

# Inspection Report

20 October 2022



## Orchard Lodge Care Home

Type of service: Nursing Home  
Address: Desert Lane South, Armagh, BT61 8BF  
Telephone number: 028 3752 6462

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<p><b>Organisation:</b> Kathryn Homes Ltd</p> <p><b>Responsible Individual:</b> Mr Stuart Johnstone</p>	<p><b>Registered Manager:</b> Mrs Leanne McGaffin – Not Registered</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Leanne McGaffin</p>	<p><b>Number of registered places:</b> 55</p> <p>A maximum of 40 patients in category NH-DE accommodated in the Orchard and Cathedral Units and a maximum of 15 patients in categories NH-I, NH-PH, NH-PH(E) accommodated in the Bard Unit.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 46</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This is a nursing home which is registered to provide nursing care for up to 55 patients. The home provides general nursing care and care to patients living with dementia. The home is divided into three units, one on the ground floor and two on the first floor. Patients' bedrooms, communal lounges and dining rooms are located over the two floors. An enclosed garden is accessed from the ground floor.</p> <p>A residential care home is also located on the ground floor. The same manager manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 20 October 2022 from 10.30 am to 3.45 pm. The inspection was carried out by care inspectors.

At the last inspection on 25 August 2022 serious concerns were identified relating to the management and governance arrangements in the home.

Following a meeting with the Responsible Individual (RI) on 6 September 2022 one Failure to Comply (FTC) notice was issued regarding Regulation 10 (1) with the date of compliance to be achieved by 20 October 2022.

There had been a high turnover of managers noted over the last year. This was contributing to ineffective risk management and insufficiently robust governance systems. At the meeting on 6 September 2022, the RI provided RQIA with assurances that Mrs Leanne McGaffin had temporarily stepped back from her regional role to manage the home. Mrs McGaffin had previously been the registered manager in the home and would remain in the manager role until a suitable manager was appointed. Mrs McGaffin would be based in the home on a full time, supernumerary, basis. There was evidence that this arrangement was impacting positively on the governance and management of risks.

This inspection was planned to assess compliance with the actions detailed in the FTC notice. The outcome of this inspection evidenced that management within the home had taken appropriate action to comply with the FTC notice.

This inspection resulted in no new areas for improvement being identified; three areas for improvement are being carried forward for review at the next care inspection.

### 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 FTC notice, 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 patients, 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 patients 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 the management team at the conclusion of the inspection.

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

Patients spoke positively in terms of their experience of living in the home. They said that staff were kind and helpful and looked after them well. Patients who were less well able to communicate their views and opinions were seen to be content and settled.

Staff said that communication was good and that they feel well informed about their role and responsibilities.

Visitors also spoke positively about their experience of the home and how their relatives were looked after.

#### 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 25 August 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (1)(a) <b>Stated:</b> First time	The registered person shall ensure that there is a robust system in place to review and audit patients' care records with a time bound action plan which identifies the person responsible for completion. The action plans should show evidence that the required actions have been completed.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a)(c) <b>Stated:</b> First time	The registered person shall ensure that all substances which are potentially hazardous to the health of patients are supervised or safely and securely stored at all times. This is with specific reference to cleaning products and thickening agents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations during the inspection confirmed that cleaning products and thickening agents were supervised or safely and securely stored at all times.	

<b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance summary</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> First time	The registered person shall ensure that wound care charts and wound evaluations are completed contemporaneously to reflect that the dressing has been changed as directed in the care plan.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	The registered person shall ensure that daily records provide evidence that registered nurses evaluate patients' fluid intake at regular intervals in order to identify any issues in this area and to ensure that prompt action can be taken if required. Care plans relating to fluid intake should include recommended actions to take if fluid intake is insufficient.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

FTC Ref: FTC000195

**Notice of failure to comply with Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005**

***Registered person: general requirements***

***Regulation 10.—***

*(1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.*

**In relation to this notice the following six actions were required to comply with this regulation:**

1. There is a robust system in place to ensure the safe and effective management of modified food and fluids
2. Staff are able to demonstrate their knowledge of the processes in place around the safe and effective management of modified food and fluids commensurate with their role
3. There is a robust system in place to ensure the safe and effective management of the use of bedrails
4. Staff are able to demonstrate their knowledge of the processes in place around the safe and effective management of bed rails commensurate with their role
5. Registered nurses carry out their role in accordance with current best practice guidelines and in accordance with their professional code of conduct
6. Systems are in place to ensure that all staff adhere to best practice guidelines in Infection Prevention and Control.

**Action taken by the registered persons:**

Evidence in relation to the six action points outlined in the FTC Notice was gathered to establish if Orchard Lodge had complied with the Regulation. The following was established in relation to each action:

1. Discussion with the manager confirmed that a new Eating, Drinking and Swallowing Pathway had been developed and implemented; this was readily available for staffs' information. Staff were provided with a handover at the beginning of each shift to communicate any changes to patients' care needs. Staff were also provided with a handover sheet detailing the food and fluid recommendations for patients. It was established that if a patient's food and fluid recommendations changed there was an effective system in place to communicate this to all necessary staff and to update care records accordingly. Review of patients' care records, speech and language therapist (SALT) recommendations and the current handover sheets evidenced that recommendations were accurately and contemporaneously recorded. It was established that the system in place to ensure the effective management of modified food and fluids was safe and effective.
2. Discussion with staff provided assurances that they were aware of where and how to access relevant information regarding patients' recommended eating and drinking needs. Staff confirmed that they were provided with a handover and an up to date handover sheet at the beginning of each shift. Staff were also aware that the relevant information was available in patients' care records. Relevant training had been provided regarding the use of thickening agents. Staff demonstrated their knowledge of the systems in place to ensure that patients received the correct consistency of food and fluids commensurate with their role in the home.
3. The manager said that the recommended use of bedrails had been reviewed for all patients. Review of care records evidenced that where bedrails were in use risk assessments and care plans were in place and the patient and/or their relative had been consulted with appropriately. Discussion with the manager and review of the system in place to ensure the safe and effective management of bedrails in the home evidenced that this was robust.

4. Discussion with staff provided assurances that they were aware of where and how to access relevant information regarding the recommended use of bedrails. Handover sheets contained accurate and contemporaneous information regarding whether or not bed rails were recommended. Staff demonstrated their knowledge of the processes in place around the safe and effective management of bed rails commensurate with their role in the home.
5. Registered nurses demonstrated their knowledge of the importance of comprehensive risk assessment and holistic and individualised care planning for patients. Review of care records evidenced that risk assessments were completed prior to care plan development and that patients and their relatives were consulted with appropriately. Discussion with the manager confirmed that supervisions had been undertaken with all registered nurses regarding risk assessment, care planning and review of care records. Discussion with registered nurses provided assurances that they carry out their role in accordance with current best practice guidelines and in accordance with their professional code of conduct.
6. Staffs' use of personal protective equipment (PPE) and hand hygiene was monitored and records were maintained. Staff had been provided with training updates in the use of PPE and hand hygiene. PPE stations were well stocked and additional hand sanitiser dispensers had been installed in appropriate locations since the last inspection. Observations of infection prevention and control (IPC) practices, discussion with staff and review of records evidenced that systems were in place to ensure that best practice guidelines regarding IPC measures were adhered to.

It was established that Mrs Leanne McGaffin remained in the manager role and was in charge of the home on a day to day basis. Mrs McGaffin was supported by a supernumerary deputy manager and two clinical leads. Mrs McGaffin confirmed that she would remain in the post until a suitable manager was appointed. RQIA were assured that this arrangement was impacting positively on the governance and management of risks.

**As all actions have been assessed as met, compliance has been achieved with this FTC notice.**

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	2*

\*Three areas for improvement are being carried forward for review at the next inspection.

The carried forward areas for improvement in the Quality Improvement Plan were discussed with Leanne McGaffin, Manager, and Bronach Campbell, Deputy 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 Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that there is a robust system in place to review and audit patients' care records with a time bound action plan which identifies the person responsible for completion. The action plans should show evidence that the required actions have been completed.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Action required to ensure compliance with Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that wound care charts and wound evaluations are completed contemporaneously to reflect that the dressing has been changed as directed in the care plan.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that daily records provide evidence that registered nurses evaluate patients' fluid intake at regular intervals in order to identify any issues in this area and to ensure that prompt action can be taken if required. Care plans relating to fluid intake should include recommended actions to take if fluid intake is insufficient.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

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





The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS