



Inspection Report

Name of Service: Orchardville House

Provider: Belfast Health and Social Care Trust

Date of Inspection: 17 July 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	Belfast Health and Social Care Trust
Responsible Individual:	Mrs Maureen Edwards
Registered Manager:	Miss Mary Jo Markey – not registered
<p>Service Profile:</p> <p>This home is a registered Residential Care Home which provides health and social care for up to 28 residents. The home provides care for residents living with dementia.</p> <p>The home is on one level and residents have access to a number of lounge areas, dining room and an enclosed garden.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 17 July 2025, from 9.15 am to 4.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 10 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection three areas for improvement from the previous care inspection were assessed as having been addressed by the provider. One area for improvement was not assessed and will be reviewed at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 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 lovely", "best thing to happen to me, was to move in here" and "the staff are really nice people".

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

Three relatives spoken with confirmed that they were happy with the care and services provided in the home to their loved ones. Comments shared included; “the staff are fantastic”, there is “good communication” and there have been good outcomes for their loved one since living in the home.

There were no questionnaire responses received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Relatives also told us that there were good staffing levels in the home. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents’ needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Residents may require special attention to their skin care. Care records accurately reflected the residents’ assessed needs and input from other professionals such as the District Nursing team.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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 and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and spoke highly of the staff involved in delivering activity provision in the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

Care records were person centred, mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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.

It was noted upon review of one residents daily progress records that staff had recorded that medicines had been administered covertly. Although a letter of authorisation had been provided by the GP, there was no evidence that a multidisciplinary meeting had taken place. There was also no care plan or risk assessment in place to direct staff on this aspect of care. An area for improvement has been identified.

Review of records evidenced that although residents' weights were checked to monitor weight loss or gain; it was identified that the home was using two separate systems for recording and monitoring weights and staff were not updating the Encompass system in a timely manner. An area for improvement has been identified.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

Residents bedrooms had personalised information attached to the door, to support those residents living with dementia. This included information about the residents likes and dislikes, however; it also included confidential information about the residents' health care needs. Therefore, impacting on the confidentiality of residents' information and their right to privacy. An area for improvement has been identified.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mary Jo Markey has been the Manager of this home since 3 September 2024.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided in the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	2*

* the total number of areas for improvement includes one standard that has been carried forward for review at a future 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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2025</p>	<p>The Registered Person shall ensure that medicines are only administered covertly following a best interests multi-disciplinary meeting. Risk assessments and care plans must also be in place.</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Person shall ensure that all medicines administered covertly are only done so following a best interests meeting and written authorisation from the resident's GP. The resident's care plan and risk assessment will also be updated to direct staff on this aspect of care and monitored by the Registered Person. A sample of care plans and risk assessments will also be audited by the Assistant Service Manager during the monthly Regulation 29 visit.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (8) (a)</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2025</p>	<p>The Registered Person shall ensure that the homes environment is conducted in a manner which respects the privacy of all residents living in the home.</p> <p>This area for improvement is made with specific reference to signage attached to residents' bedroom doors.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Person shall ensure that any information used to personalise bedroom doors does not contain any confidential information about the resident's health needs which may breach data protection legislation and the resident's right to privacy.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1.2)	
Area for improvement 1 Ref: Standard 27.5 Stated: First time To be completed by: 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: 2.0
	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.
Area for improvement 2 Ref: Standard 8.5 Stated: First time To be completed by: 17 July 2025	The Registered Person shall review the current system for recording of residents' weights, to ensure that the record completed by care staff is accurate and up to date. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Person shall ensure that Encompass is the only system used for recording residents' weights. This will be closely monitored through the manager's audit system. The Assistant Service Manager will also audit a sample of recordings during the monthly Regulation 29 visit.

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



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Authority

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