



Unannounced Care Inspection Report 16 March 2021



Orchardville House

Type of Service: Residential Care Home (RCH)
Address: 12 Orchardville Avenue, Belfast BT10 0JH
Tel no: 028 9504 3150
Inspector: Alice McTavish

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 care for up to 32 residents.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Catherine Jack, registration pending	Registered Manager and date registered: Caroline Campbell, acting manager since June 2018
Person in charge at the time of inspection: Caroline Campbell	Number of registered places: 32
Categories of care: Residential Care (RC) DE – Dementia	Number of residents accommodated in the residential home on the day of this inspection: 20

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.

An inspection was undertaken on 16 March 2021 between 10.05 and 18.00 hours. The inspection sought to assess progress with issues raised in the previous quality improvement plan (QIP) and to assess whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements

Residents said that they liked living in Orchardville House and that staff treated them well.

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	1	1*

*The total number of areas for improvement includes one against the Standards which is carried forward to the next inspection. Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Caroline Campbell, 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.

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

During the inspection the inspector met with residents in groups, three care staff and a member of domestic staff. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas
- staff training
- staff inductions
- staff supervision and appraisal
- staff registrations with professional body
- a selection of quality assurance audits
- incidents and accidents
- two residents' care records
- Regulation 29 monthly quality monitoring reports
- activity planner.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 21 November 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall make suitable arrangements to minimise the risk of infection through the provision of hand towels, liquid soap, paper towels and bins where care is delivered to enable handwashing to take place; hand sanitising gel throughout the home, use of toiletries and PPE and equipment storage.	Met
	Action taken as confirmed during the inspection: Inspection of the premises confirmed that all aspects of this area for improvement were addressed.	
Area for improvement 2 Ref: Regulation 30 Stated: First time	The registered person shall ensure that all accidents, incidents, communicable diseases, deaths, and events occurring in the home which adversely affect the wellbeing or safety of any resident are reported promptly to the Regulation and Quality Improvement Authority.	Met
	Action taken as confirmed during the inspection: A sample of records of accidents and incidents was cross referenced against reports made to RQIA; all necessary events were correctly reported.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that residents have holistic care planning, risk assessments and monthly and daily evaluations completed for all assessed needs.	Met
	Action taken as confirmed during the inspection: Inspection of care records confirmed that this was addressed.	

Area for improvement 2 Ref: Standard N1 Stated: First time	The registered person shall ensure that furniture in residents' bedrooms is repaired or replaced and a bedside lamp is provided.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Inspection of the premises identified that bedside lamps were provided in residents' bedrooms. The manager explained that the repair of some furniture in bedrooms had been postponed due to the ongoing Covid-19 pandemic. This element of the area for improvement is therefore carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 20.10 Stated: First time	The registered person shall ensure that the actions and outcomes of audits of working practices are documented and completed.	Met
	Action taken as confirmed during the inspection: Inspection of a range of audits confirmed that this was addressed.	

6.2 Inspection findings

6.2.1 Infection prevention and control practices including the use of personal protective equipment

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed. Staff had a further temperature check completed before they left their working shift. Residents had health monitoring checks completed twice daily. Records were maintained of all health checks.

Domestic and care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

There was a dedicated room for staff to don and doff the correct PPE before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 pandemic. We saw that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. We saw that staff encouraged, and assisted where necessary, residents to wash their hands before going for lunch. This is good practice. We noted, however, that the tables and chairs in the dining room were not sanitised between each sitting. This was brought to the attention of the manager who agreed to ensure this practice was immediately commenced. We later received verbal assurances from staff that this was being done.

6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, lounges, the dining room and the visiting room.

We saw that residents' bedrooms were personalised with items of memorabilia and special interests. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

6.2.3 Staffing arrangements

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

We discussed the system in place to have all necessary pre-employment checks completed to ensure that staff were safe to work in the home. The manager reported written confirmation was received by her that all necessary documentation was in place before staff took up post. We saw that new staff were provided with both a corporate and local induction at the commencement of employment and that all staff were correctly registered with their professional body, the Northern Ireland Social Care Council.

The manager and staff described how the system to provide staff with regular supervision and annual appraisal was severely disrupted during the Covid-19 pandemic. Staff told us that senior colleagues were always available for informal guidance and support; the manager reported that firm arrangements had been put in place for all staff to receive formal, individual supervision in the near future. This area will be reviewed in detail during the next inspection.

We reviewed the records of mandatory training and saw that there was a system in place to ensure training was kept up to date. We saw that additional training was also provided for staff, if required.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

6.2.4 Care delivery

We observed that residents looked well cared for; they were well presented and nicely dressed. It was evident that staff knew the residents well; staff spoke to residents kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was disrupted due to the Covid-19 pandemic. The care staff assisted residents to make phone calls or use video calls with their families. Arrangements were in place to facilitate relatives visiting their loved ones at the home and some window visits continued. Care partner arrangements were also in place for those residents who were assessed as requiring this.

We saw that the dining room was arranged to allow for social distancing; staff reported that there were two sittings so that all residents could be accommodated. We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available for residents. We saw that staff were helpful and attentive to residents. We discussed with the manager and senior care staff how a small number of residents who are slow to eat might be better supported at mealtimes. By the end of the inspection, some new approaches were already being trialled.

No questionnaires were completed by residents, their relatives or staff.

6.2.5 Care records

We reviewed the care records of two residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed, comprehensive care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis. Specific care plans were in place for the prevention and management of Covid-19 for individual residents.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

6.2.6 Governance and management arrangements

There was a clear management structure within the home. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

There was a system of audits which covered a range of areas such as accidents and incidents, falls, IPC and care records. The audits were completed regularly and this helped to ensure that the manager had effective oversight of care delivery to residents.

We examined the records of accidents and incidents which had occurred in the home and found that these were managed and reported appropriately.

The manager provided assurance that complaints were managed appropriately and were viewed as an opportunity to learn and improve. Most compliments were verbally received by staff.

We looked at the records of the visits by the registered provider and saw that where action plans were put in place, these were not always accurately followed up to ensure that they were addressed. There was also no evidence of consultation with residents' relatives. This was identified as an area for improvement.

The manager reported that there was regular contact with her line managers and that robust governance arrangements were in place to ensure the correct level of managerial oversight of the running of the home.

Areas of good practice

We found good practice throughout this inspection in relation to the warm and supportive interactions between residents and staff, the cleanliness of the home, staff adherence to the current PPE guidance and to the systems to ensure good management and governance.

Areas for improvement

One new area for improvement was identified during the inspection. This related to the reports of the visits by the registered provider.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff wore PPE in line with the guidance. We were assured that the care provided in Orchardville House was safe, effective, compassionate and well led.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caroline Campbell, 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 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 Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 29 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure the reports of the visits by the registered provider includes the following:</p> <ul style="list-style-type: none"> • accurate notes of progress against any actions identified until these are satisfactorily addressed • consultation with residents' relatives. <p>Ref: 6.2.6</p>
	<p>Response by registered person detailing the actions taken: The Regulation 29 reports have been addressed with the persons responsible for carrying out these reports. The Registered Manager will check that all areas are reported each month with the persons carrying out the report. An action log will be implemented to record actions required from Reg 29 visits and will include section to detail progress made against identified action. Assistant Service Manager will monitor each of the Reg 29 reports at the monthly operational meeting and ensure that it has been recorded on the following Reg 29</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard N1</p> <p>Stated: First time</p> <p>To be completed by: March 2020</p>	<p>The registered person shall ensure that furniture in residents' bedrooms is repaired or replaced.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.3</p>

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



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