

Inspection Report

21 September 2021



Orchard Lodge Care Home

Type of service: Residential (RC)
Address: Desert Lane Close, Armagh, BT61 8BF
Telephone number: 028 3752 6462

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Kathryn Homes Ltd Responsible Individual: Mrs Andrea Feeney	Registered Manager: Mrs Leanne Mc Gaffin (acting)
Person in charge at the time of inspection: Michelle Devlin	Number of registered places: 19 Residents to be accommodated in the Navan Unit
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. The home is situated on the ground floor of the building and comprises the Navan Unit.</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 21 September 2021, from 10:00 am to 17:00 pm by a care inspector. An inspection also took place on the same day to the Nursing Home; details of the inspection are available in a separate report.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Prior to the inspection RQIA received information this raised concerns in relation to staffing levels and management arrangements. In response to this information RQIA decided to undertake an inspection which focused on the concerns raised and to gain assurances in relation to the care delivered.

As a result of the inspection it was confirmed that there were staffing pressures within the home and the management arrangements in place were insufficient to ensure the safe and effective provision of care in the home. Following discussion with the Responsible Individual (RI) an acting manager was appointed until a permanent manager is recruited. Following the inspection RQIA liaised with the temporary manager on a daily basis to review the staffing.

As a result of this inspection six areas for improvement, these were identified in respect of the provision of staffing, residents drinks preferences, the environment, the completion of regular audits, complaints records and to ensure any actions identified on monthly monitoring reports were addressed in a timely manner.

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 inspection outcomes, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, 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 and 'Tell Us' cards were provided to give residents 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 was observed and how staff went about their work.

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 Michelle Devlin person in charge at the conclusion of the inspection. Information was also shared with the Responsible Individual (RI) during the inspection, as a result of which plans were put in place to provide more secure management arrangements in the home moving forward.

4.0 What people told us about the service

During the inspection we spoke with eight residents individually and others in groups and four staff. In accordance with their capabilities and level of understanding residents spoke in positive terms about their life in the home and relationships with staff.

Staff told us that the resident's needs and wishes were important to them. It was observed that staff responded to requests for assistance in a caring and compassionate manner. Staff shared that at times staffing levels were reduced due to short notice absence and inability to get cover for these occasions. Staff shared they did not always know who to report their concerns to due to the managerial changes.

It was noted during the inspection there were enough staff in the home to respond to residents needs in a timely way. Planned staffing levels were in maintained on the day of the inspection. Feedback from staff and review of duty records during the inspection indicated that this was not always the case with recent shortages reported on occasions.

5.0 The inspection

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

The last inspection to Orchard Lodge Care Home was undertaken on 16 February 2021 by a care inspector; no areas for improvement were identified.

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. There was evidence of review of staff professional registration information with the Northern Ireland Social Care Council. As shall be discussed later in this report some fall off was noted from July 2021 with regards to the frequency of these checks and routine audits.

During discussions with staff, they shared their views that morale was low, and they did not feel they were being supported in their roles. Staff shared that due to vacancies at management level in the home there was limited support and they were not aware of who to report to if they had any concerns. Staff also shared that at times staffing levels in the home were running below planned levels and this contributed to staff feeling under additional pressure to ensure resident's needs could be met.

Review of the staff duty rota showed occasions when planned staffing levels were not always being maintained. During the inspection planned staffing levels were maintained on day duty; however it was noted from review of the rota that planned staffing for the night duty was short. This was discussed with the person in charge who confirmed by the end of the inspection additional staffing had been sourced to cover night duty. The general issue of maintaining staffing levels was discussed with the person in charge. An area for improvement was identified.

It was noted that during the inspection there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents in keeping with their level of understanding confirmed that staff were available to support them and ensure their needs were met. Residents were observed to be clean and tidy in appearance with obvious time given to ensuring their personal care needs were met.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were observed to be respectful, understanding and sensitive to residents' needs. For example staff were observed engaging in conversations with residents on an individual basis. Staff were also observed supporting residents to relax in their area of choice including for example the main lounge area, general reception area or their bedrooms if they so wished.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents can on occasion require special attention to their skin care from health care professionals. Care records accurately reflected the residents' needs and showed care staff consulted the District Nurse and followed the recommendations they made.

Examination of records confirmed that the risk of falling and falls was being managed. There was evidence of appropriate onward referral as required for example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy as required.

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; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. There was choice of meals offered, the food was attractively presented and smelled appetising, portions were generous.

Discussion with residents showed some were not satisfied with the choice of drinks provided, this issue was discussed with the person in charge who confirmed the matter would be addressed with the relevant staff. An area for improvement was identified.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain and any significant changes were followed up with the dietician if required.

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 care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Staff advised plans were in place to for care records to be transferred to a new system. Progress with this shall be followed up at a future inspection.

Residents' individual likes and preferences were reflected in the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Regular records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Arrangements were in place to ensure each resident had an annual review of their care, arranged by their care manager or Trust representative.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that overall it was clean, warm and tidy. It was noted however that the ceiling in an identified shower room required significant improvement. In addition the ceiling in the reception area of the home also required improvement. An area for improvement was identified.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

The most recent fire safety risk assessment was completed in April 2021, fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Upon arrival at the home visitors temperatures are taken and a health declaration must be completed before entry. Discussions with staff confirmed the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). At the time of the inspection the adjoining nursing home was experiencing a COVID-19 outbreak. Staff spoken with confirmed they were aware of infection prevention procedures to be maintained to ensure the risk of an outbreak in the residential care home was reduced.

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. It was noted however that the completion of regular infection prevention and control and hand washing audits had reduced in recent months. This issue is discussed in greater detail in Section 5.2.5 of this report.

Visiting arrangements were being managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day, for example, residents could have a lie in or stay up late to watch TV. Some residents liked to engage in arts and crafts whilst others shared that they like to spend time in the garden.

During the inspection residents were observed either relaxing in the communal living areas or in their bedrooms. Staff shared that due to the current staffing pressures and the outbreak in the adjoining nursing home structured activities provision was limited. Some residents were observed enjoying music DVD's, whilst others conversed with staff. The provision of structured activities and events shall be followed up at a future care inspection.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 outbreak. Staff confirmed that every effort was made to ensure residents contacts with family and friends were maintained during the outbreak period.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been changes in the management of the home. At the time of the inspection RQIA had been informed that the temporary arrangements that had previously been agreed were no longer viable. An identified manager had resigned and left at short notice. Following this the day to day management of the home was being provided by a number of different managers on individual days.

As stated earlier in this report staff shared their concerns about the lack of clear leadership and management within the home. Staff described how they were not always sure of who to report to if they had any issues or concerns and this had a negative impact on morale. These concerns were shared with the Responsible Individual (RI) alongside the need to ensure a consistent management arrangement was in place to ensure an individual would be appointed to oversee the day to day operation of the home. A temporary manager was identified by the conclusion of the inspection. The RI confirmed that recruitment for a permanent manager was ongoing.

There was evidence that previously a regular system of auditing had been in place to monitor the quality of care and other services provided to residents. Audits included for example IPC, handwashing, health and safety, accidents and incidents and regular mealtime audits.

However as stated earlier in this report, there was a significant fall off noted in the completion of regular audits and checks in recent months. The need to ensure a regular auditing system was maintained to ensure oversight with regards to the quality of care provision was discussed with the person in charge. An area for improvement was identified.

It was established that accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints however it was noted that the information relating to complaints was poorly organised and was dispersed within the complaints recorded for the nursing home. The need to ensure complaints were recorded and managed in a clear and organised system was discussed. An area for improvement was identified.

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 completed however it was noted that in recent reports for July and August 2021 where actions had been identified for improvement there was no evidence that the matters had been followed up on. This issue was discussed with the person in charge. As with the other deficits identified regarding governance and oversight within the home the need to ensure any actions identified were addressed within a timely manner was discussed. An area for improvement was identified.

6.0 Conclusion

Residents looked well cared for with obvious time and attention given to their personal care. Planned staffing levels were maintained on the day of inspection. Staffing levels generally were under pressure, staff were dissatisfied with the reporting arrangements due to the lack of clarity in relation to day to day management.

Following discussion with the RI the management arrangements were reviewed and a temporary full time manager was identified and confirmed with RQIA. Following the inspection RQIA inspectors made daily telephone calls to the home for two weeks to gain assurances that the management arrangements put in place were effective.

As a result of this inspection six areas for improvement were identified in respect of staffing, residents drinks preferences, the environment, the regular completion and actioning where necessary of audits, the recording of complaints and demonstrating action where necessary following completion of monthly monitoring reports. Details can be found in the Quality Improvement Plan included.

7.0 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 2011)

	Regulations	Standards
Total number of Areas for Improvement	1	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Michelle Devlin, person in charge, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 20.(1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection</p>	<p>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.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Rotas are formulated 4 weeks in advance. All outstanding shifts are sent out to staff, and agencies if no alternative, aligned to the Kathryn Homes Business Continuity Plan. With the current health and social care staffing crisis, enhancements are offered to current staff to enhance continuity of care. HSC Trust staffing support requested where no alternative available. Ongoing recruitment process is robustly in place and same day interviews are underway. A social media campaign, and advertising through key platforms and agencies is also in place. A clear contingency plan is in place to ensure sufficient staffing levels at all times.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 12.5</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The registered person shall ensure all residents drinks preferences are catered for.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All drinks preferences are catered for. Hot drinks are available at snack and meal times, and on request. Cold drinks are available throughout the day on hydration trolleys, at meal times, and jugs of juice are available in individual bedrooms of those residents who choose not attend the communal lounges. A catering survey and general satisfaction survey is carried out annually and residents' meetings also capture any area of improvement.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p>	<p>The registered person shall ensure repairs are made to the ceilings in the identified shower room and reception area of the home.</p> <p>Ref: 5.2.3</p>

To be completed by: 28 September 2021	Response by registered person detailing the actions taken: All repairs fully completed by Maintenance Operative in October 2021.
Area for improvement 3 Ref: Standard 20.10 Stated: First time To be completed by: 28 September 2021	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. Ref: 5.2.5 Response by registered person detailing the actions taken: A list of all audits required has been formulated, including, time frame for completion, person responsible for conducting and actions addressed. All audits for September and October completed and those which had not been completed in July and August have been reviewed retrospectively.
Area for improvement 4 Ref: Standard 17.10 Stated: First time To be completed by: 5 October 2021	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. Ref:5.2.5 Response by registered person detailing the actions taken: New complaints policy and integrated procedures introduced. Complaints log in place, and outcomes of all areas of dissatisfaction / complaint - a narrative focus underpins these records. Complaints procedure available in main foyer. Complaints file accessible in Home Managers office akin to GDPR regulations.
Area for improvement 5 Ref: Standard 20.11 Stated: First time To be completed by: 28 September 2021	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 Ref: 5.2.5 Response by registered person detailing the actions taken: All montly monitoring visits have been completed. These audits have been printed and action taken clearly recorded in writing. All are kept in relevant file in Home Managers office.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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