The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Orchard House**

Provider: **Southern Health and Social Care Trust**

Date of Inspection: **18 September 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 Health and Social Care Trust
Responsible Individual/Responsible Person:	Mr Steve Spoerry
Registered Manager:	Mrs Sarah McCartney
Service Profile – Orchard House is a domiciliary care agency, supported living type, located in Loughgall. The Southern Health and Social Care Trust (SHSCT), provide the staff that deliver the care and support to service users who have a learning disability. Service Users have individual rooms and a range of shared facilities.	

2.0 Inspection summary

An unannounced inspection took place on 18 September 2025 between 10.18 am and 4.11 pm 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 service is delivering safe, effective and compassionate care and if the service is well led. The last inspection was undertaken on 13 August 2024. No areas for improvement were identified.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction, training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management were also examined.

This inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. There were no areas for improvement identified during this inspection. Further details of the findings of this inspection are outlined in the main body of the report.

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.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included the previous area for improvement 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 working for or being supported by 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 questionnaires and an electronic survey for staff.

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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to a range of service users, relatives, staff and HSC professionals to seek their views of the agency.

Service users we spoke with said that they were happy with the care and support provided in Orchard House and that they enjoyed when staff took time to talk to them and do activities with them. Some service users were observed to be settled and comfortable within the communal living areas and a good rapport was noted between service users and staff.

Relatives who spoke with the inspector indicated that they were happy with the care and support provided to their loved one and that the care staff were caring and kind.

Staff who spoke with the inspector spoke positively about the care provided to service users, that there was good teamwork and that manager was supportive.

HSC professionals who provided feedback about the service commented that the care delivery and management support was very good and that they felt that staff appeared to enjoy their work. Staff were approachable and good at communicating any concerns to them.

3.4 Inspection findings

3.5 Staff Recruitment, Induction and Training 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.

Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty. Staff said that it was a busy role and that recruiting staff could be a slow process, however they felt well supported in their role and that there was good training and teamwork.

A review of the agency's staff recruitment records of employees recruited since the last inspection identified that a staff member currently employed within the day care setting had transferred internally without a renewed enhanced AccessNI check having been completed. There was discussion with the manager about the need for the provider organisation to be fully assured they have a robust system for criminal checks to be completed for staff. The manager took immediate action in response to ensure a renewed Access NI check was completed. 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.

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 the monitoring of professional registrations by the manager. Staff who spoke with the inspector confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's 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 day care setting's policies and procedures. There was evidence that the induction programme for all new staff included shadowing of a more experienced staff member. Written records were retained regarding the person's capability and competency in relation to their job role.

The agency maintained an electronic record of all staff training; however a review of this record, evidenced a number of staff training in Manual Handling had expired and some staff required to complete training in Basic Life Support, DoLS and Managing Behaviours that Challenge. This was discussed with the manager who provided confirmation following the inspection that staff have either completed these training modules or are booked on to the next available date. This will be followed up at a future inspection. Staff confirmed that they were provided with opportunities to complete training commensurate with their role.

All staff had been provided with training in relation to medicines management. Competency assessments were undertaken with staff to ensure that they were proficient in administration of medications and this is reviewed annually. The manager advised that there had been no medication errors which occurred since the last inspection. In the event of any error occurring in respect of medication administration, staff are required to undertake refresher training and a renewed competency assessment to ensure they are competent in assisting with this task.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

It was evident that staff received regular supervision and that there were procedures in place to appraise staff performance.

4.0 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns during business hours and out of hours.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns. The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of safeguarding records evidenced that these were managed appropriately. The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The agency's governance arrangements for the management of accidents/incidents were reviewed and confirmed that an effective incident/accident reporting policy and system was in place. A review of a sample of accident/incident records evidenced that these were managed appropriately.

It was positive to note that staff are required to record any safeguarding concerns and incidents/accidents in a centralised electronic record which enabled the tracking of any trends that may arise. As these were recorded together on one matrix, advice was given to the manager around colour coding the safeguarding concerns for ease of reference and to ensure that any protection plans implemented for the prevention and protection of harm of service users are highlighted alongside any follow up actions taken.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

4.2 Mental Capacity Act / Deprivation of Liberty Safeguards (DoLS) and Restrictive Practice

The Mental Capacity Act (Northern Ireland) 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff are required to complete DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. The service maintained a register of any service users subject to DoLS and reviewed this on a regular basis to ensure that any deprivations of liberty were proportionate, necessary and applied for no longer than is necessary in line with the MCA legislation. A review of one service user record with a DoLS in place evidenced that care records contained details of assessments completed and agreed outcomes as developed in conjunction with the relevant HSC Trust representative, however updated review documentation and associated care plan was required. The manager provided assurances that this would be followed up immediately with the relevant professional to ensure that all documentation pertaining to DoLS remains up to date. This will be reviewed at a future inspection.

There was a policy in place for the use of restrictive interventions and any restrictive practices applied such as alert mats and locked medication boxes were reviewed regularly alongside the support plan, care review and included multidisciplinary input for the safety and well-being of the individual.

4.3 Management of Care Records

Service users' needs were assessed when they were first referred to the agency 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.

From reviewing service users' care records, it was positive to note that service users had an input into devising their own plan of care. Care records were person centred and contained details about their likes and dislikes and the level of support they may require. They were regularly reviewed and updated to ensure they continued to meet the service users' needs. Service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur in keeping with the agency's policies and procedures. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care.

Staff recorded regular evaluations about the care and support provided on an electronic recording system. There was a system in place for recording the management of individual service users' monies in accordance with the guidance.

4.4 Management of Dysphagia and Recommendations for Eating, Drinking and Swallowing Documents (REDS)

A number of service users were assessed by Speech and Language Therapist (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. Staff were familiar with how food and fluids should be modified and were observed assisting service users who required assistance with feeding at a slow pace to ensure that the care received in the setting was safe

and effective. Staff also demonstrated a good knowledge of service users' wishes, preferences and assessed needs.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff implemented the specific recommendations of the SALT which were recorded within care plans along with associated SALT dietary requirements.

4.5 Care Delivery

The manager advised that there was a daily handover meeting at the beginning of each shift where staff communicate any changes in respect of the service users' care needs or support they may require. Regular staff meetings were arranged and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

There was evidence of a range of activities for service users to avail of as noted within the annual survey report including sensory activities, cookery, overnight trips away and flower arranging sessions. Service users who spoke with the inspector said that they really enjoyed their trips away with staff.

Staff interactions with service users were observed to be friendly and supportive and prompt in recognising service users' needs including those service users who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs and in responding to any signs that they required their assistance. It was also good to note that the agency had service users' meetings on a monthly basis which enabled the service users to discuss the provisions of their care. Minutes of these meetings were recorded in a suitable person centred format.

4.6 Managerial oversight and Governance

There has been no change in the management of the service since the last inspection. Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

There were monitoring arrangements in place and the agency 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 agency. The reports of these visits were completed in detail and carried forward actions for the agency to focus on between visits. Progress on actions identified was highlighted on subsequent reports.

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

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

5.0 Quality Improvement Plan/Areas for Improvement

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

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