

Inspection Report

23 November 2023



Orchard Grove

Type of service: Residential Care Home
Address: 7 The Square, Clough, BT30 8RB
Telephone number: 028 4481 1672

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Orchard Grove Responsible Individuals: Ian George Emerson Craig Cecil Emerson	Registered Manager: Ms Deirdre Burns Date registered: 1 April 2005
Person in charge at the time of inspection: Ms Deirdre Burns	Number of registered places: 19
Categories of care: 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.	Number of residents accommodated in the residential care home on the day of this inspection: 15
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 19 residents. The home is divided over two floors and all residents have access to the communal bathrooms, lounge area, a large dining room and the garden area. There is a day centre which occupies one room in the home and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 23 November 2023, from 9.30 am to 5.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents said that they were happy in the home and commented that the staff 'looked after them well' and helped them when they needed help.

Specific comments received from residents and staff are included in the main body of this report.

Staff were knowledgeable with regards to the residents' needs and preferences and were trained to deliver safe and effective care.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships with the wider Multi-Disciplinary Team (MDT).

Three new areas for improvement were identified regarding the updating of care records, the completion of incident forms and the monthly monitoring reports.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led. Addressing the area for improvement will further enhance the quality of care and services in Orchard Grove.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Deirdre Burns, manager at the conclusion of the inspection

4.0 What people told us about the service

Residents said they were happy living in Orchard Grove. Residents' comments included, "I am very happy here," "I can trust the staff and that is good" and "there is lots to do, I like it."

Staff said, "I love spending time with the residents getting to know them, that is what is important" and "I love working here, it feels like family."

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Nine questionnaires were returned from residents, all respondents indicated that they felt safe in Orchard Grove, were happy with the care provided and that the staff were kind. No additional feedback was received from relatives or staff following the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 22 March 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 10 (1) Stated: First time	The registered person shall ensure that in order to effectively monitor the quality of care and services: <ul style="list-style-type: none"> the current schedule of audits completed in the home is updated to include analysis of falls, restrictive practices and DoLS audits are completed consistently and contemporaneously audits include sufficient details to enable analysis, evaluation and identification of deficits audits include action plans with timeframes for completion, identify the person responsible for the action and evidence that actions have been undertaken. 	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and is stated for a second time.	
	Please refer to section 5.2.5 for details.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: First time	The registered person shall ensure that care records are reflective of resident's individual needs, contain relevant risk assessments and comprehensive care plans and are reviewed in the event of any changes.	Met
	Action taken as confirmed during the inspection: As stated this area for improvement was met.	
Area for improvement 2 Ref: Standard 27 Stated: First time	The registered person shall ensure that the following actions are taken to resolve environmental deficits: <ul style="list-style-type: none"> • replace the identified shower hose • ensure the identified shower cubicle is accessible for use and not used for storage • maintain vanity units in good condition and repair or replace these as required • maintain sealant around sinks in good condition and replace as required • repair or replace equipment which shows signs of rust damage or wear and tear. 	Partially met
	Action taken as confirmed during the inspection: This area for improvement was partially met and has now been stated for a second time. Please refer to section 5.2.3 for details	
Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person shall ensure that staff adhere to IPC good practice guidelines regarding being bare below the elbow to facilitate effective hand hygiene and to help prevent the spread of infection.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and is stated for a second time. Please refer to section 5.2.3 for details.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The manager had a system in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

There were systems in place to ensure staff were trained and supported to do their job. A range of appropriate mandatory training was provided for staff.

The staff duty rota did not accurately reflect the staff working in the home on a daily basis; this was discussed with the manager who addressed this immediately, therefore an area for improvement was not identified at this time and this will be reviewed at the next inspection.

The duty rota identified the person in charge when the manager was not on duty. Competency and capability assessments had been carried out with all staff who take charge in the home in the absence of the manager.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff spoken to showed good knowledge of the induction process. One staff member said, "the residents are well cared for, if I had any concerns I would report it to the manager."

Residents said that they were happy in Orchard Grove and described staff as "good" and 'kind.'

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Staff were observed interacting with residents in a respectful and compassionate manner. Staff showed excellent communication skills when communicating with residents; they were understanding and sensitive to residents' needs.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The menu for the day was on display in the dining room. Residents spoke positively in relation to the quality of the meals provided and the choice available. One resident said “the food here is lovely.”

Residents’ needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents’ needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Although care records had been maintained and reviewed to ensure they continued to meet the residents’ needs, updates made to care records had not been signed or dated. The importance of signing and dating all care records was discussed with the manager and an area for improvement was identified.

Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents’ relatives, if this was appropriate.

Examination of records and discussion with confirmed that the risk of falling and falls were well managed. Falls risk assessments were in place and were reviewed and if necessary updated after each fall.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean and tidy. Residents’ bedrooms were personalised with photographs and other items or memorabilia.

Corridors were clean and free from clutter or hazards. Fire doors were unobstructed and areas containing items with potential to cause harm such as the cleaning store and sluice room were appropriately secured.

Some parts of the home were showing signs of wear and tear. For example, in some bathrooms’ sealant around the sinks needed replacing and some equipment was in need of repair. This was discussed with the manager during feedback for action, the manager provided evidence post inspection that some of these areas had been addressed, however an area for improvement was stated for a second time.

Some wardrobes had not been secured to the walls, this was highlighted to the manager during feedback. The manager provided written assurance that all wardrobes had now been secured therefore an area for improvement was not identified at this time and this will be reviewed at the next inspection.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. The latest fire risk assessment was completed on 25 May 2023, this resulted in no actions.

There was evidence that systems were in place to ensure the management of risks associated with infectious diseases. For example, there was ample supply of Personal Protective Equipment (PPE) in the home. However, there was a lack of facilities for staff to dry their hands in residents' bedrooms, this was discussed with the manager who provided assurances that this would be addressed. This will be reviewed at the next inspection.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. However; some staff were observed to be wearing nail polish. This was discussed with both the staff involved and the manager during feedback for action. An area for improvement was stated for a second time.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents' said "there is lots to do here." Residents told us that they were planning a trip to Belfast to the Christmas Markets at the weekend.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Deirdre Burns has been the manager in this home since 1 April 2005.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. However; a review of these audits indicated that these were not always completed on a consistent basis, for example gaps were noted in the hand hygiene audits and the environmental checks, in addition to this there was no evidence of a restrictive practice audit. This was discussed with the manager during feedback and an area for improvement was stated for a second time.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. However, accidents and incidents records were not always fully and accurately completed. This was discussed with the manager during feedback for review and action, an area for improvement was identified.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve.

The home was visited each month by the registered a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. RQIA are concerned that the visits undertaken by or on behalf of the Responsible Individual in accordance with regulation 29 are not robust, for example, dates recorded in the monitoring visit of August 2023 referred to events and dates which occurred in August 2022. This was discussed with the manager during feedback and an area for improvement was identified.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	2*	4*

* the total number of areas for improvement includes one regulation and two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Deirdre Burns, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 10 (1) Stated: Second time To be completed by: 22 March 2023	<p>The registered person shall ensure that in order to effectively monitor the quality of care and services:</p> <ul style="list-style-type: none"> the current schedule of audits completed in the home is updated to include analysis of falls, restrictive practices and DoLS audits are completed consistently and contemporaneously audits include sufficient details to enable analysis, evaluation and identification of deficits audits include action plans with timeframes for completion, identify the person responsible for the action and evidence that actions have been undertaken. <p>Ref: 5.1 & 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>we have a new audit system and files in place which is more effective system in monitoring the quality of care and services.</p>
Area for improvement 2 Ref: Regulation 29 Stated: First time To be completed by: From date of inspection (23 November 2023)	<p>The registered person shall ensure that the regulation 29 monitoring reports are robust and accurately completed.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>reg 29 - more detail and actions in place</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 27 Stated: Second time To be completed by: 22 March 2023	<p>The registered person shall ensure that the following actions are taken to resolve environmental deficits:</p> <ul style="list-style-type: none"> • replace the identified shower hose • ensure the identified shower cubicle is accessible for use and not used for storage • maintain vanity units in good condition and repair or replace these as required • maintain sealant around sinks in good condition and replace as required • repair or replace equipment which shows signs of rust damage or wear and tear. <p>Ref: 5.1 & 5.2.3</p>
	<p>Response by registered person detailing the actions taken: we have replaced all vanity units, new shower trays, repaired all equipment and sinks</p>
Area for improvement 2 Ref: Standard 35 Stated: Second time To be completed by: 22 March 2023	<p>The registered person shall ensure that staff adhere to IPC good practice guidelines regarding being bare below the elbow to facilitate effective hand hygiene and to help prevent the spread of infection.</p> <p>Ref: 5.1 & 5.2.3</p>
	<p>Response by registered person detailing the actions taken: guidelines on bare below the elbow has been addressed with all staff, updated infection control policy in place.</p>
Area for improvement 3 Ref: Standard 8.5 Stated: First time To be completed by: From date of inspection (23 November 2023)	<p>The registered person shall ensure that all residents' records are up-to-date, signed and dated by the person making the entry.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: all records have been audited and up to date.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 22.4</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection (23 November 2023)</p>	<p>The registered person shall ensure that the records held within the home are complete, accurate and up to date</p> <p>This is in relation to the recording of accidents and incidents with in the home.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: all records within the accident book are up to date.</p>
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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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