by staff was preventing harm to service users and the care delivered was intended to help them.

The service users were asked if they felt safe in Orchard Grove, the feedback from service users was they felt safe in this day care setting, they said they felt: "very safe"; "secure"; staff were described as "very good" and "helpful". The service users described their key worker looked after them, they gave them help with practical issues like dental appointments, they had been taken out on day trips on the bus and had taken part in quizzes. Finally service users described if there was a fire they would exit the building to the car park and staff would help them to ensure they were safe.

Staff were asked is care safe in this setting, they said care was safe because the building and furniture was safe. They said there was good processes in place to keep an eye on the environment and maintain standards. They recognised this was particularly important for service users who had sight impairment. Staff recognised that they had needed to be

observant of service users’ needs and whereabouts to ensure they were safe in the setting. Staff described they did fire drills to ensure service users could exit safely and know where to go that was safe. Finally staff identified the training they had received enabled them to keep service users safe in the setting for example safeguarding training; fire training and responding to challenging behaviour. Further discussion regarding how they might respond to a service user who presented with challenging behaviour confirmed they were knowledgeable regarding interventions that could assure service users safety.

Nine service users and relatives returned questionnaires to RQIA post inspection. They identified they were “very satisfied” regarding the questions “is care safe” in this setting. By this they meant there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge in regard to safe care, risk management and the day care setting environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 had been improved and broadly contained information required by Regulations and Standards, and the content was consistent with the settings registration with RQIA. The settings Service User guide was available at the time of inspection. Review of the document found the content described the service in the same language as the statement of purpose, whereas this document should inform service users about what they can expect in a way that is accessible for them. The content contained complex language more familiar to professional workers not service users. Finally the document referred to service users as “tenants”; and referred to day care as a “home”. This suggested the review of the service user guide following the last care inspection did not result in adequate improvements in the service user guide. This is identified for improvement for a second time.

Two service users’ care files were inspected; they contained the service user’s individual assessments and care plans which reflected their physical, social and emotional needs. However it was noticed the service users care plans could be improved by including what each service users wanted to achieve in day care and the care plans could be written in an accessible format. An improvement is made in the QIP in this regard.

Discussion with the manager revealed records were stored safely and securely in the day care setting, in line with data protection. Staff discussion confirmed they had used the individual records to guide their practice and they understood the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' assessed needs and respond to them effectively.

Service users spoken to during the inspection discussed they had taken part in a number of activities for example exercising, outings, and creative activities. Service users reported that they knew staff well in the setting, and knew what activities they could do in the setting. They said they could talk to staff and the staff talk to them to see if they need help or support. One service user described she was taking a healthy approach to her lifestyle in the new year and staff had helped the service users select healthy eating choices and introduced opportunities for more exercise. This was a good example of how staff were responding to individual service users assessed needs, their suggestions, preferences and promoting choice.

Discussion with staff revealed ways they had responded effectively to service users' needs, they discussed implementing preventative work to divert service users behaviour or help service users improve their mood. Staff were knowledgeable regarding identifying and responding to challenging behaviour before behaviour could escalate and become a concern; using techniques such as diversion, communication, diffusing situations, and mapping behaviour to identify triggers. Staff also described using one to one time with service users which they regarded as an important activity for service users to ensure they felt involved, their input into their care was valued and they built a rapport with staff.

Overall staff described their communication and procedures had ensured they provided safe and effective care, they knew what each service user needed and how best to meet their needs.

Nine service users returned questionnaires to RQIA post inspection. They were "very satisfied" regarding questions "is care effective" in this setting. By this they meant they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing care, in the right place, in the right time and activities.

Areas for improvement

Two areas for improvement were identified during the inspection regarding service guide and service user care planning documentation.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect by staff and provided examples of when staff had promoted service users independence and preferences regarding diet, activities, exercise and self-care. On the day of the inspection the service users spoke about activities they enjoyed and had suggested. The staff provided pictorial evidence of the activities that had happened and confirmed this approach to involving service users will continue. This was a good example of service users being fully involved.

The service user meetings record was inspected for November and December 2017, this revealed the minutes did not specify when the meeting was held, who was involved, what input the service users had, their comments, views, suggestions and there was no agenda. This record was not consistent with observations during this inspection when staff were observed consulting with service users and evidence of consultation regarding activities. The service user annual questionnaires had been collected from service users however, they had not been summarised to understand what the setting was doing well and if any improvements could be made. The service user meetings and annual questionnaire should be improved to ensure that all types of consultation with service users evidence that service users are given the opportunity to be fully involved in their care and support; and improvements are acted upon when identified. This improvement is detailed in the QIP for this inspection.

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved, they said they look forward to coming to day care; one service user said "I get enjoyment in Orchard". They described staff have a plan and motivate them to be involved. Another service user said they had a chance to have animals visit which staff had organised and was particularly enjoyable for them. One service user, when asked how they were treated in day care, said "staff are brilliant".

The inspection of this domain confirmed the staff were actively promoting effective communication between service users and staff however their record of this should be improved.

Nine service users returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding questions on "is care compassionate "in this setting. They identified they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to service users.

Areas for improvement

One area for improvement was identified during the inspection in relation to improving service user consultation and action following the same.

	Regulations	Standards
Total number of areas for improvement	0	1

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 registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months.

The complaints record was inspected and this showed no complaints had been recorded from 01 April 2016 to January 2017.

Inspection of staff meeting minutes revealed they were held monthly with minutes and attendance recorded. The content recorded discussions that were generally about day care being delivered however there was no evidence of reflection by staff and the manager regarding the quality of care they had delivered, discussion regarding best practice examples, policy and procedures, minimum standards, training opportunities and potential to improve practice. An improvement is restated to further improve the record in this regard.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the independent monitoring officer. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions. Advice was given to the senior manager who was present during the inspection to ensure the reports clearly comment on the conduct of the setting however it was acknowledged the reports did not reveal any concerns that were outstanding.

The annual report for January to December 2017 was provided for this inspection however this did not include matters listed in Schedule 3 or consider could the setting improve the care and support they were providing in relation to schedule 3. An improvement is detailed in the QIP in this regard.

The service users said they were very familiar with the manager of the setting, one said "Deidre Burns comes to see what we are doing, she is understanding and helps us", another commented "staff are brilliant". The service users described the manager as approachable, and are in day care to help them, they also described the staff were there to help.

The staff were asked what their opinion was regarding effective leadership in the setting, they described they work well together and could approach the manager at any time. They identified the manager writes the care plans however they had input into the content which was drawn from their observations and one to one time with the service users. They described this was effective for them and they had referred to the care plans periodically to identify if there had been any changes that they needed to respond to. Finally they said their

supervision meetings with their manager had been useful, they talked about plans, concerns and improving day care for individuals and the group. Overall the staff confirmed this was a supportive environment to work in and the manager was approachable.

The manager provided evidence of audit arrangements for accidents and incidents; and infection prevention and control. The record showed after the audit was complete the manager had considered what preventative actions they could put in place to prevent reoccurrence of any concerns.

Nine service users returned questionnaires to RQIA post inspection. They identified they were “very satisfied” regarding questions on “is care well led” in this setting. They identified they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, and maintaining good working relationships.

Areas for improvement

Two areas for improvement were identified during the inspection regarding the annual review of the day care setting and staff meetings.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deidre Burns, Registered Manager, 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>Area for improvement 1</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 02 March 2018</p>	<p>The registered person shall improve the annual report format to include the matters listed in Schedule 3 and consider how the setting could improve the care and support they provide in relation to schedule 3.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: annual report for the daycare completed on 28/2/2018</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 1.2</p> <p>Stated: Second time</p> <p>To be completed by: 02 March 2018</p>	<p>The registered person shall 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>Ref: 6.2 & 6.5</p>
	<p>Response by registered person detailing the actions taken: service users guide revised - completed on 16th February 2018</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23.8</p> <p>Stated: Second time</p> <p>To be completed by: 02 March 2018</p>	<p>The registered person shall 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>(The content recorded should show the team are discussing the provision of safe, effective and compassionate care and potential to improve practice).</p> <p>Ref: 6.2 & 6.7</p>
	<p>Response by registered person detailing the actions taken: Staff meetings are held quarterly, an action plan is now included within the contents.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 02 March 2018</p>	<p>The registered person shall put in place arrangements to improve the service users' care plans. The plans should include what each service users wanted to achieve in day care or their personal objectives and they should be written in an accessible format.</p> <p>Ref: 6.5</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 02 March 2018</p>	<p>Response by registered person detailing the actions taken: Included in all care plans - is service users aims and objectives of what they wish to achieve in day-care</p> <p>The registered person shall improve the format and recording of service user consultation to ensure service users are given the opportunity to be fully involved in the care and support in this day care setting and their preferences, suggestions and choices are acted upon.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Completed - Format is reviewed to include action plan and ensure service users are involved in their care and support within our day-care setting.</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 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)