

# Inspection Report

29 June 2023



## 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

<b>Organisation/Registered Provider:</b> Kathryn Homes Limited  <b>Responsible Individual:</b> Mr Stuart Johnstone	<b>Registered Manager:</b> Adelina Focseneanu – not registered
<b>Person in charge at the time of inspection:</b> Adelina Focseneanu	<b>Number of registered places:</b> 19
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 14
<b>Brief description of the accommodation/how the service operates:</b> <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 29 June 2023, from 9.50 am to 5.45 pm by a care Inspector.

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

The home was bright and welcoming. Communal areas were appropriately decorated creating a homely environment. The dining experience was enjoyable for residents, this was an opportunity for residents to socialise and interact.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were knowledgeable and well trained to deliver safe and effective care.

Staff provided care in a compassionate manner; this was evident in their interactions with residents promoting their dignity and respecting their privacy.

One new area requiring improvement was identified relating to oversight of staff's professional registration with the Northern Ireland Social Care Council (NISCC).

We found care delivered in the home was effective and compassionate, the home was well led by the management team.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' 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 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 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 the management team at the conclusion of the inspection.

#### 4.0 What people told us about the service

Resident's spoken with provided positive feedback about their experiences of living within the care home. One resident said "I love it in here, the staff are all very gentle and kind." Resident's spoke fondly of the staff and the care provided. Another resident told us staff were responsive and if they required support they would just "press the buzzer."

Staff told us there was good team work within this care home and felt supported by the management team.

One staff member said "it is a privilege to work with this age group and hear their stories."

No responses were received from residents, relatives or staff or resident questionnaires were returned following the inspection.

#### 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 12 <sup>th</sup> May 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (b)(d)  <b>Stated:</b> First time	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.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.10	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.	<b>Met</b>

<b>Stated:</b> Second time	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	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. <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 8.2 <b>Stated:</b> First time	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. <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>

## 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 were systems in place to ensure staff were trained and supported to do their job.

It was noted 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 spoken with told us there was good team work and that they felt well supported in their role and the level of communication between staff and management. One staff member provided feedback about the staffing levels which was discussed with the management team. Assurances were provided that the staff to dependency levels were reviewed on an ongoing basis, staff were also observed responding to residents needs in a timely manner.

The staff duty rota accurately reflected the staff working in the home on a daily basis.

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 said, "staff are very good, they're nice and kind."

### 5.2.2 Care Delivery and Record Keeping

The atmosphere in the home was calm and relaxed. Staff were observed attending to residents in a caring and compassionate manner. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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.

Care plans were in the process of being transferred over to a computer database. The management team evidenced a robust audit system to ensure care plans were personalised and reflective of individual assessed need. These will be further reviewed at the next inspection.

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

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to their GP, or for physiotherapy.

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 for residents to socialise, music was playing, and 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 they enjoyed. One resident did not wish to eat the food that was presented; staff were respectful in responding and offering an alternative option to the resident. Other residents provided positive feedback on the food reporting "it's good."

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home's environment was clean, neat and tidy.

Residents' bedrooms were personalised with items important to them. 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.

Call bells were not always observed within reach for residents, however when discussing this further with the residents in question they were able to advise they could independently mobilise to use their call bell.

Some general wear and tear was noted to the furniture across the home. The management team evidenced plans for same to be addressed. This will be reviewed at the next inspection.

Fire safety measures were in place and well managed to ensure residents, staff and visitors in the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. Walkways were free from obstruction and corridors were clear.

The most recent Fire Risk Assessment was completed on the 28 June 2023. This was due for review in April 2023. The need to ensure timely review was discussed with the management team.

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. Staff use of PPE and hand hygiene was regularly monitored by the manager and records maintained.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed 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. Residents told us they could have birthday parties, attend church services or other activities in the community.

There was a range of activities provided for residents by staff. There is an activity co-ordinator employed by the home to specifically plan and facilitate activities for the residents. The activity planner evidenced a range of planned activities including: board games, music therapy, cousin's day, quiz games and gardening.

Residents provided positive feedback about the activities and stimulation available in the home. A staff member was observed promoting opportunities for residents to sing and dance in the lounge. Through this, residents were observed reminiscing with one another and enjoying dancing to the music.



## 5.2.5 Management and Governance Arrangements

Ms Adelina Focseneanu has been Acting Manager in the care home since 11 November 2022 and is currently progressing her application to register as the manager with RQIA.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

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 manager was identified as the person appointed for this role. It was established that good systems and processes were in place to manage 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.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The manager had a system in place to monitor staff's registration with NISCC however; not all staff employed in the home were included on the manager's audit system. Following the inspection, the manager confirmed that this had been reviewed and that all staff employed in the home were registered with NISCC. An area for improvement was also identified.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 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) (Version 1:1)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Adelina Focseneanu, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (ii)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure systems in place to monitor staff's registration with NISCC are robust and inclusive of all relevant staff members.</p> <p>Ref: 5.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The Home Manager has a NISCC tracker in place and this is reviewed and updated monthly. The tracker includes all registration details and colour coding.</p> <p>The NISCC endorser application has been submitted by Home Manager to enable swifter processing of applications.</p>

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