

**Unannounced Care Inspection  
of  
Orchard Grove**

**9 December 2015**

## 1. Summary of inspection

An unannounced care inspection took place on 9 December 2015 from 12.10 to 16.15. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. No areas for improvement were identified.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (2011).

### 1.1 Actions/enforcement taken following the last inspection

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

### 1.2 Actions/enforcement resulting from this inspection

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

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Orchard Grove	<b>Registered Manager:</b> Mrs Deirdre Burns
<b>Person in charge of the home at the time of inspection:</b> Mrs Deirdre Burns	<b>Date manager registered:</b> 01/04/2005
<b>Categories of care:</b> RC-LD, RC-LD(E), RC-MP, RC-MP(E)	<b>Number of registered places:</b> 19
<b>Number of residents accommodated on day of inspection:</b> 18	<b>Weekly tariff at time of inspection:</b> £470- £750

## 3. Inspection focus

The inspection sought to determine if the following standard had been met:

**Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

## 4. Methods/processes

Prior to inspection we analysed the following records: the returned Quality Improvement Plan from the last inspection and notifications of accidents and incidents.

We met with seven residents, three members of care staff and the registered manager. No visiting professionals and no resident's visitors/representatives were present.

We examined the following records during the inspection: care records of four residents, accident and incident records, complaints and compliment records, policies and procedures relating to the standard inspected, annual satisfaction questionnaires, monthly monitoring visit reports and minutes of residents' meetings.

## 5. The inspection

### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced care inspection dated 5 May 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of requirements and recommendations from the last care inspection dated 5 May 2015

Previous inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 21.1	The registered manager should ensure that the policy relating to dying and death of a resident should be updated to include end of life care arrangements and best practice guidance.	Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and examination of policy documents confirmed that these had been updated.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 23.4	The registered manager should ensure that education should be made available to the staff team relating to death and bereavement and to continence management and promotion.	Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and examination of documentation confirmed that suitable education was made available to staff in the areas of death and bereavement and of continence management and promotion.	
<b>Recommendation 3</b>	The registered manager should ensure that policy	Met

Ref: Standard 21.1	and procedures relating to continence management and promotion should be updated to reference current best practice guidance.	
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and examination of policy documents confirmed that these had been updated.	

### 5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

#### Is care safe? (Quality of life)

The registered manager confirmed that staff actively seek residents' and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that the choices and preferences of each resident were clearly detailed. Care plans we inspected were signed by the resident or representative.

In our discussions with the registered manager and staff members they confirmed that residents' meetings were held regularly. We inspected minutes of these meetings and could confirm that meetings were recorded along with any actions which may be required.

In our discussions with the registered manager and staff we confirmed that the area of complaints was covered during staff induction and in staff training. A large print and pictorial guidance leaflet was also available to residents outlining the process of making a complaint. We noted that complaints were recorded and managed appropriately. We also noted a number of written compliments. The registered manager advised us that compliments are more usually given to staff verbally.

#### Is care effective? (Quality of management)

We noted a range of methods and processes where residents' and their representatives' views were sought about the standard of care. Staff maintained a record of actions taken to improve the care experience.

We noted that the home had policies for residents meetings and forums, for listening and responding to service users' views and for seeking residents' and relatives' views on care.

In our discussions with the registered manager and with care staff we confirmed that satisfaction questionnaires were provided annually to residents and to families. Residents were encouraged to have independent assistance, if required, to complete these questionnaires. The returned satisfaction questionnaires identified that residents and representatives were happy with the service provided. A summary report of the findings of the questionnaires was prepared annually with areas for improvement identified.

We inspected the minutes of annual care reviews and confirmed that the views of residents and representatives were sought and recorded. We inspected monthly monitoring visit reports which confirmed that resident views on the services provided were sought.

### **Is care compassionate? (Quality of care)**

In our discussions with staff and with three residents we identified that residents were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the residents.

### **Areas for improvement**

There were no areas for improvement identified within the standard inspected. This standard was met.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## **5.4 Additional areas examined**

### **5.4.1 Residents' views**

We met with seven residents who indicated that they were happy with their life in the home, their relationship with staff and the provision of care. Residents were observed to be comfortable and content in their surroundings and in their interactions with staff.

Some comments included:

- "I just love living here, it's the best place around. I've lived here for many years and I wouldn't think of being anywhere else."
- "I'm very happy here and I have everything I need. I like the food and the place is nice and warm and comfortable. The girls (staff) are very good to me and take great care of me."
- "All's well and I like it"
- "I'm happy and the staff is good to me."
- "All is grand for me here. I'm looking forward to Christmas and the staff do a great job making sure that we all have a good time."

### **5.4.2 Staff views**

We met with three staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- "This is a great place to work. The staff know the residents very well and vice versa and we all get along very well. There is a great feeling of community. I believe Orchard Grove is very well run and provides very good care to our residents."
- "Working here is great; we have lots of training and I am being supported by the owners and the manager to do further qualifications to enable me to do my job better. There is

a great atmosphere in Orchard Grove and the residents and staff are like one big family.”

### 5.4.3 Staffing

At the time of inspection the following staff members were on duty:

- 1 x manager
- 1 x team leader
- 2 x care assistants
- 1 x cook
- 1 x domestic and laundry assistant

One team leader, one residential worker and two care assistants were scheduled to be on duty later in the day. One residential worker and one care assistant were scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

### 5.5.4 Environment

The home was found to be clean and tidy. Décor and furnishings were of a good standard. We noted that the carpets in the communal areas on the ground and first floors of the home had been replaced and this enhanced the general appearance of these areas.

### 5.5.5 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

### 5.5.6 Accidents/incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

### 5.5.7 Fire safety

We noted that the home had a current Fire Safety Risk Assessment dated 15 October 2015. The registered manager confirmed that the two recommendations arising from this assessment had been addressed in November 2015.

### Areas for improvement

There were no areas of improvement identified with the additional areas examined.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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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 home. 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.

No requirements or recommendations resulted from this inspection.

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	Deirdre Burns	<b>Date completed</b>	23/12/15
<b>Registered Person</b>	Craig Emerson	<b>Date approved</b>	23/12/15
<b>RQIA Inspector assessing response</b>	Alice McTavish	<b>Date approved</b>	21/01/2016

Please provide any additional comments or observations you may wish to make below:

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