The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Orchard Grove

Provider: Orchard Grove Residential Care Home LLP

Date of Inspection: 6 November 2025

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

1.0 Service information

Organisation/Registered Provider:	Orchard Grove Residential Care Home LLP
Responsible Individual:	Mr Mark Craig Emerson
Registered Manager:	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. Orchard Grove is also registered for a maximum of 5 frail elderly residents.

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 6 November 2025, from 09.40 am to 5.35 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found in relation to care delivery 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. Staff were knowledgeable and well trained to deliver effective and compassionate 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. Refer to Section 3.2 for more details.

No areas for improvement were identified during the previous pharmacy inspection on 28 November 2024. Details of this inspection findings and the new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

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 residents, 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 spoken with said that they were well looked after by the staff and felt safe and happy living in Orchard Grove. 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 time in their room and staff were observed supporting residents to make these choices.

Residents said, "It's a great place to live and I like the staff. I have no concerns at all" and "It took me a while to settle in and get used to everything. The staff are nice and I'm ok now".

Residents' relatives spoken with said, "She is well cared for and always well presented. Her room is always clean. Staff are attentive and there is enough staff about to help. We have no issues".

Staff told us that the manager was approachable and they felt well supported in their role. They said they could speak freely to the manager if they had any concerns and would be confident that anything raised would be sorted out promptly. Staff said that they enjoyed working in the home and knew the residents well. They confirmed that staffing levels are satisfactory, there is enough time to complete daily tasks and the staff team are reliable and supportive.

A staff member said, “It the best job as it’s like home from home”.

Following the inspection, we received nine completed resident/resident representative questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led. No responses were received from the staff online survey within the timescale specified.

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 safe and well cared for; they enjoyed the food and that staff were kind. They said that Orchard Grove is a good place to live; 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

The atmosphere in the home was welcoming, friendly and inclusive.

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.

Some residents attended day centres and staff assisted them to be up and ready in time.

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 observed to be skilled in communicating with residents. They were observed offering residents choice on how and where they spent their day or how they wanted to engage socially with others.

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. Birthdays and annual holidays were celebrated and on occasions residents, their families and staff attended larger events, such as a recent Halloween Party. On the morning of inspection some residents enjoyed having their hair done while others read, listened to music or completed pictures and jigsaws.

Activities for residents were provided which involved both group and one to one activities such as going for walks, playing bingo, watching movies, arts and crafts. A record is kept of activities residents take part in. Residents spoken with said they enjoyed the activities that were provided.

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 the provision of activities, outings and celebrations. This helped to increase staff knowledge of 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. The dining experience was an opportunity for residents to socialise. Mealtimes were observed to be flexible and unhurried to meet the needs of the residents, especially if they were going out. Staff demonstrated their knowledge of residents' individual needs, likes and dislikes regarding food and drinks. 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.

A variety of drinks and snacks were available for residents throughout the day.

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.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important 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.

Equipment used by patients such as perching stools and commodes were seen to be effectively cleaned.

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. Review of records evidenced that regular fire drills had been undertaken by staff at suitable intervals.

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.

3.3.5 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.

Review of records evidenced that staff had completed supervision during 2025. The manager advised that supervision is ongoing and that arrangements are in place to ensure that all staff members have regular supervision. However, it was noted that not all staff had completed a recent appraisal. An area for improvement was identified.

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 took measures to improve practice, the environment and the quality of services provided by the home.

The Quality Assurance annual report for September 2024, evidenced that a robust governance system is operational in the home which assures the quality of services and care available in the home. A copy is available.

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.

Patients and patients' relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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

An area for improvement has been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 24.5 **Stated:** First time **To be completed by:** 12 January 2025	The registered person shall ensure that all staff have a recorded annual appraisal to review their performance against their job description and to agree personal development plans. Ref: 3.3.5 **Response by registered person detailing the actions taken:** staff Appraisals to review individuals preformance have completed and recorded

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

The Regulation and Quality Improvement Authority

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