



# Inspection Report

**Name of Service: Orchard Grove**

**Provider: Orchard Grove**

**Date of Inspection: 17 October 2024**

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Orchard Grove Residential Care Home LLP
<b>Responsible Individual:</b>	Mr Mark Craig Emerson
<b>Registered Manager:</b>	Ms Deirdre Burns

This home is a registered Residential Care Home which provides health and social care for up to 19 residents under and over 65 years of age, living with a learning disability or a mental disorder excluding learning disability or dementia. The home is divided over two floors and all residents have access to communal bathrooms, the lounge, 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 17 October 2024 from 09.35 am to 4.45 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 23 November 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to staffing, care records, the provision of activities and the resident dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and maintaining good working relationships.

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. Refer to Section 3.2 for more details.

This inspection resulted in no areas for improvement being identified. All of the previous areas for improvement from the inspection undertaken on 23 November 2023 were addressed by the provider.

## 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.

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 commented positively about staff and said they were nice. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend most of the time in their room and staff were observed supporting residents to make these choices.

A resident said, "I'm happy and I like it here. I enjoy going out to meet my friends at the centre. The staff are good and so is the food".

Following the inspection, we received eight completed resident questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led.

A questionnaire returned by a member of staff contained the following comment: 'Residents are a pleasure to care for. Homely place. We as a team support all residents with all their needs and social outings. They love getting out and about'.

### 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 told us that they felt well cared for; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory in order to meet residents' needs.

Staff told us they were aware of individual resident's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Residents were given choice, privacy, dignity and respect.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss residents' care, to ensure good communication across the team about any changes in residents' needs. Staff were knowledgeable about individual residents' needs, their daily routine, wishes and preferences; and 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.

On arrival to the home, staff were observed assisting residents who attend day care to get ready for their day and a group of residents were observed to enjoy participating in armchair exercises with staff.

It was observed that staff respected residents' privacy and dignity by offering personal care to residents discreetly and discussing residents' care in a confidential manner. Staff were also observed offering residents choice on how and where they spent their day or how they wanted to engage socially with others. We observed residents reading, a resident in the garden tending to the flowers and another resident listening to music in their room.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The weekly programme of activities was displayed on the notice board. Birthdays and annual holidays were celebrated and on occasions residents, families and staff attended larger events. Residents spoken with said they enjoyed the activities that were provided, especially a recent concert they attended in a hotel. The home was nicely decorated with decorations residents had made in preparation for Halloween and residents said they were looking forward to dressing up for their Halloween party.

Activities for residents were provided which involved both group and one to one activities such as going bowling and to the cinema and arts and crafts. Arrangements had been made for entertainers to visit such as The Music Man, a singer and a Magic Show.

Residents attended regular meetings with staff to enable them to discuss their views and opinions about the home, their care and forthcoming events such as Christmas outings, concerts and preparations. This helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day. Minutes of these meetings were available.

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.

The dining experience was an opportunity for residents to socialise. The menu was displayed in both written and pictorial form, outlining what was available at each meal time for residents and the atmosphere was calm, relaxed and unhurried. Staff demonstrated their knowledge of residents' individual needs, likes and dislikes regarding food and drinks. They were able to describe the various international dysphagia diet standardisation initiative (IDDSI) levels of modified foods and demonstrated how to modify the consistency of drinks. It was observed that residents were enjoying their meal and their dining experience. It was noted that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

### 3.3.3 Management of Care Records

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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

### 3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.

Review of records and discussion with the manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. Corridors and fire exits were clear from clutter and obstruction.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

### 3.3.4 Quality of Management Systems

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.

Review of a selection of competency and capability assessments evidenced they were completed for staff left in charge of the home when the manager was not on duty.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to residents. 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 the quality of services provided by the home.

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 to RQIA when required.

Staff meetings were held on a regular basis. Minutes of these meetings were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

## 4.0 Quality Improvement Plan/Areas for Improvement

	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 Ms Deirdre Burns, Registered Manager, as part of the inspection process and can be found in the main body of the report.



## 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](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews