

Unannounced Care Inspection Report 5 November 2018



Orchard Grove

Type of Service: Day Care Service
Address: 7 The Square, Clough, BT30 8RB
Tel No: 02844 811672
Inspector: Jim McBride

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with a maximum of 10 service users that delivers a programme of day care and day time activities Monday to Friday for adults with a learning disability.

3.0 Service Details

Organisation/Registered Provider: Orchard Grove Responsible Individuals: Ian George Emerson & Craig Cecil Emerson	Registered Manager: Deirdre Burns
Person in charge at the time of inspection: Deirdre Burns	Date manager registered: 11/02/2013

4.0 Inspection summary

An unannounced inspection took place on 5 November 2018 from 09.30 to 13.00.

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: the care provided for service users, staff and service user relationships, assessment and care planning, involvement of service users in activity programmes, service user care reviews, staff training and the promotion of independence.

Service user comments:

- "I enjoy coming to the centre."
- "The communication is good."
- "Staff are easy to talk to."
- "The food is good and we have choice."
- "I enjoy all the activities."

Staff comments:

- "Good person centred activities."
- "Training and induction is appropriate."
- "We ensure the clients' individual activity needs are met."
- "Supervision is good."
- "We communicate well with each other."
- "As a small staff team the manager is always available and has an open door policy to all."

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Deirdre Burns, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 5 November 2018

No further actions were required to be taken following the most recent inspection on 5 November 2018.

5.0 How we inspect

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

- records of notification of incidents received by RQIA since the last inspection, previous inspection report and quality improvement plan (QIP) from 5 January 2018
- information and correspondences received by RQIA, regarding the day centre.

During the inspection the inspector met with the registered manager and two other staff members who spoke enthusiastically and comprehensively of the service provided and five service users in the group setting. All comments received have been added to this report.

The following records were examined during the inspection:

- file records for five service users, including assessments, care plans and reviews
- progress records for five service users
- care file audits for five service users
- monitoring reports for the months of march 2018 to October 2018
- minutes of service users' meetings held during 2018
- minutes of staff meetings held during 2018
- selected training records for staff pertaining to:
 - safeguarding
 - fire safety
 - medication
 - basic first aid
 - supervision and appraisal
 - challenging behaviour
 - infection control
 - epilepsy awareness

- records of formal supervision/appraisal for staff
- a selection of policies and procedures pertaining to:
 - Safeguarding 2018
 - GDPR 2018
 - Complaints 2017
 - Data protection 2017
 - Challenging behaviour 2017
- The Statement of Purpose 2018
- The Service user Guide 2018
- Fire safety records, including the report of a fire risk assessment dated 25 October 2017 due for review 2019.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; one response was received. Staff survey results show that one staff member was satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

Ten service user and/or relatives' questionnaires were provided for distribution; ten questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centres two sites to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the manager, service users and staff for taking time to give their views and their co-operation throughout the inspection process.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 January 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 5 January 2018

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 17 (1) Stated: First time To be completed by: 02 March 2018	<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>	Met
Action taken as confirmed during the inspection: The inspector viewed the annual report completed 28 February 2018. The report in place was satisfactory and included an action plan.		
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: Second time To be completed by: 02 March 2018	<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>	Met
Action taken as confirmed during the inspection: The inspector noted that the service user guide has been updated/reviewed in line with the area for improvement. The document in place is satisfactory.		
Area for improvement 2 Ref: Standard 23.8 Stated: Second time To be completed by: 02 March 2018	<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. (The content recorded should show the team are discussing the provision of safe, effective and compassionate care and</p>	Met

	<p>potential to improve practice).</p> <p>Ref: 6.2 & 6.7</p>	
	<p>Action taken as confirmed during the inspection: The inspector reviewed a number of staff meeting minutes from October 2017. The documentation in place was satisfactory.</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>	Met
	<p>Action taken as confirmed during the inspection: The inspector reviewed five care and support plans in place. The review completed by the manager has ensured that the requirements of the areas for improvement are now in place.</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>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>	Met
	<p>Action taken as confirmed during the inspection: The current documentation in place is satisfactory and has improved the format to ensure all service user suggestions are reflected upon.</p>	

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.

Discussion with the manager, staff and service users confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The manager meets the qualification requirements and the other staff were a mix of care workers, and senior day care workers. A review of the staffing arrangements evidenced that the planned staffing levels were adhered to. The manager and other staff are present on a daily basis. Records show the number of staff working each day and the capacity in which they worked.

Observation and discussion with the staff and service users on the day of inspection provided examples of how staff had met assessed needs and supported service users to improve their health outcomes and social experiences. Discussion with staff revealed they understood the needs and how those needs should be met in day care. Staff induction records informed the staff members regarding their role and responsibility, included familiarising themselves with the settings statement of purpose and staffing arrangements.

The manager had a record of staff training in place which evidenced that the staff had received mandatory training including additional training relevant to their roles and responsibilities.

Discussion with staff members on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role and meet the needs of service users. Review of governance records confirmed that an effective incident/accident reporting policy and system was in place.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, and had suitable lighting. On the day of inspection the inspector observed service users undertaking a number of activities, and using the space to socialise.

Records examined identified that a number of checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken 21 June 2018. Fire risk assessments for the centre were available for the inspection and had been completed in October 2017 and are due for review again 2019.

Discussion with staff confirmed they felt care was safe in the setting. The staff confirmed they had access to and received training to ensure their practice is safe. Staff described how they use risk assessments to ensure individuals have the right support to maintain their safety. Discussion with staff found they had a good knowledge of service users and communicate with them individually on a regular basis to ensure the assessment and care plans are current.

Discussion and observations of service users confirmed they can speak to staff when they need to and have the opportunity for one to one time with staff.

Ten returned questionnaires from service users indicated that a safe service meant:

- “There are enough staff to help you.”
- “You feel protected and free from harm.”
- “You can talk to staff if you have concerns.”
- “The environment is safe and clean.”

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to staffing levels, staff induction, training and effective communication with service users.

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 inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose (2018).

Five service users' individual files were inspected. They contained referral information; agreements, individualised care plans with risk assessments; and multi-disciplinary assessment information as applicable. Care plans presented as comprehensive, and person centred, and they clearly described service users' needs and individual service users' objectives. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely. It was positive to note that care records were audited.

There were systems in place to review placements within the setting to ensure it was the best place to meet their health and social care needs. There was also evidence of annual care reviews in partnership with the service users and the HSC Trust representatives. On each record there was evidence that service users were supported to be involved in the annual review process and their care plan by staff. The inspector noted some of the comments made by service users during their annual review:

- "I like attending day care."
- "I'm happy with the care"
- "I like coming for the company."

In summary service users care records were well organised and stored safely and securely in line with data protection requirements.

Discussion with staff provided evidence that they were knowledgeable regarding individual needs. Staff explained they follow the care plans, use the policies and procedures and communication at all levels to ensure they provide the most effective care they can. They identified meetings with service users; team meetings and daily communication were effective ways of ensuring they were providing effective care.

Ten returned questionnaires from service users indicated that an effective service meant:

- “You get the right care, at the right time in the right place.”
- “The staff know your care needs.”
- “You are kept aware of your care plans.”
- “Your care meets your expectations.”

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to care records, audits, service user care reviews and communication between service users and staff.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Observations of staff interactions with service users were observed to be compassionate, caring and timely. Staff spoken with reflected the ethos of the day care setting which promotes respect, openness, honesty, good quality care and individual attainable goals.

On the day of inspection, a variety of different activities were facilitated by staff. During observation of the activities the inspector observed service users approaching staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate. Service users who engaged with the inspector spoke positively about the staff and they felt staff treated them well.

Consultation with service users and when appropriate their relatives was evidenced in the records relating to the assessment, care planning and review process. In addition, governance arrangements to promote effective communication with service users and/or their relatives included service users meetings.

The centre completed an annual quality survey with clients that afforded them the opportunity to assess the quality of service provision relating to:

- staff support
- food
- activities
- transport
- attendance
- ideas/suggestions.

The feedback from service users was positive. Comments included:

- “I like going to the shops and on outings.”
- “I enjoy the keep fit.”
- “I happy with the day services and the support.”

Samples of minutes from service users group meetings were reviewed which provided evidence service users had been consulted about a range of matters related to the day care setting including:

- menus
- trips
- exercises
- team working
- craft sale.

The inspector also noted the meetings held with staff and some of the topics discussed:

- service user involvement
- service user meetings
- training
- activities
- staffing.

Ten returned questionnaires from service users indicated that a compassionate service meant:

- “Staff treat you with kindness.”
- “Staff ensure you are respected and that your privacy and dignity is maintained.”
- “Staff inform you about your care.”
- “Staff support you to make decisions about your care.”

Areas of good practice:

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The Statement of Purpose for the day care service was reviewed 2018. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The registration certificate was up to date and displayed appropriately.

Discussion with the manager and staff confirmed they were aware of their roles, responsibilities and lines of accountability within the organisation. In addition staff confirmed that they had a good understanding of their role and responsibilities under the day care legislation. A review of governance records evidenced that staff typically received individual, formal supervision at least quarterly and an annual appraisal.

Staff confirmed that there were systems in place to ensure they received support and guidance from the manager as needed.

Discussion with staff revealed they felt well supported by the manager. They described service users being central to the service and they need to ensure care and support was safe, effective and compassionate.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the manager.

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and a number of reports were inspected.

These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The reports were a mix of announced and unannounced visits. The monitoring arrangements identified improvements, carried forward and reviewed them as part of each subsequent monthly monitoring visit. The inspector noted some of the comments received from service users, relatives and staff during quality monitoring.

- “The centre and staff are 100%.”
- “Activities are geared towards client’s needs.”
- “I’m happy with *****care and have no problems.”
- “It’s the highlight of my week.”
- “I can talk and feel better about myself here.”

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service users involvement when a person centred care plan is developed.

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

- effective communication
- service user involvement
- adult safeguarding
- equity of care and support
- individualised person centred care
- individualised risk assessment.

Discussion with service users and staff evidenced that they felt the care provided was well led. They described the service was well planned and they confirmed they are asked to be involved in the monitoring visits.

All staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency's policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the organisations human resource department.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

Ten returned questionnaires from service users indicated that a well led service meant:

- "You always know who is in charge at any time."
- "You feel the service is well managed."
- "Your views are sought about your care and the quality of the service."
- "You know how to make a complaint."

Areas of good practice:

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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