



Announced Care Inspection Report 27 October 2020



Orchard Grove

Type of Service: Residential Care Home
Address: 7 The Square, Clough, BT30 8RB
Tel no: 028 4481 1672
Inspector: Debbie Wylie

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	Total number of residents in the residential care home on the day of this inspection: 14

4.0 Inspection summary

An announced care inspection took place on 27 October 2020 from 10:00 to 13:30. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- Staffing
- management arrangements
- governance systems
- infection prevention and control (IPC)
- quality of life for residents
- nutrition
- quality improvement
- consultation.

Residents consulted with spoke positively regarding their experience of living in Orchard Grove and some of their comments can be found in the main body of the report. Those who could not verbally communicate were observed to be relaxed and settled in their environment.

The findings of this report will provide Orchard Grove 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	2	2

Areas 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

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Duty rotas from 1 to 13 October 2020
- staff training matrix 2020
- a selection of quality assurance audits for July and August 2020
- regulation 29 monthly quality monitoring reports for June, July and August 2020
- complaints and compliments records for 2020
- incident and accident records for July and August 2020
- minutes of residents' and staff meetings from January 2020
- activities planned for August 2020
- menus for August 2020
- management arrangements for the home
- on-call/out of hours cover arrangements for the home
- three residents' care records.

During the inspection, RQIA were able to consult with residents and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents, residents' representatives and staff. Ten residents' questionnaires, ten residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place using technology, with Deirdre Burns, manager.

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(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 18 January 2020.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing

The manager confirmed that staffing levels in the home were maintained at a level which met the assessed need of the residents. We observed staff responding in a timely manner to residents' care needs and requests for assistance.

A review of the staff rota from 1 to 13 October 2020 provided evidence that the staffing levels were consistently maintained at a safe level. The manager's hours were included on the rota along with the names and designation of staff working on a daily basis.

Staff meetings took place on a regular basis to update staff and discuss any changes in the home. Meetings were well attended and documentation reviewed identified that progress from the last meeting was discussed and actions from each meeting were recorded and signed on completion.

Staff spoken with confirmed that there had been no concerns regarding staffing levels in the home. Staff also told us that they worked well as a team supporting each other. Staff had a good knowledge of what action should be taken if they had any concerns about resident care or working practices.

As part of the inspection we asked residents, family members and staff to provide us with comments on staffing levels via questionnaires. In total 13 questionnaires were returned and indicated there were no concerns about staffing levels in the home.

6.2.2 Management arrangements

We were provided with accurate and informative documentation of the current management arrangements within the home for review. Information was recorded on the designation of the registered individual and registered manager of the home.

The arrangements in place for management cover to ensure staff were adequately supported at all times was clearly documented with the contact details provided across the on-call period. Staff spoken with did not raise any concerns about support from management over the 24 hour period.

6.2.3 Governance systems

There had been no change in manager since the last inspection. The manager was present throughout the inspection and confirmed that the home was operating within its registered categories of care.

We reviewed the staff training matrix for 2020 and confirmed that training was being completed, with dates planned for further training sessions. Staff spoken with also confirmed that the manager provided them with support about all aspects of care in the home. Staff comments included:

“I can go to the manager with anything.”

“We get good support from the manager.”

“We get our supervision and appraisal.”

“We have a full day training planned next month.”

The quality assurance audits were provided for review prior to the inspection. Discussion with the manager identified that there were no wounds in the home. Audits were received for accidents and incidents, care plans, infection prevention and control, nutrition and the environment; however, no audits had been completed for restrictive practices and no complaints analysis had been completed. An area for improvement was made.

We reviewed the nutritional care records for three residents in the home. Assessments and plans of care were in place for eating and drinking, needs assessments and communication with other professionals such as the dietician and the dentist. Weight records were not recorded regularly as recommended in care records and dental review information had not been recorded for all residents. An area for improvement was made.

A review of the monthly monitoring visits to the home was carried out. We found that the reports had not been fully completed for areas such as the review of the environment and overview of completion of the quality assurance audits for the home. This was discussed with the manager and an area for improvement was made.

6.2.4 Infection Prevention and Control (IPC)

The home was tidy and the lounge, dining room, bedrooms and bathrooms were clean and clutter free.

The manager confirmed there had been no outbreak of COVID 19 during the current pandemic. Temperature checks were completed twice daily for all residents and staff on duty. COVID 19 testing was completed every 28 days for residents and every 14 days for staff which complied with regional testing advice.

Visiting to the home had been established with the use of an outside poly tunnel area. Visitors signed a health declaration, had their temperatures checked and were provided with personal protective equipment (PPE) prior to the visit. The manager and staff told us that additional cleaning arrangements had been put in place to reduce the risk of infection.

Hand sanitising dispensers were available throughout the home along with appropriate PPE stations for staff and visitors to make use of.

Hand hygiene audits were completed and confirmed good compliance with hand washing techniques. Staff were familiar with the use of PPE; however, masks, gloves and aprons were not worn appropriately for all interactions with residents. An area for improvement was made.

6.2.5 Quality of life for residents

Using technology on the day of inspection, we undertook a virtual walk around of the home. Residents appeared to enjoy participating in an exercise in the lounge with staff while music played in the background.

The plan of activities for the month of August 2020 showed a wide variety of activities carried out in the home seven days per week including; gardening, walks, knitting, exercise, bingo, movies, nail care, and aromatherapy. Residents' comments included:

"I'm looking forward to going for a walk after lunch."

"I grew up with the cinema and movies."

"I have company around me."

Residents' bedrooms were well decorated and contained many items of personal memorabilia. The lounge and dining room in the home were comfortable and clean. Many residents used electronic equipment which required Wi-Fi support. The manager informed me that there was Wi-Fi reception in the home but in some areas this was not effective. The manager confirmed that improvement to the WI-FI reception was being reviewed by the home.

We observed the lunchtime meal as it was served in the dining room. Tables were attractively set with condiments easily accessible. There was a choice of drinks, two main courses and an alternative provided if residents preferred something different. Residents chatted to staff about daily life in the home and about Halloween activities. A menu was displayed appropriately for residents to see what was available for each meal throughout the day. Residents' comments about the meals included:

"I am looking forward to my lunch."

"Curry pasta is what I am getting."

"I like the food they give me."

"Nothing is left on my plate."

6.2.6 Nutrition

The menu for the home for the month of August 2020 was reviewed. A four week rotating menu was provided with a wide variety of meals to ensure a nutritious diet.

The lunch meal provided on the day of inspection appeared appetising and nutritious. Residents were observed enjoying their lunch and assistance was given to those who required this.

We reviewed three residents' nutritional care records. Assessments and care plans were in place for residents' needs assessment, eating and drinking, swallowing and oral assessments. Records reflected residents' assessed needs and requirements. The records provided evidence that contact was made with other professionals such as the dietician, speech and language and dentist as appropriate. Weight recording was reviewed and we found that this record was not completed as required on a monthly basis. An area for improvement was made.

6.2.7 Quality improvement

The manager informed us that the home was planning to improve the current Wi-Fi provision in the home to support electronic devices which required this and provide improved reception for mobile and electrical devices for residents.

6.2.8 Consultation

The home had been notified of the planned inspection 28 days prior to the date of inspection and an inspection pack was sent to the home at this time. The pack included an inspection poster which was displayed in the home to inform residents and their representatives of contact telephone numbers and /or an email address by which they could contact RQIA or provide feedback on the care provision in the home. We did not receive any feedback via telephone or email.

We also provided the home with questionnaires to be distributed to residents, residents' representatives and staff. Staff also had the opportunity to complete an online survey.

We received six resident questionnaires confirming that living in Orchard Grove was a positive experience. In total, 13 questionnaires were returned confirming that they were satisfied that care was safe, effective, compassionate and well led. Comments from residents, their representatives and staff included:

"Lovely home and all staff and management so approachable..."

"My sister loves Orchard Grove."

"I wouldn't be anywhere else."

A record of compliments and thanks received by the home were retained and shared with staff. Some comments included:

"Thank you caring staff. Take care of each other."

"Very appreciative of everything that has been done to keep everyone safe."

"All staff are excellent at providing my brother with great care and support."

Areas for improvement

Areas for improvement were identified including; completion of quality audits for restrictive practices, care records, monthly monitoring reports and infection prevention and control practices.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3 Conclusion

Residents in the home appeared relaxed and comfortable during the inspection. The home was well presented and tidy. Areas for improvement were discussed with the manager including completion of quality audits for restrictive practices, care records, monthly monitoring reports and infection prevention and control practices.

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 29(4)(b) Stated: First time To be completed by: 30 November 2020	<p>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.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: monthly monitoring was paused for two months from inside the home due to Covid 19. The inspector visited outside of the Home and received up to date information required via e-mails, phone contact. the monthly monitoring is now going in the home following all guidance with PPE</p>
Area for improvement 2 Ref: Regulation 13(7) Stated: First time To be completed by: immediately from the date of inspection	<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>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: both the registered manager and provider continue to ensure appropriate use of PPE by staff following all relevant guidance.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.10 Stated: First time To be completed by: 30 November 2020	<p>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.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: restrictive practice audit is in place</p>

<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2020</p>	<p>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.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: the method of recording residents monthly weights and dental care has been updated.</p>
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Please ensure this document is completed in full and returned via Web Portal



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