Unannounced Care Inspection Report
16 February 2021

Orchard Lodge Care Home

Type of Service: Nursing Home
Address: Desart Lane South,
Armagh, BT61 8BF
Tel no: 028 37 5264 62
Inspector: Julie Palmer

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for

2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 55 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Home LTD **Responsible Individual(s):** Gavin O'Hare-Connolly	**Registered Manager and date registered:** Leanne McGaffin 29 August 2019
Person in charge at the time of inspection: Leanne McGaffin	**Number of registered places:** 55 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
Categories of care: 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.	**Number of patients accommodated in the nursing home on the day of this inspection:** 55

4.0 Inspection summary

An unannounced inspection took place on 16 February 2021 from 09.20 to 17.00 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 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.

Patients in the home looked well cared for and were seen to be content in their surroundings.

It was positive to note that no areas for improvement were identified during this inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Leanne McGaffin, manager, as part of the inspection process and can be found in the main body of the report.

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 previous care inspection report.

During the inspection the inspector met with 17 patients, both individually and in smaller groups, one patient's relative and 11 staff. Questionnaires were left in the home to obtain feedback from patients and patients' relatives/representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients 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 rotas from 8 to 21 February 2021
- staff training records
- staff supervision schedule
- three staff recruitment files
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- COVID-19 information file
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- three patients' care records including food and fluid intake charts
- care partner policy
- RQIA registration certificate.

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 unannounced care inspection carried out on 12 March 2020. The inspection resulted in no areas for improvement being identified.

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. Patients and staff spoken with indicated that they were satisfied with staffing levels in the home. Staff told us that an effort was made to cover short notice sick leave and this was only occasionally an issue. No staff responded to the on-line survey within the indicated timescale.

Review of three staff recruitment records evidenced that the necessary checks were completed prior to staff commencing work in the home.

There was a system in place to monitor that staff were appropriately registered with either the NMC or NISCC as required.

Training was mainly completed on-line due to COVID-19 restrictions. There was a system in place to monitor compliance with mandatory training and to remind staff when training was due.

Staff spoken with told us that teamwork was good and they felt well supported in their role, even with the additional challenges that have arisen from the COVID-19 pandemic; comments included:

- "I had a very good orientation and induction when I started."
- "We have plenty of PPE, no issues."
- "Teamwork is very good."
- "Leanne (the manager) is very nice, if you need anything you just have to ask."
- "I enjoy my work here."
- "We are well supported, no problems."
- "Staffing levels are mostly okay."
- "Sick leave can be a bit of an issue but otherwise staffing levels are okay."
- "We are well supported."
- "I'm proud to work here and of what we do. "

Comments made by staff were brought to the attention of the manager for information and action if required. The manager told us that agency staff were employed as required but block bookings were made in order to help keep footfall into the home to a minimum.

6.2.2 Personal protective equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE doffing station had been set up at the entrance enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors had a temperature check on arrival at the home. The manager and staff confirmed that all staff and patients had a twice daily temperature check recorded; review of records confirmed this.

We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance. Staff confirmed that they had received training in the use of PPE.

Staff told us that the home had plenty of PPE available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home and donning and doffing stations were in appropriate areas.

The manager told us that staffs' use of PPE and hand hygiene was monitored through observations and audits; review of audits confirmed this.

6.2.3 The environment and IPC measures

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, treatment rooms, sluices and storage areas. The home was found to be well decorated, clean, tidy, warm and fresh smelling throughout. Patients' bedrooms were attractively decorated and personalised. Corridors and fire exits were clear of clutter and obstruction.

During the inspection works were underway to upgrade the wifi internet system in the home. The manager told us that this would improve the ability of staff to provide virtual visiting in all areas of the home when required; this was especially important for those patients who prefer to stay in their bedrooms.

We observed that identified bed rail bumpers in use showed signs of wear and tear. This was brought to the attention of the manager who told us that a recent audit of bed rail bumpers had been undertaken, new bed rail bumpers were on order and the identified bumpers would be replaced as soon as possible. We also observed that identified dining room chairs showed signs of wear and tear and the legs of some chairs needed to be more thoroughly cleaned. This was brought to the attention of the manager who assured us that the chairs would be thoroughly cleaned immediately following the inspection.

The manager told us that there was a system in place to ensure that frequently touched points were cleaned regularly over the 24 hour period. A 'resident of the day' schedule ensured each resident's bedroom was deep cleaned on a regular basis in addition to the normal daily cleaning carried out. The frequency of IPC audits had been increased in response to the COVID-19 pandemic. Hand sanitisers throughout the home were checked and refilled daily. Routine maintenance checks were completed as required. Systems were in place to reduce staff footfall across the home and ensure staff did not enter units, other than the unit they worked in, unnecessarily.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. We observed that patients who were in their rooms had call bells within reach; staff were seen to be attentive to patients and to answer call bells promptly. We saw that staff spoke to patients with kindness and respect. Staff assisted and prompted patients to wash their hands at appropriate times.

The manager told us that the current guidance regarding visiting and the care partner initiative was being followed in the home. Relatives make appointments to visit; staff meet them on arrival, assist with PPE and IPC measures and take them to the allocated visiting areas. They also assist patients with window visits, virtual visiting and telephone calls. Those relatives who were undertaking the care partner role had been provided with the relevant guidance and training in PPE and IPC measures; relatives were also included in the weekly home testing programme. Care partner risk assessments, agreements and care plans were in place.

We spoke to a relative who was in the home for a visit; they told us that during the pandemic staff had maintained good communication regarding their family member. Staff had also been supportive regarding visiting and had provided advice about the use of PPE and social distancing. The relative also said that:

- "It's been great here, staff are very good."
- "Staff always dress (my family member) in matching outfits which is really nice."
- "We wrote letters when we couldn't visit and staff read them out."

The activity lead told us that the patients really enjoyed singing and musical activities; making connections through music, especially for patients living with dementia, was very important, music could help to calm anxiety and prompted reminiscence. Activities were provided on both a one to one or in group sessions within the individual units. Sensory activities provided included aromatherapy and hand massage. Other activities such as arts and crafts and making papier-mache helped to maintain fine motor skills. Patients were able to join in a 'fit and fun' exercise session each morning. Patients' arts and crafts products had been attractively displayed in the lounge. During the morning the activity lead was assisting patients to make pancakes in one of the lounges; this was observed to be an inclusive and motivating activity which led patients to chat about baking for their own children and recollections of their own childhoods.

We spoke to several patients, both individually and in small groups, during the inspection. Staff demonstrated their understanding of patients' differing communication needs. We observed that those patients who were less able to communicate verbally looked content and settled; one patient gave us a 'thumbs up' sign when we asked how they found life in the home. Patients spoken with told us that:

- "It's alright here, I like it all okay."
- "The girls are good to me."
- "The food is nice."

Comments made by patients and the relative we spoke to were brought to the attention of the manager for information.

The manager discussed the importance of maintaining effective communication with relatives and keeping them updated on any changes. A regular newsletter was sent out along with email or written communication to keep relatives informed about issues such as the COVID-19 status of the home, visiting and the care partner initiative.

6.2.5 Care records

We reviewed three patients' care records which evidenced that individualised care plans had been developed to reflect the assessed needs and direct the care required. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care.

There was evidence of referral to, and recommendations from, other healthcare professionals such as the dietician, speech and language therapist (SALT) and tissue viability nurse (TVN) where necessary.

Patients' weights were recorded on at least a monthly basis; we evidenced that referrals were made to the appropriate healthcare professionals if weight loss occurred and recommendations regarding, for example, prescribed supplements, were recorded. Food and fluid records reviewed were up to date.

Care plans for the prevention of pressure sores included recommended repositioning schedules and the type and setting of mattresses required.

Wound care recording was up to date and reflective of the recommendations in the individual patient's care plan.

In the event of a fall we could see that neurological observations were completed and the relevant risk assessments and care plans were updated.

The manager told us that the multi-disciplinary teams (MDT) were conducting Zoom meetings for patients regarding for example, SALT and dietician assessments, capacity assessments and deprivation of liberty safeguard (DoLS) reviews.

6.2.6 Governance and management arrangements

The manager told us that she felt well supported in her role by her senior managers and also by the Southern Health Trust (SHSCT) who had provided excellent support throughout the COVID-19 pandemic. The manager ensured that staff were kept up to date with information regarding COVID-19 as required; information was disseminated during daily handovers, at Zoom staff meetings and in supervision sessions.

Review of records evidenced that there were systems in place to manage complaints and to ensure that RQIA were appropriately notified of accidents/incidents that occurred in the home. A monthly analysis of falls was completed in order to identify any trends or patterns.

A sample of governance audits reviewed evidenced that management maintained effective oversight of the care and services provided in the home and had systems in place to identify deficits and the actions required to carry out improvements.

We reviewed a sample of monthly monitoring reports and found these to include a review of previous actions, input from patients and staff, a comprehensive overview of the care and services provided in the home and an action plan with a timescale and person responsible identified. We observed that the views of relatives were not always included; we brought this to the attention of the manager for information and action as required.

Thank you cards were on display and a record of compliments received was maintained; comments included:

- "Thank you for all the love and care."
- "We appreciate your care and vigilance."
- "Many, many thanks for all your kindness."

The manager discussed the importance of effective communication and how important this had been in helping to keep patients, staff and relative feeling supported and reassured during the COVID-19 pandemic.

Areas of good practice

Areas of good practice were identified regarding teamwork, supporting staff, use of PPE, the environment and IPC measures. Additional areas of good practice were identified regarding the care provided, visiting and the care partner initiative, the culture and ethos in the home, communication and management arrangements.

Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

There was a pleasant and welcoming atmosphere throughout the home. Patients looked well cared for and were content and settled. Staff were seen to be helpful and to treat patients with kindness.

Following the inspection the manager confirmed that the dining chairs had been thoroughly cleaned on the day of the inspection and then subsequently replaced with new chairs. Bed rail bumpers had also been replaced where necessary.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

The Regulation and Quality Improvement Authority

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