The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Orchard Centre

Provider: Southern HSC Trust

Date of Inspection: 9 October 2025 & 27 October 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:	Southern HSC Trust
Responsible Individual/Responsible Person:	Mr Steve Spoerry
Registered Manager:	Mrs Sharon Weir (Acting)
Service Profile: The Orchard Centre is a day care setting registered to provide care and daytime activities for a maximum of 70 people. Service users who attend the setting are those over the age of 65 years, and those living with memory loss or enduring mental ill health.	

2.0 Inspection summary

An unannounced inspection was undertaken on 9 October 2025, between 09.50 a.m. and 5.30 p.m. by a care Inspector and on 27 October, from 11 am to 12 pm, by a finance inspector.

The inspection was undertaken to evidence how the day care setting 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 24 September 2024; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

A finance inspection was undertaken on 27 October 2025 to assess progress with four areas for improvement, identified by RQIA, during the last finance inspection on 15 October 2024.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as staff training, service user plans and assessment and review of transport arrangements.

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

Service users said that the care and support provided by Orchard Centre was a good experience.

As a result of this inspection the thirteen areas for improvement previously identified were assessed as having been addressed by the provider. 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 day care setting 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 Orchard Centre. This included the previous Quality Improvement Plan issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those attending, working in, and visiting the day care setting; and examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Service users who provided feedback were very complimentary about both the staff and the service received from Orchard Centre. One service user told us that the staff "make me feel good, safe, comfortable and welcome". Feedback repeatedly illustrated that service users found staff to be responsive to their needs with one service user advising as to staffs' "generosity of spirit", whilst others described staff as "attentive", "helpful" and "always there when needed".

Service users told us that they felt "safe and well looked after" whilst attending the day care setting. One service user stated that they felt staff would "help with any problem I have and make me feel safe". Service users felt able to approach staff about any difficulties or challenges that they were experiencing, in relation to their experience within the day care setting or within their own life. One service user told us "I can approach them [staff] when I am feeling vulnerable or insecure about things going on in my life" whilst another felt that "every single member of staff is totally trustworthy and does not judge me".

One individual told us about how enjoyable attendance at Orchard Centre was due to "the banter" they have with other service users and staff, whilst another described attendance as "good craic!!!". Service users told us how important attending Orchard Centre was to them as it reduced feelings of loneliness, provided opportunity for socialisation and that it created a sense of community. One service user told us "the staff and the service users, they are like family". Another service user told us, "by me coming here which was a blessing I know I would not be here today.

The staff encourage me and help me believe in myself. Sometimes it can be a burden to get up and go on but when you reach the Orchard Centre door that feeling goes or lessens."

We were told about "engaging activities" facilitated by the day care setting and how "every day is different". Service users spoke about how they valued "getting a good meal" and were complimentary about the food provided. When asked about potential improvements that could be made to Orchard Centre one service user advised "No! I'm totally satisfied".

Service user representatives consulted advised that they were satisfied with the service provided by Orchard Centre. They told us that there was effective communication between them and staff. We were told that they were aware as to how to make a complaint if required. One service user representative stated that they were content as their loved one was clearly happy attending the day care setting.

Staff were complimentary of the Manager and stated that they felt the day care setting was well led. Staff described feeling supported by the Manager and colleagues alike, they felt they worked well as a team. Staff told us that each day was planned and tasks were appropriately allocated to ensure the needs of service users attending could be effectively met. Staff spoke knowledgably about service user needs and risks, were able to advise as to recent changes, and explained how this information was disseminated amongst the team.

Staff confirmed receipt of regular supervision and felt training provided appropriately equipped them to undertake duties associated with their role. A new member of staff spoke positively about their induction to the service. Staff consulted advised how much they enjoyed their roles and felt the service provided by Orchard Centre made a difference to the lives of service users who attend as well as their families.

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 service users. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work, that they felt well supported in their role and that they were satisfied with the staffing levels. Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty. The interactions observed between service users and staff were found to be caring and respectful.

Review of the agency's staff recruitment saw it identified that one staff member currently employed within the agency had done so without an enhanced AccessNI check having been received. Evidence was provided that an application had been submitted. There was discussion with the Registered Manager following the inspection about the need for the provider organisation to be fully assured they have a robust system for criminal checks to be completed for staff. RQIA is aware of ongoing discussion between the Department of Health and HSC Trusts in respect of this, and will keep this matter under review.

There was evidence that newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures.

Review of training records identified that the majority of training elements had been provided to staff. However, complaints training was not evident on the day care setting's training matrix. This was highlighted to the Manager. Correspondence received following the inspection from the Manager confirmed complaints training had been booked for all staff. Issues relating to the accuracy and timely updating of Orchard Centre's training matrix were also discussed with the Manager. An area for improvement has been identified.

Medicines Competency assessments were completed for any staff who administered medicines. There was also evidence that specific competencies relating to administration of medications via percutaneous Endoscopic Gastrostomy (PEG) tube had been completed.

There was evidence that all staff received regular supervision and there were clear procedures in place for appraising staff performance.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care that the staff needed to assist them in their roles. Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. Throughout the day staff observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in service users' needs.

There was a system in place to ensure that the activities offered to service users were varied. The range of activities offered by the day centre include; quizzes, problem solving tasks, board games, chair based exercises, indoor bowls, boccia, target games, light gardening, arts and crafts, poetry and creative writing, cookery and home management, heath promotion, reminiscence therapy social outings and community engagement. One service user stated that they "love the group activities, especially singing". Service users were observed engaging in this activity and encouraged the Manager to get involved, which she did to the delight of all the service users.

Staff interactions with service users were observed to be friendly and supportive. Service users appeared relaxed in the presence of staff, evident through observation of body language, verbal feedback provided and the jovial nature of interactions observed.

It was observed that staff respected service users' privacy by their actions such as discreetly discussing aspects of care. Service users were offered choice throughout the day in terms of activities for which they wished to participate as well as food, with the menu offering options for each level of assessed dietary needs.

Where service users require support with administration of medicines there was a system in place to ensure these were administered as prescribed in a safe manner, with service user's preferences as to how they like to take their medication considered.

Where a service user was at risk of falling, there was evidence that a specific falls risk assessment had been completed. Examination of care records and discussion with staff also confirmed that were necessary referrals were made to other healthcare professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. Service users may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. There were evidence of robust systems in place to manage service users' nutrition and mealtime experience.

3.3.3 Management of Care Records

Service users care records were held confidentially in line with data protection regulations.

Service users' needs were assessed when they were first referred to the day care setting and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

It was positive to find that there were service agreements in place and signed by either service users and/or their representatives. Review of records identified that service users consent was sought in relation to the sharing of information and whether or not they wanted their photograph taken and used in any organisational promotional material or social media.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

A review of a sample of service user's risk assessment and management plans however were found to lack adequate detail or in some cases were incomplete. This was highlighted to the Manager during the inspection and it was advised immediate action was required to address deficits noted. An area for improvement was identified.

Transportation assessments were found to lack sufficient details, for example, assessments reviewed failed to determine the maximum journey time based on individuals' personal circumstances. Further concerns were noted in that some service users standard journey time exceeded that recommended by the Standards. This was explored further with the Manager at the time who agreed to escalate concerns internally. An area for improvement was identified.

Where a service user was experiencing a deprivation of liberty, a copy of assessments were available for review. Any service user subject to authorised Deprivation of Liberty Safeguards (DoLS) had their care plan reviewed by an HSC professional annually to ensure that they were not used disproportionately or for longer than is necessary. Any changes to the DoLS were communicated to the Manager and updated documents shared and stored within the service users care records. A central register was in place to enable tracking of any DoLS due for review.

3.3.4 Quality and Management of the Environment

The day care setting was observed to be clean and tidy, suitably furnished, warm and comfortable and free of clutter. There was good lighting throughout, with sufficient space in all areas permitting easy use of mobility aids. The spacious dining area displayed art recently completed by service users.

Review of records and discussion with staff confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the day care setting was safe to attend.

There was evidence 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. Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

A fire risk assessment had been completed on 5 December 2024 and there was evidence that all recommendations had been actioned. It was positive to note that all staff had also completed a fire safety checklist as part of their induction. A recent fire evacuation was conducted 17 May 2025 which evidenced participation of staff and service users.

3.3.5 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Mrs Sharon Weir has been the Acting Manager in this day care setting and she is also the Acting Manager of one other day care setting. Mrs Sharon Weir has submitted an application to become the Registered Manager for both day care settings; this is currently under review.

Service users and staff consulted commented positively about the manager. One service user advised Mrs Sharon Weir was “just great” whilst staff felt she was supportive and approachable.

There was a protocol in place for staff to follow where service users did not attend the day care setting as planned. It was assuring to note that all staff consulted with were aware of this protocol.

The day care setting had clear protocols in place to check the bus transport after every journey to and from the day care setting, to ensure that every service user had safely exited the bus.

There were appropriate procedures and processes in place to ensure the effective management of any complaints received.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process.

Day care settings are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the day care setting's adult safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place. The day care setting was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the day care setting. Feedback was offered regarding recording of feedback received to avoid potential duplication. The Manager was receptive of this and agreed to share this information with appropriate persons. The reports of these visits were found to be completed in detail.

The annual quality report was reviewed and noted to include stakeholder feedback.

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	3	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Sharon Weir, Acting 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 Day Care Setting Regulations (Northern Ireland) 2007

Area for improvement 1 **Ref:** Regulation 20.-(1)(c)(i) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that a robust system is in place which ensures that all staff receive mandatory training. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered Manager has reviewed and updated the training matrix ensuing that all training is listed, including complaints management. All staff have now completed the new complaints training and the matrix has been updated to reflect compliance. The Registered Manager has full oversight of the updated training matrix and will regularly review to ensure staff compliance.
Area for improvement 2 **Ref:** Regulation 15(a) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure risk assessments and associated risk management have been completed in full and are kept up-to-date and under review for all service users attending the day care setting. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Manager can confirm that Risk Assessments are in place for all service users where applicable. The Registered Manager is currently overseeing the transfer of Service Users Risk Assessments onto the Encompass format.
Area for improvement 3 **Ref:** Regulation 13(1)(a) **Stated:** First time **To be completed by:**	The Registered Person shall make proper provision for the care and welfare of service users attending the day care setting. This specifically relates to completion of substantive transport assessments for all service users that clearly determines maximum journey time. Ref: 3.3.3

Immediate from the date of the inspection	**Response by registered person detailing the actions taken**: SHSCT has a central transport department who coordinate the transportation of Service Users attending day care across all programmes of care. This service has experienced an increase for transport support and is currently undertaking recruitment exercise to increase service capacity. In the meantime, the Registered Manager is linking in with the Case Managers of the Service Users who use Transport to determine if they still have an assessed Transport need. The Registered Manager is also linking with the Transport Service who are actively reviewing all the current planned journeys, to seek alternative solutions to the length of time some Service Users spend in transit to and from the Day Centre.

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

The Regulation and Quality Improvement Authority

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

Twitter: @RQIANews