

# Inspection Report

**Name of Service: Orchard Grove Supported Living**

**Provider: Orchard Grove Residential Care Home LLP**

**Date of Inspection: 6 February 2025**

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 Supported Living
<b>Responsible Individual/Responsible Person:</b>	Mr. Ian George Emerson
<b>Registered Manager:</b>	Mrs. Deirdre Burns
<b>Service Profile –</b> This is a domiciliary care agency, supported living type, which provides personal care and housing support to two service users with a learning disability and some additional needs. The service users live in a two storey house adjacent to a residential care home. Their home is located within the South Eastern Health and Social Care Trust (SEHSCT) area.	

## 2.0 Inspection summary

An unannounced inspection took place on 6 February 2025 from 1.15 p.m. to 3.10 p.m. It was carried out by a care inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency 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 service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users were observed to be relaxed and comfortable in their interactions with staff and spoke positively about the care and support they receive. Refer to Section 3.2 for more details.

The inspector would like to thank the person in charge, service users and the manager for their help and support in the completion of the inspection.

## 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 agency 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 agency. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors will seek the views of those living, working and visiting the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included User Friendly questionnaires.

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

We spoke to a range of service users and staff to seek their views of living and working within Orchard Grove Supported Living.

Service users told us they enjoyed living in the agency and described how they are offered lots of choice in what activities they could participate in.

Staff said they enjoyed their job and had no worries about the agency.

The information provided indicated that they had no concerns in relation to the service.

One questionnaire was returned. This showed that the respondent thought the care and support offered was good. No written comments were received.

### **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 patients.

The staff rota was reviewed and there was evidence of robust systems in place to manage staffing.

While no new staff had been recruited to the agency since the last inspection, a review of the provider's recruitment procedures confirmed that all pre-employment checks, including criminal record checks (AccessNI), would be completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager.

Staff were provided with training appropriate to the requirements of their role. Records of all staff training were retained. Staff spoken with confirmed their training was up to date.

### **3.3.2 Care Delivery**

Staff interactions with service users were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

Staff were also observed offering choice to service users regarding the activities they wanted to engage in. Service users told us how they loved to bake or go for trips into Newcastle.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about their safety or the care being provided.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included holidays, staffing and relationships within the house.

### **3.3.3 Management of Care Records**

Service users' needs were assessed and support plans developed to direct staff on how to meet the service users' needs. The support plans were person centred, detailing the service users' likes and dislikes and were updated on a regular basis. Risk assessments were also regularly updated.

Service users were involved in planning their own care and the details of the support plans were shared with their relatives, if this was appropriate.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives.

The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

### **3.3.4. Quality of Management Systems**

Mrs. Deirdre Burns has been registered manager of Orchard Grove Supported Living for a number of years. Staff commended the high level of support and flexibility the manager offered them.

No incidents had occurred within the agency since the last inspection that required to be notified to RQIA.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives.

The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

#### **4.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.



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