



The Regulation and  
Quality Improvement  
Authority

# Announced Variation to Registration and Follow up Care Inspection Report 11 May 2018



## Orchard Lodge Care Home

**Type of Service: Residential Care Home**  
**Address: Desart Lane South, Armagh, BT61 8AR**  
**Tel No: 028 375 26462**  
**Inspector: Bronagh Duggan**

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 15 beds that provides care for residents living with dementia.

### 3.0 Service details

<b>Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual(s):</b> Gavin O'Hare-Connolly	<b>Registered Manager:</b> Norma McAllister
<b>Person in charge at the time of inspection:</b> Norma McAllister	<b>Date manager registered:</b> 8 February 2018
<b>Categories of care:</b> DE – Dementia	<b>Number of registered places:</b> 15

### 4.0 Inspection summary

An announced variation to registration inspection of Orchard Lodge Care Home took place on 11 May 2018 from 9:45 to 14:45.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection sought to assess an application submitted to RQIA for a variation to the registration of Orchard Lodge Care Home (formerly Ard Mhacha residential home) for an increase in residential places from 15 to 19.

In addition RQIA received information from an anonymous source, raising concerns in relation to the management and governance arrangements within Runwood Homes which included staff recruitment and selection processes, registration of staff with their professional body and that two of the registered homes were being used to conduct business in respect to another service.

Relevant information was examined in addition to the variation to registration information to provide assurance in relation to the management and governance arrangements within Runwood Homes and the safety and wellbeing of patients in Orchard Lodge Care Home.

The variation to registration to Orchard Lodge Care Home was granted from a care perspective following this inspection therefore increasing residential beds from 15 to 19.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

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

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 8 February 2018

The most recent inspection was a pre-registration inspection for the residential care home. No further actions were required to be taken following the most recent inspection on 8 February 2018.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the variation to registration application and other relevant information forwarded to RQIA. During the inspection the inspector met with the registered manager, eight residents, and five staff.

The following records were examined during the inspection:

- staff duty rota
- four reports of monthly quality monitoring visits by the registered provider
- four staff recruitment files
- staff registration with professional bodies NISCC
- fire safety risk assessment
- fire safety checks
- fire drill records
- sample of policies and procedures

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 most recent inspection dated 8 February 2018

The most recent inspection of the home was an announced pre-registration care inspection. No areas for improvement were identified.

### 6.2 Review of areas for improvement from the last care inspection dated 8 February 2018

This inspection focused on the variation to registration application made by the registered provider to RQIA and information from an anonymous source, raising concerns in relation to the management and governance arrangements within Runwood Homes. There were no areas for improvement identified during the last inspection on 8 February 2018.

## 6.3 Inspection findings

### 6.3.1 Staffing

There are senior care assistants (CTM) who take charge of each shift within the residential care home. During each shift the care staff are dedicated to the residential home only. Shared with the nursing home are the roles of registered manager, administration, and catering staff. There are separate domestic arrangements for the residential care home. The registered manager advised the staffing numbers would be kept under continual review in accordance with resident numbers and dependencies.

### 6.3.2 Safeguarding

The home had an adult safeguarding policy and procedure in place which was consistent with current regional guidance and included definitions of abuse, types of abuse, onward referral information, contact information and documentation to be completed. A safeguarding champion is in place.

### 6.3.3 Infection prevention and control

The homes infection prevention and control policy and procedure was in keeping with regional guidance. Inspection of the premises confirmed that there were adequate supplies of liquid soap, hand gels and paper towels wherever care was delivered.

### 6.3.4 Environment

Inspection of the internal facilities proposed for the residential care home found these to be clean and tidy. Bedrooms were furnished and decorated to a satisfactory standard. The registered manager outlined the plan and time frame for the move from the 15 bedded facility to the 19 bedded facility. The registered manager confirmed that a full terminal clean would be completed in all areas prior to the move.

### **6.3.5 Fire Safety**

The home had an up to date fire risk assessment in place dated 4 April 2018 no recommendations were made. Records were maintained of fire safety checks on an up to date basis. The most recent fire drill was completed in February 2018.

### **Other areas reviewed**

#### **6.3.6 Use of premises by unregulated service**

The registered manager advised that the premises were not used to conduct business in respect to another service. They were not unaware of the establishment being used to take bookings, meet clients/potential clients or undertake medical assessments.

#### **6.3.7 Governance and management arrangements**

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

The registered manager outlined the management arrangements and governance systems in place within the home. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager confirmed that they felt supported in their role by senior management and if any issues were raised by managers these would be listened to and addressed.

#### **6.3.8 Visits by registered provider**

The registered manager confirmed that visits by the registered provider was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005; reports were produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which included timescales and person responsible for completing the action.

Review of the last four reports dated 17.1.18, 27.2.18, 29.3.18 and 10.4.18 evidenced that:

- the reports contained the date of visit; completed by whom, the time commenced and the time concluded
- residents were spoken with as part of the visit
- staff were interviewed as part of the visit
- where areas for improvement were identified; an action was developed to address the issues
- areas for improvement previously identified are being addressed
- there is a system in place to escalate areas for concern up through the governance structures within Runwood Homes

The need to ensure the number of residents residing in the home are accurately recorded was discussed with the registered manager. It was noted from one report resident numbers were not correct. Review of information showed changes were being made to the registration status of the home at this time which appeared to have an impact.

### 6.3.9 Recruitment and selection of staff

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of four staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

### 6.3.10 Registration of staff with their professional bodies

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

#### Areas of good practice

Areas of good practice were identified in relation to infection prevention and control procedures, the homes environment, recruitment and selection, and monitoring registration status with professional bodies.

#### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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