



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

7 December 2021



## Orchard Lodge Care Home

Type of service: Nursing Home (NH)

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/Registered Provider:</b> Kathryn Homes Limited</p> <p><b>Responsible Individual:</b> Mr Stuart Johnstone</p>	<p><b>Registered Manager:</b> Mrs Leanne McGaffin – Acting Manager</p>
<p><b>Person in charge at the time of inspection:</b> Ms Amrita Passi – Clinical Lead Nurse</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> 52</p>
<p><b>Brief description of the accommodation/how the service operates:</b> Orchard Lodge Care Home is a registered nursing home which provides care for up to 55 patients. It 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, which is under a separate registration, is also located on the ground floor.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 7 December 2021 from 9.55 am to 6.00 pm. The inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection, carried out on 21 September 2021, following concerns raised in relation to staffing and management arrangements in the home. The inspection also sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The outcome of the inspection confirmed that management and staffing arrangements had been appropriately reviewed.

Areas for improvement were identified regarding recruitment, regular review of care records and effective cleaning and repairs required in a snack kitchen.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Orchard Lodge Care Home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' 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 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 and 'Tell Us' cards 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

During the inspection we spoke with 25 patients, both individually and in small groups, and 14 staff.

Patients said that they felt well looked after by the staff but would like to have more activities available.

Staff said that staffing levels had improved and that they knew who was in charge.

A record of compliments and thank you cards received was kept and shared with the staff team, this is good practice.

Comments made by patients and staff were brought to the attention of the management team for information and action if required.

No completed questionnaires or responses to the on-line staff survey were received following the inspection.

#### 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 21 September 2021		
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 20(1)(a) <b>Stated:</b> First time	The Registered Persons shall ensure that at all times there are sufficient numbers of staff on duty to meet the health and well-being needs of the patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the duty rota, observation of the daily routine and discussion with staff and patients evidenced that this area for improvement had been met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 46.2  <b>Stated:</b> First time	The Registered Persons shall ensure that regular infection prevention and control audits, for example correct use of PPE and hand hygiene audits, are completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> PPE and hand hygiene audits were available for review, these had been completed on a regular basis, and evidenced that this area for improvement had been met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients. However, it was observed that in the recruitment file for one employee a second reference had not been obtained; an area for improvement was identified.

Review of records provided assurances that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored on a monthly basis.

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. Review of records showed that mandatory training comprised of a range of relevant topics, for example, dementia awareness and infection prevention and control. The majority of courses were provided online and courses with practical elements were delivered face to face, for example, moving and handling, fire safety and first aid. The vast majority of 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. Staffing levels had been depleted by a COVID-19 outbreak at the time of the last inspection. Staff told us that staffing levels had improved and there were enough staff on duty to meet the needs of the patients. Staff also said that efforts were made to cover short notice sick leave but if cover was unavailable they would work together to ensure the care for patients was not affected. All of the staff said that teamwork was good. The management team told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Staff said that they felt well supported, communication and managerial oversight was good and they knew who was in charge. All of the staff said that they enjoyed working in the home.

It was noted that there were enough staff in the home to respond to the needs of the patients in a timely way. Patients said that there enough staff on duty to help them and that they felt well looked after.

### 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 patients. Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes. Staff were seen to be skilled in communicating with the patients and to treat them with kindness and respect.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered patients discreet assistance with their personal care needs.

Where a patient was at risk of falling measures to reduce this risk were put in place, for example, equipment such as bed rails and alarm mats were in use where required. Those patients who were at risk from falls had relevant care plans in place. Review of records confirmed that in the event of a fall or an accident staff took appropriate action. Relevant risk assessments and care plans had been reviewed and updated in the event of a fall. A monthly falls/accident analysis is carried out to establish if there are any patterns or trends and to determine if there are other measures that can be put in place to reduce the risk of a recurrence.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care records accurately reflected the patients' needs and included recommendations regarding, for example, the type and setting of pressure relieving mattresses and frequency of repositioning. An up to date record of repositioning was maintained where required.

A monthly audit of restrictive practices in use, for example, alarm mats and bedrails, was completed in the home and staff said that use of this equipment was kept under regular review.

Review of wound care records evidenced that these were contemporaneously recorded and reflective of the relevant wound care plans. Referrals had been made to the Tissue Viability Nurse (TVN) if required and their recommendations were clearly recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff were seen to assist patients with the support required during the meal time, this ranged from simple encouragement through to full assistance. The dining experience was seen to be relaxed and unhurried. A suitable menu was on display and patients were offered a choice of meals; the food was attractively presented and looked appetising.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet.

The recommendations of the Dietician and the Speech and Language Therapist (SALT) were clearly recorded in the care plans reviewed. Up to date records were kept of what patients had to eat and drink daily. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain; an action plan was developed if significant weight loss or gain was noted.

The majority of patients said they enjoyed the food on offer. One patient said the food was not to their taste and they planned to discuss this with the manager themselves.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

There was evidence that patients and their relatives, if this was appropriate, were involved in planning their own care. Care records were individualised and person centred. Patients' individual likes and preferences were reflected throughout the records. An informative and meaningful daily record was recorded of how each patient spent their day and the care provided by staff. However, not all of the care records reviewed evidenced that a regular monthly evaluation was undertaken to ensure they continued to meet the patients' needs; an area for improvement was identified.

Patients were seen to be well cared for, they were well groomed and attention had been paid to all aspects of their personal care needs including hair and nail care. Staff said that some patients liked to choose their own clothes but if staff were choosing for them they made an effort to ensure the clothes matched and fitted well.

Patients said that staff were helpful and friendly and they felt well looked after in the home.

### **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 in good decorative order. This was with the exception of one of the snack kitchens which was found to be in need of more effective cleaning with repairs required to some cupboard doors; an area for improvement was identified. The management team said they had already identified the snack kitchen as needing repairs or refurbishment and were waiting on approval to carry out the required works. The management team confirmed that the snack kitchen had been thoroughly cleaned following the inspection.

Corridors and fire exits were clear of clutter and obstruction. Patients' bedrooms were attractively decorated and personalised with items that were important to them, for example, family photographs, ornaments, pictures, flowers and plants. Patients said the home was kept clean and tidy.

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. The home participated in the regional testing arrangements for patients, staff and care partners 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 effective training on infection prevention and control (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. As previously mentioned staff use of PPE and hand hygiene was regularly monitored and records of these audits were available for review.

### 5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. It was observed that staff offered patients choices regarding, for example, what clothes they wanted to wear and if they wanted to join the other patients in the lounge or spend time in their room. It was obvious that staff knew the patients well and they were seen to speak to them in a warm, friendly and caring manner.

Patients care records included their preferences regarding, for example, time to get up and go to bed, food likes and dislikes and how they liked to spend their time. Patients said that they felt staff listened to them and helped them sort out any concerns or worries they might have.

The home does not have an activity coordinator at present although discussion with the management team confirmed that recruitment for the post was underway. Some patients said there was not enough to do at times but they had been informed that recruitment was underway and they hoped this would not take too long. Staff said that they made an effort to provide a range of interesting and fun activities for the patients in the interim, for example, singing, dancing, quizzes and balloon throwing games. Progress with recruitment for the activity coordinator role and the activity schedule will be reviewed at the next inspection.

The home was attractively decorated with Christmas trees and decorations. Appropriate music was playing in the communal areas. The home uses a 'Forget me not' symbol for patients who stay in their rooms the majority of the time and staff were seen to check on those patients regularly. In the lounges TV's were on or music was playing and staff were seen to be chatting to the patients in a warm and friendly manner.

Staff recognised the importance of maintaining good communication with families, especially while visiting was disrupted due to the COVID-19 pandemic. Staff said they assisted patients to make phone or video calls and some patients had their own mobile phones. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients. Patients said they enjoyed visits from their relatives.

The atmosphere in the home was friendly and pleasant and staff were seen to be attentive to the patients and to answer requests for assistance promptly. Staff were also seen to offer patients explanations and choices, for example, at lunchtime they explained that lunch was being served and offered patients the choice to move to the dining room for their meal or stay in their bedroom or the lounge.

Patients said that they had no complaints about the care provided by staff who were kind and helpful.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Leanne McGaffin has been the acting manager in this home since 23 August 2021. However, following the concerns raised regarding staffing and management arrangements prior to the last inspection a stable management arrangement had been implemented. RQIA had been



informed that a new manager has been recruited and will commence employment in January 2022.

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 patients, care practices or the environment.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home including hand hygiene and PPE use.

Review of the home's record of complaints confirmed that there was a system in place to manage these. The management team said that the outcome of complaints was used as a learning opportunity to improve practices and/or the quality of services provided by the home.

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 good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients said that they knew how to report any concerns and said they were confident that the manager or staff would help sort these out.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail and action plans for required improvements were in place. These reports are available for review by patients, their representatives, the Trust and RQIA.

Staff said that the manager was very approachable and that they had been kept up to date regarding management arrangements and ongoing recruitment for new staff.

## 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

Areas for improvement and details of the Quality Improvement Plan were discussed with Amrita Passi, Clinical Lead Nurse, Carol Doherty, Regional Operations Director, and, Leanne McGaffin, Acting Manager, who joined remotely, 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of the inspection</p>	<p>The registered person shall ensure that all areas of the home, including the identified snack kitchen, are kept clean and tidy and that the necessary repairs are completed to the snack kitchen in order that effective cleaning can be maintained.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Areas highlighted have been cleaned and tidied and the same documented daily by the Homes Domestic Team. The repairs to the snack kitchen are currently planned and will be completed soon.</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 38</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of the inspection</p>	<p>The registered person shall ensure that two written references are obtained prior to making an offer of employment and that these are available for review in the recruitment files.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> An audit has been completed of all personal files to ensure full compliance and that two written references are received before an offer of employment is made. A new checklist has been implemented to ensure regulatory and organisational compliance moving forward.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that care records are reviewed on at least a regular monthly basis to ensure they remain relevant to the needs of the patients.</p> <p>Ref: 5.2.2</p>
<p><b>To be completed by:</b> Ongoing from the date of the inspection</p>	<p><b>Response by registered person detailing the actions taken:</b> All residents will be assigned a Key Nurse to ensure all care plans and risk assessments are evaluated monthly. The Home Manager will oversee compliance with the same as part of their monthly care plan audits. The Gold Crest system will be implemented soon which will also aid compliance and ensure a more robust system of risk assessment and care planning is in place.</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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care