



Unannounced Care Inspection Report 2, 3 and 5 September 2019



Orchard Lodge Care Home

Type of Service: Residential Care Home

Address: Desert Lane Close, Armagh BT61 8BF

Tel No: 02837526462

Inspectors: Bronagh Duggan, Joseph McRandle and Catherine Glover

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 19 residents with dementia .

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare Connolly	Registered Manager and date registered: Leanne Mc Gaffin 20/8/19
Person in charge at the time of inspection: Leanne Mc Gaffin	Number of registered places: 19
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 19

4.0 Inspection summary

An unannounced care inspection took place on 2 September 2019 from 09.30 hours to 18.00 hours. An unannounced finance inspection took place on 3 September 2019 from 11.00 hours to 15.00 hours, and an unannounced medicines management inspection took place on 5 September from 10.30 hours to 14.00 hours.

This inspection was undertaken by the care inspector, finance and pharmacy inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, staff recruitment, induction, training, care reviews, the culture and ethos of the home, maintaining good working relationships and the management of residents' monies and valuables and the general financial arrangements.

With regard to medicines management, evidence of good practice was found in relation to the standard of maintenance of the personal medication records, the management of medicines on admission and the management of pain. There were no areas for improvement identified.

Areas requiring improvement were identified in relation to infection prevention and control procedures within the home environment.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, people who visit them and staff during the inspection are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, and enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Leanne Mc Gaffin, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 15 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 15 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including pharmacy and finance, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Four completed questionnaires were returned within the identified timescale. Comments received were shared via telephone with the deputy manager following the inspection.

During the inspection a sample of records was examined which included:

- staff duty rotas from 25 August 2019 to 8 September 2019
- staff training schedule and training records
- two staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records

- a sample of governance audits/records
- accident/incident records from January 2019 to August 2019
- a sample of reports of visits by the registered provider from May to August 2019
- RQIA registration certificate
- two residents' finance files including copies of written agreements
- a sample of various financial records, including residents' personal allowance and valuables, fees charged to residents, payments to the hairdresser and podiatrist and purchases undertaken on behalf of residents
- a sample of records of monies deposited on behalf of residents, records of the safe contents and reconciliations of residents monies and valuables
- a sample of records from the residents' comfort fund and statements from residents' bank account
- a sample of records of residents' monies received from the Health and Social Care Trust
- a sample of records of residents' personal property

The following records/areas were reviewed during the medicines management inspection:

- personal medication records, medicine administration records, medicines requested, received and transferred/disposed
- management of medicines on admission and medication changes
- management of controlled drugs and care planning in relation to pain
- medicine management audits
- storage of medicines
- stock control

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 15 January 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.10 Stated: First time	The registered person shall ensure the completion of an audit regarding furnishings in the home; any identified actions should be followed through as necessary.	Met

	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the home confirmed an audit had been completed and actioned to ensure a number of environmental improvements including – flooring, décor and furnishings. The registered manager confirmed environmental improvements would be ongoing within the home.</p>	
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6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

On arrival we observed the home was comfortably heated and welcoming. The majority of residents were up, washed and dressed while others were being assisted by staff with personal care. Residents appeared well cared for and were appropriately dressed with obvious time and attention given to personal care needs. A number of residents sat within the lounge area while others moved freely around the home and some were relaxing in their bedrooms watching television.

The registered manager, who was on duty throughout the inspection, explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated. The staff duty roster was reviewed; it accurately reflected the number and names of staff on duty over the 24 hour period and capacity in which they worked.

Competency and capability assessments were in place for staff in charge of the home when the registered manager was not present. A sample of one competency and capability assessment was reviewed and found to be satisfactory.

We were assured by staff and management that there was enough staff on duty to provide safe care and should additional staff be required staff would generally work additional hours.

The registered manager explained the system and process in place for the recruitment and selection of staff. Two recruitment records were viewed, these showed that relevant checks including for example references and Access NI checks were completed for candidates prior to commencing work in the home. The need to ensure there is adequate information received and recorded regarding employment gaps and reasons for leaving in recruitment records was discussed with the registered manager.

The registered manager explained that all care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registrations were monitored on a monthly basis. Records available in the home confirmed this

We reviewed the completed induction records for two staff. The registered manager advised all staff complete a period of induction when they commence work in the home relevant to their job specification. In addition all staff complete mandatory training and any other training relevant to meet the needs of the residents. Staff spoken with confirmed they received good support from the manager and senior staff through the provision of staff meetings, supervision and annual appraisals.

We reviewed staff training records; these evidenced that mandatory training was being provided for staff alongside additional training including, for example, fluids and nutrition, and dementia awareness.

The registered manager outlined the adult safeguarding champion arrangements for the home, including appointed persons arrangements, and advised that any incidents of potential abuse were recorded and reported to relevant bodies which were then handled appropriately. The adult safeguarding position report for 2018 will be reviewed at the next care inspection. Staff training in adult safeguarding was included within mandatory training records and staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse.

Accident and incident records retained in the home were cross referenced with those notified to RQIA which evidenced compliance with regulations and minimum standards. The measures in place to minimise the risk of falls within the home included for example: falls risk assessments, referral to trust occupational therapist, provision of various aids and equipment to aid mobility. Accidents and incidents analysis were completed on a monthly basis to help identify any patterns or trends. The registered manager advised the information was reviewed on an ongoing basis and actioned accordingly. Care reviews were undertaken at regular intervals. Two care records reviewed contained risk assessments and care plans with recorded measures in place to minimise the risk of falls.

An inspection of the home was undertaken. Residents' bedrooms were personalised to reflect the individual likes and interests of residents. The registered manager advised there was an ongoing refurbishment project in the home. There was evidence during the inspection including improvements to one of the main sitting room areas which was found to be warm, bright and welcoming. In addition there had been new flooring laid in the reception area of the home and new furnishings. New furnishings had also been added throughout the home. These works demonstrated a notable improvement across the home environment.

All areas within the home were observed to be comfortably heated. We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents. Discussions with staff confirmed they were aware of best practice on how to reduce or minimise the risk of infection. However it was noted that there were some areas within the environment that required improvement with regards to infection prevention and control; these included for example the cleanliness of equipment including shower chairs, skirting's, and floorings in identified bathrooms and ensembles. An area for improvement was identified.

The registered manager described the range of professional staff who visit the home to assess and monitor the health and social care needs of residents referred to them. Visiting professionals included, for example, general practitioner, social worker, speech and language therapist and podiatrist. Records of visits were reflected within care records reviewed.

Management of medicines

Good systems for the following areas of the management of medicines were observed: medicine records, the management of the medicines on admission, controlled drugs and care planning in relation to pain.

The audits completed at the inspection indicated that medicines had been administered as prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, and improvements in the home’s environment.

Areas of good practice were identified in relation to the standard of maintenance of the personal medication records, the management of medicines on admission and the management of pain.

Areas for improvement

One area for improvement was identified in relation to infection prevention and control practices.

	Regulations	Standards
Total numb of areas for improvement	1	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We could see that the residents were getting the right care and that the staff responded to residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

We reviewed three care records. There was evidence within care records reviewed that risk assessments were completed and reviewed on a regular basis. Risk assessments and associated care plans had been completed in relation to falls, for example, and smoking when needed. The sample of care records reviewed contained information that reflected residents’ personal preferences including preferred rising and retiring times. Records showed residents’ weights were monitored regularly.

Regarding the dining experience we could see that the dining room was warm, clean and bright. There was a menu on displayed in print format on the door of the dining room; in addition the manager shared residents were shown pictures of the daily menu food choices prior to each mealtime. The benefit of visually displaying the daily menu choice for residents was discussed. The lunchtime experience was discretely observed; we could see that the portion sizes were good and there was a variety of cold drinks available. The lunch service was relaxed but well organised. The residents said that they enjoyed the food in the home. Drinks and snacks were

observed as being served during the day. Residents spoken with confirmed they were happy with the food provided.

Comments from residents included:

- “The food is terrific.”
- “The food is good.”

The doors to the home were locked using a keypad system; records in the home showed restrictive practices including the locked doors and use of alarm mats, were reflected in residents’ care records.

There was good evidence of effective team work staff confirmed they were kept up to date with any changes and they said there was good team work within the home. Staff demonstrated good knowledge of residents care needs and confirmed that all residents’ care needs were being met. Staff advised they were kept up to date regarding any changes during handovers at the beginning of each shift.

The registered manager explained review of residents’ progress was ongoing and there were regular updates provided to staff from visiting professionals, including occupational therapists and district nurses.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and reviews and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents interacting easily with staff. Residents appeared relaxed, content and confident with staff. Staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

Throughout the inspection staff interactions with residents were observed to be compassionate with knowledge of residents’ preferences and assessed needs. There was a pleasant happy atmosphere within the home, with residents conversing with staff and each other in a relaxed manner.

Residents spoke openly with us; they appeared relaxed and content. Staff were observed to respond promptly to their requests for assistance.

This was evidenced from observations of staff interactions with residents and responses from residents about the care received that they felt comfortable and relaxed in the home. Residents were observed laughing and interacting positively with staff.

Residents’ preferences and interests were reflected within care records and staff demonstrated good awareness and understanding of residents likes and dislikes. Care records reviewed outlined residents preferred activities and daily routines. Staff said that these were flexible and that resident choice was always a priority.

Staff described how they aim to promote residents independence; for example by way of encouragement; to help residents maintain their independence as best as possible. Residents had access to an enclosed garden which was nicely decorated with outdoor furniture and floral arrangements made by residents. In addition there was a designated ornamental area to remember past residents of the home.

Comments from residents, one visitor and staff included:

- “It’s a lovely place here, they are very good. No complaints, I am happy enough.” (resident)
- “It’s dead on, I have whatever I need, there is a buzzer there too if you need it.” (resident)
- “They are all very nice here (staff) it’s very good – everything.” (resident)
- “We are well cared for the staff are very kind.” (resident)
- “I like it here, can’t complain.” (resident)
- “I find the home very good, it is always clean, staff are pleasant and helpful, residents are well cared for. We visit (regularly) and are always made feel welcome. (visitor)
- “It feels like a family run home, everybody puts their heart and soul into it. It’s great.” (staff)

Activities such as arts, crafts, spiritual and musical events, were available for residents. The registered manager advised during the inspection activities provision was currently under review with plans to improve activities available in the home. Activities provision shall be followed up at a future inspection.

Four completed questionnaires were returned from representatives within the identified time scales. Responses received from questionnaires were shared with the deputy manager following the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, and listening to and valuing residents and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of residents allowed to be accommodated in the home. Discussion with the registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

The registered manager explained that she is supported in her role by a deputy manager, senior carers, carers and ancillary team of staff and that the assessed needs of residents were met in accordance with the home's statement of purpose, legislation and best practice guidance. Staff confirmed that the home's managers were 'very approachable'.

The registered manager remained on duty throughout the inspection. Staff we spoke with demonstrated good understanding of their roles and responsibilities.

The home retains a wide range of policies and procedures in place to guide and inform staff. Review of accident and incident records showed that these were recorded and reported onwards to relevant bodies as necessary.

The registered manager explained that a selection of audits was completed regularly including reviewing accidents and incidents, medications, mealtimes, and equipment checks. Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider's representative. Review of reports for May to August 2019 confirmed compliance with Regulation 29 of The Residential Care homes Regulations (Northern Ireland) 2005 and minimum care standards. The reports included action plans to address areas for improvement and were followed up on a monthly basis.

The home had a complaints policy and procedure in place. A copy was displayed in a central part of the home. Review of complaints records showed the outcome of the investigation and the complainant's level of satisfaction.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Staff spoken with were aware of the home's whistleblowing procedure.

Management of residents' monies

A finance inspection was conducted on 3 September 2019. Financial systems in place at the home were reviewed and found to be satisfactory. These included the system for recording transactions undertaken on behalf of residents, the system for recording the reconciliations of residents' monies and valuables, the recording of fees charged to residents, recording residents' personal property brought into the home following admission and the system for recording payments to the hairdresser and podiatrist.

A review of a sample of purchases undertaken on behalf of residents showed that in line with the Residential Care Homes Minimum Standards (2011), the details of the purchases were recorded, two signatures were recorded against each entry in the residents' transaction sheets and receipts were available from each of the purchases.

A review of two residents' files evidenced that copies of signed written agreements were retained within both files. The agreements in place showed the current weekly fee paid by, or on behalf of, the residents and a list of the services provided to residents as part of their weekly fee. The agreements also included a list of items members of staff were authorised to purchase on behalf of residents e.g. toiletries and the additional services authorised to be paid on behalf of residents e.g. hairdressing.

Discussion with staff confirmed that a bank account was operated at the home for the retention of monies belonging to a number of residents. A review of a sample of bank statements confirmed that the name of the bank account did not indicate that the monies held in the account belonged to residents. Discussions also confirmed that the bank account was also used in connection with the carrying on or management of the home. It was noticed, however, that in line with good practice the residents' monies were transferred out of the business bank account within four weeks of being paid into the account.

A review of a sample of property records for two residents evidenced that the records had been updated with items belonging to the residents following admission to the home. There was evidence that the records had been reconciled and signed by two members of staff at least quarterly as in line with good practice.

No areas for improvement were identified as part of the finance inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships. Maintaining up to date records of the reconciliations of residents' monies, providing residents with up to date written agreements, informing residents and their representatives in advance of any increase in fees, recording of transactions undertaken on behalf of residents, the retention of receipts from these transactions, issuing receipts to individuals depositing monies on behalf of residents, updating the records of residents' personal property and the hairdresser and podiatrist signing records along with a member of staff to confirm that the treatments took place.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Leanne Mc Gaffin, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13. (7)</p> <p>Stated: First time</p> <p>To be completed by: 4 September 2019</p>	<p>The registered person shall ensure appropriate infection prevention and control procedures are in place to reduce or minimise the risk of infection in the home. Reference is made to ensuring appropriate checks on equipment and the environment including, for example, regular bathroom and ensuite checks as well as all other areas of the home.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff have attended COSHH training and elearning on infection prevention and control. All areas of the home where deep cleaned and an ongoing daily programme to ensure all areas are maintained. New shower chairs are being introduced on a weekly basis to replace existing ones. Infection control audit completed monthly by manager/deputy manager which has a specific entry for bathroom and ensuite. Cleaning records audited and signed on daily basis by housekeeper. All soap dispensers which were not in use now removed and only one in place in each ensuite.</p>

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



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