

# Inspection Report

10 September 2024



## Orchardville House

**Type of Service: Residential Care Home**

**Address: 12 Orchardville Avenue,  
Belfast, BT10 0JH**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Diane McGann
<b>Registered Person/s OR Responsible Individual</b> Dr Catherine Jack	<b>Date registered:</b> Not registered
<b>Person in charge at the time of inspection:</b> Monique Russell Senior Care Assistant 9.15 am – 12 pm  Mary-Jo Markie – covering manager 12 pm – 4.45 pm	<b>Number of registered places:</b> 32
<b>Categories of care:</b> Residential Care (RC) DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 17
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 32 residents. The home is on one level, residents have access to a number of lounge areas, dining room and enclosed courtyard garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 10 September 2024, from 9.15 am to 4.45 pm by a care inspector.

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

It was evident that staff had a good understanding of residents' needs and treated them with kindness and respect. Residents looked well cared for and said that living in the home was a good experience.

Residents who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were respectful and promoted the dignity of the residents in all their interactions with them.

Staff mostly spoke positively of their experiences working in the home and of the support provided by the management team. Some staff told us that there were times when the home would benefit from increased staffing. This is discussed in more detail in the report below.

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

Areas requiring improvement were identified during this inspection and details of these can be found in the main body of this report and in the Quality Improvement Plan (QIP) in section 6.0.

RQIA were assured that the delivery of care and service provided in Orchardville House was safe, effective, compassionate and well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' lived 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 the management team at the conclusion of the inspection.

#### 4.0 What people told us about the service

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included “staff are super”, “staff look after me really well” and “staff are nice”.

Residents who were less well able to communicate looked well cared for, comfortable and content in their surroundings and in the company of staff.

Some residents told us that it can feel like a long day in the home because of the lack of activities. This was evident during the inspection and is discussed in the main body of the report.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager is supportive and available for advice and guidance.

Some staff told us that the home would benefit from increased staffing and it can feel very busy in the home with the changing needs of residents and staff recruitment difficulties. This is discussed further in the main body of the report.

There were no questionnaire responses returned 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 26 October 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> First time	<p>The responsible person shall ensure implementation of managerial systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home.</p> <ul style="list-style-type: none"> <li>- This relates specifically to the robust completion, action planning and managerial oversight of all</li> </ul>	<b>Met</b>

	governance quality assurance systems and audits.	
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>	The responsible person shall ensure that there is a system in place to ensure staff complete mandatory training requirements	<b>Met</b>
<b>Ref:</b> Standard <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>	The responsible person shall ensure that the mealtime experience is reviewed given the comments made by residents. This should include the display of accessible and accurate menus, the quality and choice of the meals provided and consultation with residents. Actions taken in response should be clearly evidenced.	<b>Met</b>
<b>Ref:</b> Standard 12.1 & 12.4 <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b>	The responsible person shall ensure that thickening agent is safely and securely stored at all times.	<b>Met</b>
<b>Ref:</b> Standard 32.1 <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 4</b>	The responsible person shall ensure that the grounds of the home are kept tidy, safe and suitable for and accessible to all residents. A plan to complete should be shared with RQIA for review with the return of the QIP.	<b>Carried forward to the next inspection</b>
<b>Ref:</b> Standard 27.5 <b>Stated:</b> First time		

	<p><b>Action taken as confirmed during the inspection:</b>  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	
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## 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.

There were systems in place to ensure staff were trained and supported to do their job. Staff training compliance in the home was of a good standard. A review of staff records confirmed that new staff had completed an induction within the home.

The staff duty rota accurately reflected the staff working in the home on a daily basis.

The management team told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

There were competency and capability assessments in place for staff left in charge of the home in absence of the manager and these were reviewed as necessary.

Staff received supervision sessions and an annual appraisal; and records were maintained.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC). This evidenced that all staff who were required to be registered with NISCC, had this in place.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff told us there was good teamwork, communication is good and they enjoy working in the home.

Some staff told us that the home would benefit from increased staffing levels because of the changing needs of residents and staff recruitment difficulties. This was discussed with the management team who confirmed that there are staff vacancies within the care team and that recruitment in the Belfast Health and Social Care Trust (BHSCT) is ongoing. The management team confirmed that agency staff are being utilised in the home for staff cover, a review of the staff rota confirmed this. This was discussed with the management team for their review and action and will be reviewed again at the next care inspection.

## 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual resident's needs, wishes, preferred activities and likes/dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Review of care records confirmed that resident's needs were assessed at the time of admission to the home. Following assessment, care plans were developed to direct staff on how to meet the resident's needs. This included any advice or recommendations made by other healthcare professionals; for example, the Speech and Language Team (SALT).

Care records were mostly well maintained, regularly reviewed by staff and consistent in meeting resident's needs. Information was held in the care plans on what or who was important to the resident and input was provided by family where appropriate.

At times some residents may be required to use equipment that can be considered to be restrictive. For example; bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Review of records evidenced that residents' weights were checked monthly to monitor weight loss or gain and onward referral to the relevant professionals where necessary.

Examination of records and discussion with the management team confirmed that the risk of falling in the home were well managed. Where a resident was at risk of falling, measures to reduce this risk were put in place.

Residents living in the home had been assessed as not having the capacity to make certain decisions in order to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and residents care plans reflected this.

Daily progress records were kept in relation to how each resident spent their day and the care and support provided by staff; these records were person centred. The outcome of visits from any healthcare professional was recorded. Residents care records were held confidentially.

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.

There was a choice of meals offered, the food was attractively presented and looked appetising. There was a daily menu available for residents and their representatives to view.

Staff told us how they were made aware of residents' nutritional needs and confirmed that accurate residents care records were important to ensure residents received the right diet.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised where necessary with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely. There were no malodours detected in the home.

Fire safety measures were in place and well managed to ensure residents, staff and visitors in the home were safe. The Fire Risk Assessment for the home was completed on 31 October 2023 and any actions identified have been completed as necessary. Fire drill records confirmed that these have been carried out regularly since the last care inspection.

Systems and processes were in place for the management of infection prevention and control. For example; there were ample supply of personal and protective equipment (PPE) and staff confirmed good availability of cleaning products.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with regional guidance.

### 5.2.4 Quality of Life for Residents

The atmosphere in the home was welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff. Discussion with residents confirmed that they were satisfied that they could make their own choices throughout the day with regard to their routine. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choice to residents throughout the day which included food and drink options and where and how they wished to spend their time. Some residents choose to spend time in the communal lounges watching TV and chatting to staff. Other residents preferred to spend time alone relaxing in their bedrooms, or having visits with their loved ones.

However, residents told us that there is “not much to do in the home” and this can make their “day feel long”. A review of residents meeting minutes highlighted that they have raised this concern on a number of occasions since the last care inspection. There is currently no activity co-ordinator in the home and staff told us they find it difficult to find time to engage residents in activities.

There was no activity planner in place for residents and their representative to view and no activities took place on the day of inspection.

The provision of activities is a fundamental element of residential care and consideration must be given to ensure resident’s social, emotional, psychological and spiritual care needs are met. Activity provision should meet the needs of all those who wish to engage and should be delivered by care staff throughout their daily work in the absence of an activity co-ordinator.

This was discussed with the management team and an area for improvement has been identified.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of this home since the last inspection. Ms Diane McGann has been the Manager since 18 September 2023.

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 the residents, care practices or the environment. Staff confirmed that there were good working relationships between staff and the home's management team.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

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 to for the team to learn and improve.

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 and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Staff and residents' meetings were held accordingly and included a comprehensive list of agenda items. A review of these records highlighted that there were no action plans being created following meetings to include; action identified, person responsible and date achieved by. This is a good method to ensure tasks are completed in an achievable timescale. Two areas for improvement have been identified.

The home was visited each month by 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. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4*

\* the total number of areas for improvement includes one standard which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.5  <b>Stated:</b> First time  <b>To be completed by:</b> Summer 2024	The registered person shall ensure that the grounds of the home are kept tidy, safe and suitable for and accessible to all residents. A plan to complete should be shared with RQIA for review with the return of the QIP.  Ref: 5.2.3  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time  <b>To be completed by:</b> 10 September 2024	The registered person shall ensure that the home offers a structured programme of activities and events for residents to enjoy. This programme should be available for residents and their representatives to view and records maintained.  Ref: 5.2.4  <b>Response by registered person detailing the actions taken:</b> Since inspection, a structured programme of varied activities have been implemented. On each shift a staff member is allocated responsibility for completion of activities with residents. An activity schedule for the incoming week is now displayed in the main foyer of the home.

	<p>All activities carried out are recorded by the allocated staff member responsible on Encompass and staff also record on a spreadsheet to include resident feedback and/ or observation of resident participation. This helps inform future activity planning. The Manager carries out monthly activity audits and provides constructive feedback at team meetings and staff supervision. The Assistant Service Manager will view the Manager's audit during the Regulation 29 visit and observe any activities taking place during the visit.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 1.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 October 2024</p>	<p>The registered person shall ensure that robust records are maintained following resident's meetings, to include actions identified, person responsible and date to be achieved by.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person shall ensure that robust records are maintained following residents' meetings which will include all actions identified, person responsible and date actions to be achieved by. These will be closely monitored through the manager's audit system. The Assistant Service Manager will also monitor and record compliance during the monthly Regulation 29 visit.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 October 2024</p>	<p>The registered person shall ensure that staff meeting records are well maintained to include actions identified, person responsible and date to be achieved by.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> The registered person shall ensure that minutes from staff meetings are recorded and disseminated to all staff. Records will include all actions identified, person responsible and date actions to be achieved by. Compliance will be closely monitored by the Assistant Service Manager during the monthly Regulation 29 visit.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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