



# Unannounced Care Inspection Report 18 February 2020



## Orchard Grove

**Type of Service: Residential Care Home**  
**Address: 7 The Square, Clough BT30 8RB**  
**Tel no: 028 4481 1672**  
**Inspector: Alice McTavish**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards. August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 19 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Orchard Grove  <b>Responsible Individuals:</b> Ian George Emerson Craig Cecil Emerson	<b>Registered Manager and date registered:</b> Deirdre Burns 1 April 2005
<b>Person in charge at the time of inspection:</b> Deirdre Burns	<b>Number of registered places:</b> 19
<b>Categories of care:</b> Residential Care (RC) MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 16

### 4.0 Inspection summary

An unannounced inspection took place on 18 February 2020 from 11.05 to 12.30 hours.

The inspection assessed progress with all areas for improvement identified in the home during the last care inspection and examined the home's environment.

No new areas requiring improvement were identified.

There were few residents in the home as most were out at day care. A small number of residents were present in the adjoining day care area. Residents were seen to be relaxed and comfortable in their surroundings and in their interactions with other residents and with staff.

Comments received from residents during the inspection are included in the main body of this report.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with 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 inspection dated 1 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 1 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the last care inspection, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Eight questionnaires were completed and returned to RQIA. All respondents indicated a high level of satisfaction with the quality of care and services provided in Orchard Grove.

One questionnaire was returned to RQIA from a member of staff. The respondent indicated a high level of satisfaction across all areas of care provided in the home.

During the inspection a sample of records was examined which included:

- RQIA registration certificate
- Minutes of staff meetings
- Sign in records of staff present at staff meetings
- Evidence of arrangements for sharing staff meeting minutes

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or 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 last care inspection dated 1 October 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29.3  <b>Stated:</b> First time	The registered person shall liaise with the NIFRS and the home's fire risk assessor to ensure that suitable hold open devices are installed where necessary, to the satisfaction of the NIFRS.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and inspection of the premises confirmed that suitable hold open devices were installed where necessary.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 25.8  <b>Stated:</b> First time	The registered person shall ensure the following: <ul style="list-style-type: none"> <li>• Staff team meetings are held regularly, and at least quarterly.</li> <li>• A sign in sheet is provided to record the names of staff who attend team meetings.</li> <li>• The minutes of meetings are shared with staff who are not present.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manger and inspection of documents confirmed that this area was satisfactorily addressed.	

## 6.2 Inspection findings

We walked around the home and found it to be warm, clean and tidy. Bedrooms contained the personal belongings of each resident and were comfortably furnished. The manager told us that a number of beds had been replaced and others were to be replaced in the near future. There was also an ongoing programme of redecoration throughout the home.

The manager described how staff supported those residents who may have chronic physical health issues. This sometimes took the form of accompanying residents to the nearest available Emergency Department. When this happened, there was always staff available via the home's on call arrangements to do this.

The manager also described the arrangements in place to support residents who were newly admitted to the home and the importance of facilitating continued contact with family and friends.

We met with a group of residents who live in Orchard Grove. All were engaged in activities in the day care area; the residents told us that they enjoyed living in Orchard Grove and there was lots for them to do. A resident said, "I am happy here...I get my nails painted by the staff and I get to choose the colours...I needed to come here because I couldn't manage where I lived before."

### Areas of good practice

There were examples of good practice found in relation to the level of support provided to residents when they were unwell and needed to attend hospital.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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