

Inspection Report

12 May 2022



Orchard Lodge Care Home

Type of service: Residential (RC)

Address: Desert Lane Close, Armagh, BT61 8BF

Telephone number: 028 3752 6462

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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|---|---|
| Organisation/Registered Provider: Kathryn Homes Limited Responsible Individual: Mr Stuart Johnstone | Registered Manager: Ms Jennifer Willis – Not registered |
| Person in charge at the time of inspection: Miss Amrita Passi – Clinical Lead | Number of registered places: 19 |
| Categories of care: Residential Care (RC) DE – Dementia | Number of residents accommodated in the residential care home on the day of this inspection: 19 |
| Brief description of the accommodation/how the service operates: <p>This home is a registered Residential Care Home which provides health and social care for up to 19 residents living with dementia. Residents' bedrooms, communal lounge and dining room are located on the ground floor. Residents have access to an enclosed garden.</p> <p>There is a Nursing Home under the same roof which occupies part of the ground floor and the first floor of the building.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 12 May 2022 from 9.50 am to 5.30 pm. The inspection was carried out by a care inspector.

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

Residents said that living in the home was a good experience. It was observed that residents were relaxed and comfortable in their surroundings and in their interactions with staff.

Staff treated the residents with respect and kindness and were seen to provide care in a compassionate manner.

Areas requiring improvement were identified regarding ensuring that effective cleaning is maintained to all areas and that repairs/redcoration are carried out to identified areas, ensuring store rooms are not accessible and ensuring residents are provided with regular nail care.

Addressing the areas for improvement will further enhance the quality of care and services in Orchard Lodge Care Home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Leanne McGaffin, Regional Operations Director.

4.0 What people told us about the service

Residents told us that they felt well looked after, there were enough staff to help them and that staff were kind and helpful. Comments made by residents included "it is lovely here", "the staff are just great", "there is plenty of help if you need it", "they are so nice here" and "the food is nice and lots of choice available". .

Staff told us that staffing levels were generally satisfactory and had improved since the last inspection. Staff also said that they felt well supported, teamwork and morale were good and that they had confidence that any concerns they had would be listened to and sorted out if possible.

A record of compliments and thank you cards received about the home was kept and shared with the staff team, this is good practice.

Two residents completed questionnaires; they indicated that they were satisfied/very satisfied that the care provided is safe, effective, compassionate and well led. One response was received to the on-line staff questionnaire; the respondent indicated that they were very satisfied across all domains and commented that “we have a great team here and the residents always come first”.

Comments made by residents and staff were brought to the attention of the management team for information and action if required.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 21 September 2021 | | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 20 (1) (a) Stated: First time | The registered person shall ensure that at all times there are sufficient numbers of staff on duty to meet the health and welfare needs of the residents. | Met |
| | Action taken as confirmed during the inspection: Review of the duty rotas, observations of the daily routine and discussion with staff confirmed that this area for improvement has been met. | |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 12.5 Stated: First time | The registered person shall ensure all residents drinks preferences are catered for. | Met |
| | Action taken as confirmed during the inspection: Observations of meal and snack times and discussions with residents and staff confirmed that this area for improvement has been met. | |
| Area for improvement 2 Ref: Standard 27 Stated: First time | The registered person shall ensure repairs are made to the ceilings in the identified shower room and reception area of the home. | Met |

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| | <p>Action taken as confirmed during the inspection: Observations of the environment confirmed that this area for improvement has been met.</p> | |
| <p>Area for improvement 3 Ref: Standard 20.10 Stated: First time</p> | <p>The registered person shall ensure regular audits are completed and maintained on an up to date basis in keeping with the homes policies and procedures. Actions should be taken as necessary.</p> | <p>Partially Met</p> |
| | <p>Action taken as confirmed during the inspection: Review of audits completed evidenced that no recent hand hygiene audits had been completed and Infection Prevention Control (IPC) audits were not consistently completed. This area for improvement has therefore only been partially met and is stated for the second time.</p> | |
| <p>Area for improvement 4 Ref: Standard 17.10 Stated: First time</p> | <p>The registered person shall ensure the system for complaints recording is reviewed so it includes all relevant information and this information should be easily accessible for the residential care home.</p> | <p>Met</p> |
| | <p>Action taken as confirmed during the inspection: There was a system in place to ensure that, in the event of a complaint, the relevant information would be recorded. This information was easily accessible.</p> | |
| <p>Area for improvement 5 Ref: Standard 20.11 Stated: First time</p> | <p>The registered person shall ensure any actions taken following the completion of monthly monitoring reports are clearly reflected to ensure the organisation is being managed in accordance with minimum standards</p> | <p>Met</p> |
| | <p>Action taken as confirmed during the inspection: The action plans on the monthly monitoring reports are signed to confirm when required actions have been completed.</p> | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The clinical lead said that resident dependencies were reviewed at least monthly to determine required staffing levels and that bank or agency staff were used as required to ensure that shifts were covered.

Staff said that they were generally satisfied with staffing levels and that efforts were made to cover unavoidable events such as short notice sick leave. It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way.

There was system in place to monitor that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) and to remind staff when their registration was due.

There were systems in place to ensure staff were trained and supported to do their job. Staff received mandatory training in a range of relevant topics such as, dementia awareness, fire awareness and adult safeguarding.

It was established that all staff who took charge in the home in the absence of the manager had completed a competency and capability assessment.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way. Staff were seen to respond to requests for assistance promptly in a kind and caring manner.

Residents said there were enough staff to help them and confirmed that they felt well looked after.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff demonstrated their knowledge of individual residents' needs, preferred daily routines, likes and dislikes. Staff knew, for example, which residents preferred to eat in the lounge, who liked to go out into the garden and when family members were due to visit.

Staff were observed to be prompt in recognising residents' differing needs. Staff were seen to offer appropriate comfort and reassurance to a resident who was upset. Another resident was seen to need very regular support from staff in order to help manage a challenging behaviour. Staff were extremely responsive to this resident; they attended to the resident in a calm and reassuring manner and ensured the resident was provided with the care and attention required.

Staff were observed to communicate effectively with the residents and with each other. Staff were respectful, understanding and sensitive to residents' needs. They knocked on doors before entering bedrooms and bathrooms and offered residents discreet assistance with their personal care needs.

Where a resident was at risk of falling relevant risk assessments and care plans were in place and there was evidence that these were updated in the event of a fall. Review of records indicated that staff take appropriate action following a fall, including seeking medical advice and completing a falls observation chart. On one occasion it was noted that staff had also partially completed a neurological observation chart but discussion with staff confirmed that they had not received relevant training in this area.

Review of the falls pathway in place evidenced that it was slightly ambiguous as it detailed the actions to take in both the nursing home and the residential home. Following the inspection the manager confirmed that the falls pathway in place has been revised in order to refer specifically to the actions to take in the residential home if a resident has a fall. Dates have been organised for all staff to receive a supervision session to ensure they are fully aware of the falls pathway and are clear about their responsibilities in this area.

Some residents may be required to use equipment that can be considered to be restrictive, for example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals from simple encouragement through to full assistance from staff. Residents were observed to need very little assistance but staff offered encouragement where required. The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried.

A menu was on display detailing the day's choices. The food looked and smelled appetising and was served in appropriate portion sizes. Staff were seen to have an effective system in place when serving lunch to ensure that residents received their meal promptly. The majority of residents had opted to eat in the dining room but a few preferred to eat in their bedroom or the lounge.

Staff told us how they were made aware of residents' nutritional needs in order to ensure they were provided with the right consistency of diet. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain and referrals were made to the Speech and Language Therapist (SALT) or Dietician when necessary. If required, records were kept of what residents had to eat and drink daily.

Residents were offered a varied selection of drinks throughout the day and also at lunchtime. Residents said that they were satisfied with the selection of drinks available. Residents also said they enjoyed the food on offer in the home. After lunch residents said that "lunch was delicious" and "lunch was very nice".

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Residents' current care records were held confidentially.

Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. Residents' individual likes and preferences were reflected throughout the records, for example, preference for assistance from female staff, preferred activities and food likes and dislikes.

Care records were regularly signed off as having been reviewed and updated to ensure they continued to meet the residents' needs. It was observed that in charts used to record the frequency and management of challenging behaviours the 'consequence' section was not always consistently completed. This was brought to the attention of staff for information and appropriate action.

Informative daily records were kept of how each resident spent their day and the care and support provided by staff.

A district nurse, who was in the home delivering nursing care to one of the residents, told us that she found staff to be very responsive in implementing any recommended changes to residents' care needs. The district nurse also said that staff contacted the service in a timely manner if their input was needed for residents.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be warm, tidy and fresh smelling. Residents' bedrooms were personalised with items that were important to them, such as, family photographs, ornaments and cushions. Bedrooms and communal areas were attractively decorated, suitably furnished, comfortable and welcoming spaces for residents to spend time in. Fire exits and corridors were observed to be clear of clutter and obstruction.

However, it was identified that more effective cleaning was required to fixtures in some of the en-suite bathrooms. The kitchen within the unit also required more effective cleaning. Repairs or replacement were required to a sideboard in the dining room and the flooring in an identified en-suite bathroom. A communal toilet needed to be redecorated. An area for improvement was identified.

A store cupboard which contained archived residents' records and the store within which the water heater was located were both unlocked and potentially accessible by residents. An area for improvement was identified.

There was evidence that effective systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. The Care Team Lead (CTL) said that staff use of PPE and hand hygiene was regularly monitored and any deficits in this area were managed at the time.

Residents did not express any concerns about the environment and said that they were satisfied that the home was kept clean and tidy.

5.2.4 Quality of Life for Patients

Discussion with residents confirmed that they were able to choose how they spent their day. Staff were seen to offer residents choices regarding, for example, if they wanted to take part in planned activities, where they wanted to eat their meals and what music they wanted to listen to in the lounge. It was obvious that staff knew the residents well, lots of pleasant interactions and conversations were observed. The atmosphere in the home was warm, welcoming and friendly.

It was positive to note that two activity leads had been recruited since the last inspection was carried out. The activity leads said they had only recently commenced work and want to get know the residents better and have more information about their preferred hobbies and interests before they put a formal activity schedule in place.

During the inspection it was observed that the activity leads spent time with the residents and helped them to take part in the activities provided or assisted them to spend time doing their own preferred thing, for example, watching TV in their bedroom or spending time in the garden.

As a group the residents were offered the opportunity to take part in various activities, for example, a putting game and a game of catch using balloons to help maintain their mobility and motor skills. It was very much up to the residents whether they joined in or not and staff were seen to be respectful of their choices.

Staff said residents enjoyed watching movies and listening to music. There was music, chosen by the residents, playing in the lounge and lots of the residents were enjoying singing along. A hairdresser and a barber came into the home on a regular basis.

All of the residents looked well presented in clean clothes but it was observed that some of the female residents needed assistance to have chipped nail polish removed. One resident also required more attention to their general nail care. Discussion with staff and review of care records evidenced that this aspect of the resident's care was planned for but issues experienced in providing the planned care were not always recorded. An area for improvement was identified.

A record of residents' meetings was recorded; these meetings provide residents with an opportunity to comment on aspects of the running of the home and to make suggestions about any improvements or additional services they would like to be considered.

Staff recognised the importance of maintaining good communication with families. Visiting and care partner arrangements were in place and staff said that residents were enjoying trips out of the home again with their relatives.

Residents said that they were satisfied there was enough to do. One resident said "I love the games" and another said "the music is great".

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Ms Jennifer Willis has been the manager in this home since 4 January 2022 and is in the process of submitting an application to RQIA to be registered as the manager of Orchard Lodge Care Home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. However, review of audits completed evidenced that no recent hand hygiene audits have been completed and IPC audits were not consistently completed. This area for improvement is stated for the second time.

It was established that there was a system in place to notify resident's next of kin and keyworker of accidents and incidents. RQIA had not been appropriately notified of two incidents, although, review of more recent accidents and incidents evidenced that notifications were now consistently being submitted appropriately. Retrospective notifications were requested and submitted to RQIA following the inspection.

There was a system in place to manage complaints. The clinical lead told us that complaints were seen as an opportunity to for the team to learn and improve.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional operations director was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said that the manager was very approachable and made efforts to ensure any concerns or issues were sorted out. It was positive to note that staff meetings were held on a regular basis.

Residents said that they knew how to report any concerns and that they were confident that staff would help them sort things out.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were available for review.

6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2021).

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 1 | 3* |

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Leanne McGaffin, Regional Operations Director, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
|---|---|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 27 (2) (b)(d) Stated: First time To be completed by: With immediate effect | <p>The registered person shall ensure that the home is kept in a clean and hygienic condition at all times and that there is a plan in place to ensure identified repairs and redecoration are completed in a timely manner.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: A deep clean of the Home has been completed. Cleaning rotas have been reviewed and implemented for all areas of the Home. The rotas are to be checked and signed by the Home Manager weekly. All repairs and redocoration have been recorded by Maintenance personnel and are in progress.</p> |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021) | |
| Area for improvement 1 Ref: Standard 20.10 Stated: Second time To be completed by: | <p>The registered person shall ensure regular audits are completed and maintained on an up to date basis in keeping with the homes policies and procedures. Actions should be taken as necessary.</p> <p>Ref: 5.1 & 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: All audits have now been completed. An audit tracker and guidance has been implemented and is now in place. Completion of audits is checked during Reg.29 visits.</p> |
| Area for improvement 2 Ref: Standard 28 Stated: First time | <p>The registered person shall ensure that store rooms which contain confidential records or equipment are kept locked and are accessible only by relevant members of staff.</p> <p>Ref: 5.2.3</p> |

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| <p>To be completed by: With immediate effect</p> | <p>Response by registered person detailing the actions taken: In line with the Groups GDPR Policy & Procedure, the store rooms identified during inspection are now secured and locked. One room required a new lock fitted and this has been completed. Care Team Leaders (CTLs) hold the keys to the rooms to ensure close monitoring and security.</p> |
| <p>Area for improvement 3 Ref: Standard 8.2 Stated: First time To be completed by: With immediate effect</p> | <p>The registered person shall ensure that nail care is provided when required and that a record is kept of this aspect of care including if the resident declines offers of assistance with nail care. Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: The home has implemented a “Toe Nail Tuesday” initiative and every residents nail care and associated skin integrity is checked, attended to and actions required taken and recorded. Residents nails are checked during personal care and this is recorded in personal care records and diabetic residents will be red flagged</p> |

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