

Inspection Report

22 March 2022



Orchard Grove

Type of service: Residential Care Home
Address: 7 The Square,
Clough, BT30 8RB
Telephone number: 028 4481 1672

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Service information

Organisation/Registered Provider: Orchard Grove Responsible Individuals: Ian George Emerson Craig Cecil Emerson	Registered Manager: Ms Deirdre Burns Date registered: 1 April 2005
Person in charge at the time of inspection: Maria Forsythe – Team Leader	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 patients accommodated in the nursing home on the day of this inspection: 16
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 19 residents. Communal lounges and the dining room are located on the ground floor. Residents' bedrooms are located on the ground and first floors. A garden area is accessed from the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 22 March 2022 from 10.00 am to 3.40 pm. The inspection was carried out by a care inspector.

Prior to the inspection RQIA received information raising a concern regarding the home's policy on visiting and trips out of the home not being entirely in accordance with current Department of Health (DoH) guidance in this area. In response to this concern RQIA had contacted the Registered Manager who provided assurances that these arrangements had been reviewed to reflect the current guidance.

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

The outcome of the inspection determined that residents were well cared for in the home and were seen to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were seen to provide care in a kind and compassionate manner and to be attentive

to residents' needs. It was confirmed that action had been taken to ensure that the current DoH guidance on trips out of the home was being followed. However, the home's visiting policy had not yet been updated to reflect the current guidance and there was no system in place to effectively communicate changes to the visiting guidance with relatives.

Areas requiring improvement were identified regarding the management of complaints, the home's visiting policy and communication with relatives regarding changes to the visiting guidance.

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 patients, 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 and how staff went about their work was observed.

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 Maria Forsythe, Team Leader, at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke very positively about all aspects of life in the home, they said they enjoyed the food, there were enough staff to help them and that staff were kind, helpful and took time to listen. Residents' comments included "it's great here, I love Orchard Grove, the staff are so good", "they are very good here, plenty of staff", "I have no worries" and "I really enjoy the food here".

Staff said that they enjoy working in the home, feel supported and work very well as a team. One staff member said “we all work well together and know how we all like things to be”. Another staff member said “I enjoy it; it is an amazing place and has amazing residents”.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Four residents completed questionnaires; they all indicated that they were very satisfied with the care provided.

No responses to the staff survey were returned within the indicated timeframe.

Comments made by residents and staff were brought to the attention of the Team Leader.

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 5 October 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that medicines requiring cold storage are stored between 2°C and 8°C. The thermometer must be reset each day and corrective action must be taken if temperatures outside this range are observed.	Met
	Action taken as confirmed during the inspection: Review of records confirmed that the fridge temperature is monitored and recorded on a daily basis and the fridge thermometer is reset daily. The records reviewed indicated that the temperature is appropriately maintained between 2°C and 8°C.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: First time	The registered person shall review the management of distressed reactions to ensure that care plans are in place, and the reason for and outcome of any administration are recorded.	Not met

	<p>Action taken as confirmed during the inspection: Review of a care plan for the management of a distressed reaction evidenced that this lacked sufficient detail and did not include information regarding de-escalation strategies. This area for improvement has been stated for the second time.</p>	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Review of records evidenced that staff registrations with the Northern Ireland Social Care Council (NISCC) were regularly monitored. However, it was unclear if one identified member of staff was appropriately registered with the NISCC. This was brought to the attention of the Team Leader for information and action. Following the inspection RQIA were provided with details confirming that the staff member was appropriately registered with the NISCC.

There were systems in place to ensure staff were trained and supported to do their job. An overview of staff compliance with mandatory training was maintained and staff were reminded when training was due. It was established that staff had been provided with training in relevant topics such as Deprivation of Liberty Safeguards (DoLS), fire awareness, adult safeguarding and infection prevention and control (IPC). Staff said that they felt adequately trained to carry out their roles and responsibilities within the home.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff said that staffing levels were satisfactory, teamwork was good, the manager was approachable and they felt well supported in their role.

Residents said there were enough staff to help them and it was observed that staff provided residents with timely assistance in a kind and caring manner.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff demonstrated their knowledge of individual residents' needs and preferred daily routines.

Staff were skilled in communicating with residents and were seen to be understanding and sensitive to their needs. Residents who had difficulties with verbal communication were provided with suitable alternative means of communication, for example, magnetic writing boards. Staff explained that residents who had difficulty in making their thoughts or feelings known could display non-verbal cues which might indicate, for example, being thirsty or wanting a snack.

Staff were knowledgeable regarding residents' needs and reporting any early signs of distress or illness. However, a care plan reviewed for the management of a distressed reaction lacked sufficient detail and did not include information regarding de-escalation strategies. This was brought to the attention of the Team Leader for information and action. This area for improvement has been stated for the second time.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering bedrooms and bathrooms and by offering personal care to residents discreetly.

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 from simple encouragement through to full assistance and staff were seen to assist residents appropriately. The dining experience was seen to be calm, relaxed and unhurried.

The food on offer was well presented and smelled appetising and a menu was on display for residents' information. Throughout the day it was observed that staff offered residents regular drinks and snacks and assisted them with these as necessary.

Staff told us how they were made aware of residents' nutritional needs and confirmed that care records and individual place mats would be immediately updated if any changes were made. The recommendations of the Dietician and Speech and Language Therapist (SALT) were clearly recorded in the care records reviewed. The chef said that new menus had just been introduced following consultation with the residents about their likes and dislikes. The chef confirmed that an alternative meal could be provided if a resident changed their mind or didn't like what was on the menu.

Residents said that they enjoyed the meals provided. One resident said that "we choose lunch in the morning, there are always two choices and the food is gorgeous".

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. Residents care records were held confidentially.

Care records included evidence of consultation with residents, where possible, in planning their own care. The details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records, for example, preferred time to get up and go to bed and preferred clothes to wear. Care plans were generally detailed and contained specific information on each residents' care needs and what or who was important to them. Daily records were kept of how each resident spent their day and the care and support provided by staff. However, it was observed that the daily record for one resident did not include details of all the care provided; this was brought to the attention of the Team Leader for information and action.

The Team Leader said that annual care reviews were completed and included the care manager or Trust representative, the home staff, the resident and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home and was available for review in the care records.

Residents said that they felt well looked after by the staff who were kind and helpful. One resident said that “I pick out my own clothes and staff help me match things”. It was positive to note that staff helped residents maintain a degree of independence, where possible, but also provided those residents who were less independent with the care they required. All the residents were seen to be nicely dressed and well presented.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the environment evidenced that the home was warm, clean, tidy and well maintained. The home was in good decorative order and furnishings were in good condition. Residents’ bedrooms were attractively decorated and personalised with items that were important to them, for example, family photographs, ornaments and cuddly toys. Corridors and fire exits were clear of clutter and obstruction.

It was observed that shelving in a sluice room and a bathroom door needed to be repaired/replaced. Additionally, some signage on display was not laminated. This was brought to the attention of staff for information and action. Following the inspection RQIA were provided with confirmation that the identified shelving and door had been replaced and signage had been laminated.

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. For example, the home participated in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that training on 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 observed that not all staff were continuously maintaining a practice of being bare below the elbow which could impact their ability to carry out effective hand hygiene. This was brought to the attention of the Team Leader for information and action.

Residents said the home was kept clean and tidy.

5.2.4 Quality of Life for Patients

The atmosphere throughout the home was warm, friendly, inclusive and welcoming. Discussion with residents confirmed that they were able to choose how they spent their day. Residents spoke in very positive terms about the activities available, which included, for example, a morning exercise class, arts and crafts, puzzles, knitting, movie nights and gardening in the polytunnel.

Staff provided residents with a wide range of activities and said that there was regular consultation and discussion with residents about their preferences and choices for how to spend their day. It was observed that staff spent time engaging with the residents in very positive ways; a look through photographs of residents engaged in various activities led to a lovely discussion about events and celebrations that had taken place in the home over the last few months. The residents had obviously enjoyed these events and were very keen to share their

memories and experiences. Relatives were provided with regular pictures and updates about special events for residents, such as, birthday parties and holiday celebrations.

There was evidence of meetings with residents to allow them to comment on aspects of the running of the home, for example, planning activities and menu choices. Staff welcomed ideas from the residents regarding, for example, arts and crafts they would like to do. Staff said that they also got ideas for arts and crafts from magazines and craft books.

A hairdresser comes to the home on a regular basis. Local groups come in to entertain the residents with singing and line dancing. Residents' spiritual needs are considered; the local minister and priest call and church services are made available on DVD.

Staff said that unfortunately residents are still unable to attend day care services but they have been able to organise outings and trips again, for example, to the cinema, bowling and for evening meals. The residents said they have really enjoyed their trips out and about of the home.

Discussion with staff and residents confirmed that residents were once again able to take trips out of the home to visit with their relatives in their own homes. However, it was established that the home's visiting policy needed to be updated to reflect the current DoH guidance regarding visiting in the home. An area for improvement was identified.

Review of records of residents' meetings evidenced that residents had been provided with a recent update regarding the current visiting policy. However, there was no evidence of formal communication with relatives regarding the current visiting policy. The Team Leader said they had relied on residents to update their relatives but agreed that this was not an effective means of communication. An area for improvement was identified.

The home's visiting policy and lack of formal communication with relatives regarding visiting was also discussed with the Regional Manager during the inspection. Following the inspection RQIA were provided with confirmation that the home's visiting policy had been updated to reflect the current guidance.

Residents said that they had lots to do and enjoyed the activities available. One resident said that "staff take me shopping and help me to choose new clothes". Another resident said they enjoy setting up the room for the daily exercise class. Residents were observed to be content in their surroundings and to enjoy being able to contribute to the daily routine.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Deirdre Burns has been the Registered Manager in this home since 1 April 2005. 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.

There was a system in place to manage complaints. However, a recent complaint had not been appropriately recorded and there was no evidence of communication with the complainant to determine if the complaint had been dealt with to their satisfaction. An area for improvement was identified.

Residents said they knew who to speak to if they had a concern, they felt that staff listened to them and made an effort to sort out any issues.

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 appointed safeguarding champion for the home. It was established that systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that there was 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. It was noted that RQIA had not been appropriately notified of one accident which had occurred in the home. This was brought to the attention of the Team Leader and a retrospective notification was submitted.

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. Where action plans for improvement were put in place there was evidence that these were followed up to ensure that the actions were correctly addressed.

6.0 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	3*

* The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Maria Forsythe, Team Leader, 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	
Area for improvement 1 Ref: Regulation 24 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that an accurate record of complaints, the actions taken in response to the complaint and communication with the complainant is accurately and contemporaneously maintained. Ref: 5.2.5 Response by registered person detailing the actions taken:

	Our complaints book records are up to date and record of actions recorded.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 6 Stated: Second time To be completed by: With immediate effect	The registered person shall review the management of distressed reactions to ensure that care plans are in place, and the reason for and outcome of any administration are recorded. Ref: 5.1 & 5.2.2 Response by registered person detailing the actions taken: This has been completed and a copy has been forward to RQIA inspector
Area for improvement 2 Ref: Standard 21 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the home's visiting policy is kept up to date and is reflective of the current DoH guidance in this area. Ref: 5.2.4 Response by registered person detailing the actions taken: Visiting policy up-date and remains under review due to changes during Covid 19. A copy had been forward to our RQIA inspector.
Area for improvement 3 Ref: Standard 2 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that there is a system in place to formally communicate with relatives in the event of changes to the current visiting guidance and that a record of any such communication is maintained. Ref: 5.2.4 Response by registered person detailing the actions taken: E.MAIL addresses are in place for families to advise them of any changes or updates to our visiting policies with a record maintained.

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



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