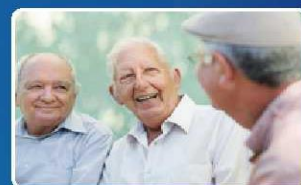




Unannounced Care Inspection Report 19 September 2018



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

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 19 beds that provides care for residents living with dementia. The home shares the same complex as Orchard Lodge nursing home.

3.0 Service details

Registered Provider: Runwood Homes Ltd Responsible Individual(s): Gavin O'Hare-Connolly	Registered Manager: Leanne McGaffin (acting manager)
Registered Manager: Leanne McGaffin	Date manager registered: August 2018 (acting)
Categories of care: DE – Dementia	Number of registered places: 19

4.0 Inspection summary

An unannounced care inspection took place on 19 September 2018 from 10.00 to 17.30.

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

This inspection was the first care inspection to the home following registration as a residential care home in February 2018. The inspection sought 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 staff recruitment, induction, training, infection prevention and control, the home's environment care records, communication between residents, staff and other interested parties the culture and ethos of the home, management of incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff appraisal and supervision.

Residents made positive comments about their life in the home and the care from staff.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Leanne McGaffin, acting 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 variation to registration inspection

No further actions were required to be taken following the most recent inspection on 11 May 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 previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, six residents, four staff, and one visiting professional.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Seven questionnaires were returned by residents within the agreed timescale.

A lay assessor was present during the inspection to speak with residents regarding their experiences of living in the home. Comments received are included within this report.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal information
- Staff competency and capability assessments
- Staff training schedule and training records
- Two staff files
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls), catering, NISCC registration
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings/ representatives' meetings
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- 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 31 May 2018

The most recent inspection of the home was an unannounced medicines management inspection.

6.2 Review of areas for improvement from the last inspection dated 31 May 2018

There were no areas for improvements made as a result of the last inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. The manager advised temporary/agency staff were used in the home on occasions. The manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota showed it did not reflect the staff member who was in charge of the residential care home this was rectified by the manager during the inspection to accurately reflect the staff working within the home. The manager advised this was due to a short notice absence.

A review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training was regularly provided. Review of appraisal information available showed there were omissions with regards to the completion of appraisals with care team managers (CTM) this was discussed with the manager and identified as an area for improvement to comply with the standards. In addition staff supervision information available showed omissions with regards to the completion of staff supervisions. This was identified as an area for improvement to comply with the standards. The benefit of developing a supervision and appraisal schedule for staff was discussed with the manager.

Discussion with the manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any

period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

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

The 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.

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

The adult safeguarding policy in place was consistent with the current regional policy and procedures. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, review of accident and incidents notifications and care records confirmed that any suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The manager advised there were restrictive practices within the home, notably the use of keypad entry systems and pressure alarm mats. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures. Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The manager advised on recent improvements to the home including a life café which was created for residents and their representatives to use and also an additional activities room has been made available for residents. In addition the manager stated residents were encouraged to get involved in the garden over the summer months for example by potting and tending to plants.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety.

The home had an up to date Legionella risk assessment in place dated 1 May 2018. The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 6 April 2018 no recommendations were made.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated; any learning outcomes should also be recorded. Fire safety records identified that fire-fighting equipment, fire alarm systems and emergency lighting were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Seven completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, infection prevention and control, risk management and the home's environment.

Areas for improvement

Two areas for improvement were identified during the inspection these related to the regular appraisal and supervision of staff.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR). A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example some residents may prefer to spend time in their rooms during the day, and this is respected.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. The manager advised the home was involved in a trust based initiative which focuses on nutritional needs of identified residents in care homes. The manager advised this allows for close working with dietitians to ensure regular monitoring and review of identified residents. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to any changes in resident's skin condition through report arrangements in the home.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls), NISCC registration information, and catering were

available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

One visiting professional spoken with during the inspection made the following comments:

- "It is very good here, I have had no complaints. Family members during recent reviews went out of their way to compliment the home and the staff."

Seven completed questionnaires were returned to RQIA from residents. Six Respondents described their level of satisfaction with this aspect of care as very satisfied and one as satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

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 care compassionate?

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

The manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated

that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and explained how confidentiality was protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home for example there was weekly church services and visits to the home by local lay pastoral groups.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example menus were available in a pictorial format.

Discussion with staff, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' and representatives meetings and visits by the registered provider.

The manager confirmed residents were consulted with, at least annually, about the quality of care and environment during the inspection questionnaires which had been completed by residents in August 2018 were made available. The manager confirmed the findings from these would be collated into a summary report and actioned accordingly. The need to formally gather the views of representatives on an annual basis was discussed with the manager.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example arts, crafts, musical events, bowls, residents were also encouraged to utilise the life café with their relatives and friends. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example the manager stated that residents in the home had been involved in an intergenerational project which included meeting with children from a local school.

Residents spoken with during the inspection made the following comments:

- "I am very happy here, everyone is very good." (resident)
- "I am getting on well, I couldn't say anything bad. They (staff) are very very good here, you couldn't meet nicer. It's a great place I would recommend it to anyone. The girls are the world's best." (resident)
- "They look after you well, my room is 100%. They (staff) are very good to me, they are all nice girls." (residents)
- "It is very nice here, everyone is very good." (resident)

Seven completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from completed questionnaires included:

- "Staff are lovely."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Review of the complaints information confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. There were no complaints recorded for the residential home since it was registered in February 2018. The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example staff completed training in dementia awareness and fluids and nutrition.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The manager stated that the senior management team were kept informed regarding the day to day running of the home through regular telephone calls, emails and visits to the home. A number of senior managers were visiting the home during the inspection.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. The manager advised staff had completed training in relation to equality and diversity. The manager was advised they could contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Seven completed questionnaires were returned to RQIA from residents. Six respondents described their level of satisfaction with this aspect of care as very satisfied and one was satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

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 McGaffin, acting 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 24.5 Stated: First time To be completed by: 19 December 2018	<p>The registered person shall ensure staff have a recorded annual appraisal with their manager to review their performance against their job description and to agree personal development plans.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff have completed their appraisals. This was completed on 19.10.18. All staff have agreed personal development plans and tracker is in place for staff appraisals.</p>
Area for improvement 2 Ref: Standard 24.2 Stated: First time To be completed by: 19 January 2019	<p>The registered person shall ensure staff have recorded individual, formal supervision according to the homes procedures and no less than six monthly for staff who are performing satisfactorily.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff have completed their supervisions. This was completed on 17.10.18. Tracker is in place for staff supervisions.</p>

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



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