

Unannounced Care Inspection Report 16 February 2021



Orchard Lodge Care Home

Type of Service: Residential Care Home (RCH)

Address: Desert Lane Close, Armagh, BT61 8BF

Tel No: 028 3752 6462

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.

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 residential care home registered to provide residential care for up to 19 residents living with dementia. The residential care home occupies part of the ground floor in the same building as Orchard Lodge Nursing Home.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual(s): Gavin-O'Hare-Connolly	Registered Manager and date registered: Leanne McGaffin 20/08/2019
Person in charge at the time of inspection: Leanne McGaffin	Number of registered places: 19
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential home on the day of this inspection: 19

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to review the homes Covid 19 response.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management

Residents in keeping with their level of understanding were complimentary about living in the home and their relationship with staff.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Leanne Mc Gaffin, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 11 residents individually and others in groups, four staff and the manager. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. There were no completed questionnaires returned within the identified timescale.

The following records were examined during the inspection:

- Duty rotas
- Three residents' care records
- Staff training records
- Staff supervision matrix
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records
- Certificate of registration

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 10 March 2020.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing

We arrived at the home at 09.30 hours; the manager was in charge of the home. We discussed with the manager the staffing arrangements in the home.

Staff duty rotas for the period of 31 January 2021 until 20 February 2021 were reviewed. The manager confirmed staffing levels were maintained at planned levels which were kept under review according to the dependency level of residents. The manager advised agency staff were used occasionally, and if this was the case every effort would be made to ensure block bookings to ensure consistency.

During discussion staff confirmed there was stable staffing arrangements in place, staff confirmed that the staffing levels were appropriate to meet the needs of the residents. Staff spoke positively about their experiences of working in the home. There were no concerns raised by staff regarding staffing levels in the home.

Staff spoken with confirmed they were aware of the reporting arrangements and who to speak to if they had any concerns and showed good knowledge of the homes safeguarding and whistleblowing procedures.

Comments received from staff included:

- “I love working here. I think it is a vocation when working with people in care.”
- “I enjoy working here very much. I think there is good team work, everyone works well together. The manager’s door is always open.”
- “I love working here, it’s good working with the residents.”

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid 19, signage was also displayed throughout the home regarding handwashing technique. Upon arrival the inspector’s temperature was recorded using a digital thermometer and a relevant health declaration was completed. The manager advised all visitors to the home had checks completed prior to entering and residents and staff temperatures were recorded twice daily. Records available in the home confirmed this.

There was clear donning and doffing areas available in the home, information was clearly available ensuring best practice with regards to the use of same. Discussion with the manager and review of information available showed guidance was available for staff in relation to Covid 19. In addition records were available which showed ongoing communications with relatives and representatives to ensure they were kept up to date regarding any change in the status of the home in relation to Covid 19.

PPE supplies and hand sanitizer were available throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately and in accordance with current guidance.

Staff showed good knowledge on how to reduce or minimise the risk of infection and confirmed there was an enhanced cleaning schedule in place which included regular cleaning of frequent touch points throughout the home. Records available in the home confirmed this. Arrangements were also in place as part of the “resident of the day initiative” to ensure that the bedroom of each resident received a deep clean on rotation in addition to the daily clean.

Observations made during the inspection showed staff carrying out hand hygiene and changing PPE as required.

6.2.3 Environment

We undertook an inspection of the home environment which was found to be warm, clean and tidy. We viewed the communal living area, dining room, a sample of resident’s bedrooms as well as bathroom and toilet areas. Resident’s bedrooms were found to be nicely personalised and reflected individual interests. All areas inspected were maintained to a good standard.

The manager advised work was currently ongoing with regards to improving wifi connection throughout the building this was evidenced with engineers being present within the home during the inspection. The manager confirmed any changes to the environment as a result of this would be made good following the works completion.

6.2.4 Care delivery

We observed staff practice in the home, interactions with residents were warm and friendly. Staff showed good knowledge of the individual needs of residents and worked in a relaxed and unhurried manner.

Staff were observed engaging with residents and going through individual menu choices. Residents were well presented with obvious time given to their personal care. Staff explained how they were aware of the individual preferences of residents.

Arrangements were in place to ensure residents participated in regular activities, during the inspection residents were encouraged to engage in a pancake making session whilst others were observed reading; one resident shared how they liked to engage in art projects.

The manager outlined the visiting arrangements in place and confirmed that visiting was arranged on a pre-booked basis. In addition the manager confirmed she was aware of the “Care Partners” initiative and arrangements were in place to support resident’s representatives who had expressed an interest in the initiative.

During the inspection residents looked comfortable and relaxed within their surroundings, and staff were available throughout the day to meet their needs.

Comments received from residents included:

- “Everyone is very good, can’t say anything bad about it. It is very good.”
- “I like it alright, the staff are kind.”
- “They are very good to you, can’t complain.”
- “Im happy enough.”

6.2.5 Care records

A sample of three care records were reviewed, these included admission information, an assessment of needs, care plans, risk assessments and evaluation records. We could see the care records were reviewed and updated on a regular basis or as changes occurred.

It was noted from one of the records reviewed that it required additional information in relation to an identified resident's condition. Records clearly showed regular communications and interventions from other health care professionals. The need to clearly reflect this in the individual's care plan was discussed with the manager. Following the inspection the manager provided confirmation to show that the relevant information had been added.

Information from other health professionals including for example Speech and Language Therapy (SALT) were included within the care records reviewed. Staff spoken with had good knowledge of the individual needs of residents.

6.2.6 Governance and management arrangements

Staff spoken with confirmed that they felt well supported by the manager in the home, and that the manager was approachable and supportive. Staff shared that they were kept well informed of changes as they developed due to the Covid 19 pandemic and that relevant information was made easily accessible for staff.

We reviewed a sample of audits including care plan audits, environmental, cleaning, accident and incidents analysis and staff training information. Records showed that these were completed on an ongoing basis and when actions were identified they were addressed accordingly.

There was a system in place regarding the reporting of notifiable events. Notifiable events including accidents and incidents were monitored on a monthly basis. Review of the records showed that these were effectively documented and reported to other relevant organisations as necessary.

A review of staff professional registration information for the Northern Ireland Social Care Council (NISCC) showed there was a system in place to monitor staff registration and this was reviewed on a regular basis.

There was a system in place regarding the management of complaints. There had been no complaints received since the previous care inspection. The home had received a number of compliments and thank you cards in recent months which included words of thanks and appreciation from relatives and representatives.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Home Regulations (Northern Ireland) 2005. We reviewed the reports for December 2020 and January 2021 these included an overview of the working practices in the home and an action plan as needed to address any issues identified. These were signed off to show when the actions had been addressed.

Staff confirmed there were good working relationships with external stakeholders. The homes certificate of registration was up to date and displayed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, team work, interactions between residents and staff, the home environment, management and governance systems and IPC practices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Residents looked well cared for, interactions between residents and staff were warm and friendly. The environment was warm, clean and tidy. Staff spoken with were aware of the individual needs of residents. IPC practices were maintained on an ongoing basis. There were clear governance arrangements in place.

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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