Inspection Report

Name of Service: Orchard Grove Supported Living

Provider: Orchard Grove Residential Care Home LLP

Date of Inspection: 13 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:	Orchard Grove Residential Care Home LLP
Responsible Individual/Responsible Person:	Mr. Ian George Emerson
Registered Manager:	Mrs. Deirdre Burns
Service Profile – 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 13 October 2025, between 12.45 pm and 2.15 pm. It was carried out by a care Inspector.

The last care inspection of the agency was undertaken on 6 February 2025 by a care Inspector. No areas for improvement were identified. This 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 said that the care and support provided by agency was a good experience. Refer to Section 3.2 for more details.

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

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.

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 the agency.

All spoke very positively about the agency and the information provided indicated that there were no concerns about the agency.

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.

There was a process in place to ensure that recruitment was managed appropriately; this ensured that all pre-employment checks, including criminal record checks (AccessNI), are completed and verified before staff members commenced employment and have 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.

Records of all staff training were retained and were noted to be up to date. Staff confirmed that got sufficient training for their roles. Service user specific training such as Autism Training had also been provided to staff.

3.3.2 Care Delivery

Service users told us that they were supported to make their own choices about how they spent their day and that they could come and go as they pleased. They told us about a recent overnight trip to Belfast with staff and what meals they like to prepare. Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences. Staff interactions with service users were observed to be friendly and supportive.

It was 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, activities and shopping.

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, in line with the commissioning Trust's requirements.

3.3.3 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.

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

Service users care records were held confidentially.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. The manager was identified as the appointed ASC for the agency. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. There was a Safeguarding Resource file in place for staff to reference. The annual safeguarding position report had been completed.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Staff told us that they felt very supported by the manager.

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.

It was positive to note that there have been some recent environmental improvements within the agency.

The manager was aware what incidents needed to be reported to RQIA. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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

The Annual Quality Report was reviewed and was satisfactory.

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 manager, as part of the inspection process and can be found in the main body of the report.

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