

Unannounced Care Inspection Report

15 April 2021



Orchard Grove

Type of Service: Residential Care Home

**Address: 7 The Square, Clough,
BT30 8RB**

Tel no: 02844811672

Inspector: Julie Palmer

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.

3.0 Service details

Organisation/Registered Provider: Orchard Grove Responsible Individuals: Ian George Emerson Craig Cecil Emerson	Registered Manager and date registered: Deirdre Burns 1 April 2005
Person in charge at the time of inspection: Deirdre Burns	Number of registered places: 19
Categories of care: Residential Care (RC) MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 13

4.0 Inspection summary

An unannounced care inspection was carried out on 15 April 2021 from 09.30 to 15.30 hours.

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 assess progress with issues raised in the previous quality improvement plan and to determine if the care provided was safe, effective and compassionate and if the service was well led.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment and infection prevention and control (IPC) measures
- care delivery
- care records
- governance and management arrangements.

Residents told us that living in the home was a positive experience; comments made by residents are included in the main body of the report.

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	0

*An area for improvement under the regulations has been stated for the second time. The area for improvement and details of the Quality Improvement Plan (QIP) were discussed with Deirdre Burns, 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:

- 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 13 residents and 6 staff. Questionnaires were left in the home to obtain feedback from residents and residents' relatives/representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell us' cards which were then placed in a prominent position 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.

The following records were examined during the inspection:

- duty rota from 8 to 21 April 2021
- staff training records
- staff supervision and appraisal schedule
- incident/accident reports
- monthly monitoring reports
- a sample of governance audits
- complaints/compliments records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- two staff recruitment files
- records of residents' meetings
- records of staff meetings

- two residents' care records
- the current fire risk assessment
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection

The most recent inspection of the home was an announced remote inspection undertaken on 27 October 2020.

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 29(4)(b) Stated: First time	The registered person shall ensure during the monthly monitoring visits review of the environment and overview of completion of the quality assurance audits for the home is completed.	Met
	Action taken as confirmed during the inspection: Review of a sample of monthly monitoring visit reports completed since the most recent inspection evidenced that these included information on the environment and an overview of quality assurance audits.	
Area for improvement 2 Ref: Regulation 13(7) Stated: First time	The registered person shall ensure personal protective equipment is used appropriately by staff to prevent the spread of infection between residents and staff.	Not met

	Action taken as confirmed during the inspection: Observations during the inspection and discussion with staff evidenced that fluid-resistant masks were not always being worn as required. See section 6.2.2 for more information.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.10 Stated: First time	The registered person shall ensure working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary. This is in relation to completion of restrictive practice audits.	Met
	Action taken as confirmed during the inspection: Review of a sample of restrictive practice audits evidenced that these had been introduced since the most recent inspection and were consistently completed.	
Area for improvement 2 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that the care plan is kept up to date and reflects current needs. This is in relation to monthly weight records and dental care records.	Met
	Action taken as confirmed during the inspection: Review of the home's monthly weights audit evidenced that a record of each individual resident's weight was maintained and monitored. Review of care records for two residents evidenced that care plans were in place to reflect the dietary requirements and oral/dental care required for individual residents.	

6.2 Inspection findings

6.2.1 Staffing

The manager told us that residents' dependencies were regularly reassessed in order to ensure that staffing levels were maintained at satisfactory levels. We observed that residents' needs were met promptly by the number and skill mix of staff on duty. Staff and residents told us that they were satisfied with staffing levels in the home.

Review of two staff recruitment files confirmed that the necessary pre-employment checks were made prior to staff commencing work in the home. There was a system in place to monitor that staff were appropriately registered with the NISCC.

Staff told us that they had completed mandatory training on-line during the COVID-19 pandemic. The manager said that a suitable local venue had been booked in order to facilitate upcoming, socially distanced, face to face training in, for example, adult safeguarding and the management of epilepsy. There was a system in place to monitor compliance with training and staff were reminded when training was due. Staff told us that they felt adequately trained to carry out their roles effectively to ensure that the needs of the residents were met.

Staff told us that teamwork was very good and that the manager was approachable; a member of staff said that “we have been really well supported”.

We spoke to a speech and language therapist (SALT) who was in the home to carry out an assessment. The SALT told us that, in their experience, staff were “very good at putting recommendations made into practice”.

Comments made were brought to the attention of the manager for information.

6.2.2 Personal protective equipment (PPE)

PPE stations were well stocked and signage providing useful information on PPE was placed in appropriate areas throughout the home.

On our arrival we saw that a member of staff was wearing an alternative mask to the recommended fluid-resistant mask, this was, however, in an area of the home where the staff member had no direct contact with residents at that time. We did observe that all staff wore fluid-resistant masks at all other times during the inspection. However, as a result of discussions with staff regarding the use of PPE it was apparent that, on occasions, staff had worn alternative masks to fluid-resistant masks. We discussed the current guidelines regarding the sessional use of fluid-resistant masks with the manager and staff and stressed that recommendations regarding the use of fluid-resistant masks had not changed. As a result of these observations the area for improvement around appropriate use of PPE was not met and will be stated for the second time.

During the inspection we observed that staff used and changed their PPE appropriately and as per the current guidance in this area. There were sufficient supplies of PPE, including fluid-resistant masks, available in the home.

The manager told us that supervision would be arranged for all staff to reinforce the current recommended use of fluid-resistant masks and PPE and that robust daily monitoring of the use of PPE would be completed. Following the inspection the manager confirmed that the agreed actions had been completed.

6.2.3 The environment and infection prevention and control (IPC) measures

We reviewed the environment and looked at a selection of bedrooms, bathrooms, the lounge, the dining room, the visiting pod and storage areas. We observed that the home was warm,

clean, tidy and fresh smelling throughout. The home was well decorated and residents' bedrooms were attractively personalised. Corridors and fire exits were clear of obstruction.

There was a system in place to report repairs required to the maintenance person. The manager told us that routine maintenance checks were carried out as required, taking COVID-19 restrictions into account, and that the wi-fi system was in the process of being upgraded to ensure that this was available in all areas of the home.

We observed that a small number of light cord pulls required replacement as they were not washable and a grab rail and small area of worktop in a bathroom required repainting. We brought this to the attention of the manager for action to be taken. Following the inspection the manager confirmed that suitable replacement light cord pulls had been ordered and the grab rail and worktop had been repainted.

Staff were observed to carry out hand hygiene at appropriate times during the inspection. Staff were also observed to gently prompt and remind residents when to carry out hand hygiene.

6.2.4 Care delivery

The atmosphere in the home was friendly and relaxed. Residents looked well cared for; they were observed to be well presented and content in their surroundings and in their interactions with staff. Staff were seen to speak to residents in a kind and pleasant manner and to treat them with respect.

The manager told us that residents' relatives/representatives had been sent an information leaflet regarding the care partner initiative and any requests for this would be risk assessed and implemented as per the current guidance in this area. Socially distanced visiting was available via booked appointments, both indoors and outdoors, as per the current guidance.

During the inspection we observed that residents had an opportunity to take part in various activities. In the morning an exercise video was projected onto a big screen so that everyone could see what was happening and join in as they wished. Residents were able to sit or stand to do the exercises depending on their level of ability and it was great to see that staff took part alongside them.

The residents were very proud of their arts and crafts creations; some of these were on display in the home. Residents also told us that they enjoyed colouring in, doing jigsaws and crocheting blankets and scarves. One resident told us that they had had a busy few days painting pots and planting sunflower seeds in the polytunnel in the garden. Staff said that unfortunately trips, outings and day centre attendance weren't currently possible due to COVID-19 restrictions but the residents really enjoyed being outside in the garden and some looked forward to a daily walk around the local area.

We observed the serving of lunch in the dining room. All staff, including kitchen staff, wore PPE appropriately. Staff were helpful and attentive to the residents; they were seen to offer discreet assistance as required. The food on offer looked and smelled appetising and residents had a choice of meals and drinks available.

We spoke to several residents during the inspection and they all expressed their satisfaction with the care provided, staffing levels and life in the home; comments included:

- “The food is good.”
- “Oh I like it here.”
- “The staff are great.”
- “We are spoiled.”

Residents told us that staff helped them when required but they were also offered an appropriate level of independence, for example, one resident said “I like to put away my own laundry but the staff help me to hang things up”. The residents we spoke to told us that they were looking forward to getting back to day centres, the cinema, bowling and coffee shops but understood why these things were not possible at the present time.

Following the inspection we received 10 completed questionnaires from the residents all of whom indicated that they were satisfied that staff were kind, the care was good, they felt safe and the home was well organised.

Comments made by residents were brought to the attention of the manager for information.

6.2.5 Care records

We reviewed the care records for two residents and found that these contained relevant risk assessments and care plans to ensure that residents’ daily needs were met. A record of each individual resident’s weight was maintained and monitored. Care plans were in place to reflect the dietary requirements and oral/dental care required for individual residents. A daily, up to date, record of care provided was maintained.

Relevant and individualised care plans were in place regarding, for example, deprivation of liberty safeguards, dietary requirements, health conditions and personal care needs. The care plans reviewed included recommendations from other healthcare professionals where required.

There was evidence of consultation with the resident or their relative/representative in the care records reviewed.

6.2.6 Governance and management arrangements

The manager told us that during the COVID-19 pandemic the South Eastern Trust (SEHSCT) had provided support for managers via regular Zoom meetings which had been a valuable source of information and shared learning. The manager kept staff informed of any updates regarding the current situation during daily handovers and a COVID-19 information file was also maintained in the home.

We reviewed a sample of relevant governance audits and found that these were consistently completed to monitor the care and services provided in the home. A restrictive practices audit had been introduced since the most recent inspection and other audits were completed regarding, for example, complaints, IPC practices, accidents/incidents and residents’ weights.

Review of a sample of reports of monthly monitoring visits completed since the most recent inspection evidenced that these included information on the environment and an overview of quality assurance audits. The reports also included feedback from residents, staff and relatives as well as an action plan and timescale for resolving any identified deficits. The manager told us that the responsible person was readily accessible and very supportive. The responsible person was on-site for a period of time during the inspection; they told us that they endeavoured to provide anything the residents or the home needed in a timely manner.

There were systems in place to ensure that accidents/incidents were appropriately reported to RQIA and also to record and manage complaints.

A record of staff and residents' meetings were maintained. We could see that staff and residents' were able to express their views on what was working well and what was not working well and that action plans were developed from the meetings.

Areas of good practice

Areas of good practice were identified regarding teamwork, maintaining good working relationships, the environment, the care provided, the culture and ethos, activities and consultation with residents.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Residents in the home looked well cared for and were seen to be content and settled in their surroundings and in their interactions with others. Residents told us that they enjoyed life in the home.

Staff were helpful, friendly and responsive to the residents' needs. The home was clean, tidy and well maintained.

The manager agreed to reinforce and monitor the required use of fluid-resistant masks to ensure staff follow the current guidelines regarding PPE at all times.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deirdre Burns, 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	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure personal protective equipment is used appropriately by staff to prevent the spread of infection between residents and staff.</p> <p>Response by registered person detailing the actions taken: Staff are wearing personal protective equipment appropriately. this has been addressed with all staff via staff meeting, individual supervision and also via memo to all staff highlighting the need for wearing PPE appropriately.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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