The Regulation and Quality Improvement Authority

Inspection Report

14 July 2022

Orchard Lodge Care Home

Type of service: Nursing (NH)
Address: Desart Lane South,
Armagh, BT61 8BF
Telephone number: 02837 526462

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

1.0 Service information

Organisation/Registered Provider: Kathryn Homes Limited **Responsible Individual:** Mr Stuart Johnstone	**Registered Manager:** Mr John Watkins – not registered
Person in charge at the time of inspection: Mr John Watkins	**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:** 54
Brief description of the accommodation/how the service operates: 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. There is also a registered Residential Care Home on the ground floor of the home; the same manager manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 14 July 2022 from 9.35 am to 6.30 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 and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients said they felt well looked after in the home. Patients unable to voice their opinions were observed to be comfortable and content in their surroundings and in their interactions with staff.

Staff said that staffing levels were satisfactory, teamwork was good and the manager was supportive and approachable.

It was observed that there were sufficient numbers of staff on duty to attend to the needs of the patients in a timely manner. Staff were seen to treat the patients with kindness, respect and compassion.

Areas requiring improvement were identified regarding nutrition care plans, oversight of care records, wound care recording and oversight of patients' daily fluid intake.

Addressing the areas for improvement will further enhance the quality of care and services in Orchard Lodge.

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 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 said that there were enough staff in the home to help them and that they felt well looked after. Patients who were less well able to tell us about how they found life in the home were seen to be relaxed in their surroundings and in their interactions with staff. Patients' comments included "it is really brilliant, no problems at all", "this place is very good" and "it is kept spotless, nice and clean and tidy". Patients said that the staff were kind and helpful.

Staff said that staffing levels and allocation of staff had improved since the last care inspection and that they were confident attempts were made to cover shifts in the event of short notice sick leave. Staff said that teamwork was great, they felt well trained for their role and enjoyed working in the home. Staff comments included "everyone is very helpful in the team", "it's getting better, staffing has improved", "I love it here" and "training is good, we get lots of it so feel well supported".

Relatives said they were satisfied with the care provided, staff were helpful and that communication was good. One relative referred to her loved one and said that "staff just love him, they all know him really well" which she said was very reassuring for her. Another relative said that "communication is brilliant". All the relatives spoken with said their loved ones always looked well cared for.

A visiting social worker said that in his experience the patients he called to see looked well, staff were good at communicating any changes regarding the patients and feedback from relatives was positive during care reviews.

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

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

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

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 15 March 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (7) **Stated:** Second time	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 in order that effective cleaning can be maintained.	**Met**
	Action taken as confirmed during the inspection: Observation of the environment evidenced that the home was clean and tidy in all areas examined. This included the identified snack kitchen where the necessary repairs had also been completed.	
Area for improvement 2 **Ref:** Regulation 20 (1) (a) (b) **Stated:** First time	The registered person shall ensure the appropriate allocation of staff so that suitably experienced staff are working in each unit. The allocation of staff should ensure that patients' needs are met in a timely, appropriate and consistent manner.	**Met**
	Action taken as confirmed during the inspection: Observation of the daily routine, review of the duty rota and discussion with staff confirmed that staff were suitably experienced, allocated appropriately and that patients' needs were met in a timely and consistent manner.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure that an up to date daily menu is on display in a suitable format in all dining rooms.	**Partially met**
	Action taken as confirmed during the inspection: An up to date weekly menu was on display on the door of each dining room. However, while there was a menu board in each dining room, this only reflected breakfast choices and there was no menu provided, in a suitable format, for the lunch or evening meals. This area for improvement was partially met and will be stated for the second time.	
Area for improvement 2 **Ref:** Standard 45 **Stated:** First time	The registered person shall ensure that equipment is regularly and effectively cleaned and that an accurate record of this is maintained.	**Met**
	Action taken as confirmed during the inspection: Observations of a sample of equipment in use, for example, hoists and wheelchairs, evidenced that effective cleaning was maintained. Cleaning schedules were in place and up to date.	
Area for improvement 3 **Ref:** Standard 46 **Stated:** First time	The registered person shall ensure that there are effective systems in place to maintain oversight of the condition of the snack kitchens and all equipment in use in the home and to ensure that cleaning is completed as and when necessary in addition to scheduled cleaning.	**Met**
	Action taken as confirmed during the inspection: The snack kitchens were both observed to be maintained in a clean condition. Cleaning schedules were in place and completed up to date for the snack kitchens and for the equipment reviewed.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

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 that staff were trained and supported to do their job.

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.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met and that efforts were made to 'block book' agency staff in order to provide consistency for patients and other staff. The manager also said that recruitment was ongoing and some new staff had recently been successfully recruited.

Staff said that allocation of staff and teamwork was good. It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way.

Patients, staff and relatives consulted with during the inspection had no concerns about staffing levels.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients.

Staff were seen to respect patients' privacy, they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes; for example, where patients preferred to sit to eat their meals and what they liked to eat and drink.

A sample of patients' care records were reviewed. 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. Patients' care records were held confidentially. There was evidence of consultation with patients and their relatives, if this was appropriate, in the records reviewed.

Where a patient was assessed as being 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.

Care records reviewed reflected the specific risk assessment recommendations regarding equipment in use for individual patients. In the event of a fall there was evidence that staff provided patients with the appropriate care required and reviewed the relevant risk assessments and care plans.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care records reflected the patients' needs regarding the use of pressure relieving mattresses and the recommended frequency of repositioning. Repositioning records reviewed were up to date.

Where patients were required to use equipment that can be considered to be restrictive, for example, alarm mats, it was established that safe systems were in place to manage this aspect of care.

Records of wound care evidenced that nursing staff adhered to the recommendations of the Tissue Viability Nurse (TVN) regarding the type of dressing to use. Observations of wound dressings and discussion with staff provided assurances that wound dressings were renewed as required. However, review of a sample of wound care charts and wound evaluations evidenced gaps in wound care recording on occasions. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals from simple encouragement through to full assistance from staff.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet and the required assistance. The recommendations of the speech and language therapist (SALT) were available within patients' care records. However, in a sample of nutritional care plans reviewed the SALT recommendations were not always fully reflected within the care plan and some care plans had not been updated to reflect changes in the nutritional plan. An area for improvement was identified.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff were seen to be attentive and to provide patients with encouragement, support and assistance as required during the meal.

Patients said that they enjoyed the food, had different choices at each meal and were offered lots of drinks. A weekly menu was on display on the exterior of the dining room doors. The menu board in the dining rooms only reflected breakfast choices and did not include lunch or evening meal choices. Staff were seen to discuss the choices on offer with patients but the daily menu should be clearly displayed in a suitable format. An area for improvement has been stated for the second time.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Up to date records were kept of what patients had to eat and drink daily. However, patients total daily fluid intake was not consistently recorded in the daily care records reviewed. As a result there was a lack of evidence that registered nurses had oversight of individual patient's fluid intake and care plans reviewed did not include a plan of action should fluid intake be insufficient. An area for improvement was identified.

Care records were generally signed off as reviewed and updated by the registered nurses to ensure they continued to meet the patients' needs. However, in one set of care records reviewed monthly evaluations were not all up to date and as previously mentioned issues in recording and care plan updates were also identified. An area for improvement was identified regarding oversight of care records; this is discussed further in Section 5.2.5.

Informative daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Patients were seen to be well dressed in clean clothes and attention had been paid to all aspects of their personal care needs including hair, nail and mouth care. Patients said they felt well looked after.

Staff were knowledgeable regarding individual patient's care needs and were seen to treat all patients with kindness and compassion.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of a sample of bedrooms, bathrooms, lounges, dining rooms and store rooms evidenced that the home was clean, tidy and fresh smelling in the areas reviewed. Patients' bedrooms were personalised with items that were meaningful to them, for example, family photographs, pictures, flowers and ornaments.

Communal areas were attractively decorated, warm and welcoming spaces for patients. The management team confirmed that a number of new lounge chairs had been delivered and more were on order. Fire exits and corridors were clear of clutter and obstruction.

The manager said that staff were encouraged to bring any new environmental issues to the attention of the manager/person in charge at daily flash meetings in ensure that remedial actions or repairs could be arranged as soon as possible.

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.

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 personal protective equipment (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. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with the current guidance in this area.

Patients and relatives consulted with said that they were satisfied that the home was kept clean and tidy.

5.2.4 Quality of Life for Patients

Staff were seen to be very responsive to any requests for assistance from patients. Staff were also seen to be attentive to those patients who were less well able to communicate their needs; they recognised non-verbal cues which might indicate, for example, that a patient needed a drink or to use the bathroom.

Staff were observed to treat patients with respect and kindness and to offer them choices throughout the day. Staff were seen to ask patients where they wanted to sit and if they would like to go to the dining room at lunchtime. Patients were offered regular drinks and snacks in addition to their main meals.

A record of patients' meetings was maintained; these meetings provided patients with an opportunity to comment on aspects of the running of the home, for example, the food on offer, staffing levels and activities provision.

Since the last inspection two 'well-being' leads have commenced employment in the home and new activity schedules had been developed. Activities on offer included gardening club, bingo, sing-a-longs, chair exercises and creative club. Patients' artwork was on display in the lounges. The management team discussed plans to develop the activity programme further, following consultation with patients, to ensure this provides suitably meaningful and positive outcomes.

The home uses a 'Forget-me-not' symbol to identify patients who are unable, or chose not, to leave their rooms. The objective is to ensure that staff, from all departments, recognise these patients are at an increased risk of isolation and to make an additional effort to call in with them more frequently throughout the day. A planner for 'Forget-me-not' visits by the well-being leads was also in place. While it was observed that staff from all departments did call in regularly with the patients there was limited record keeping evidencing these interactions. This was brought to the attention of the management team for information and appropriate action to ensure that record keeping in this area is robust and reflective of planned staff interactions with the patients. Progress in this area will be reviewed at the next care inspection.

Visiting and care partner arrangements were in place as per the current guidance in this area.

Patients said that they felt listened to by staff and were confident that any concerns they had would be sorted out. Patients also said they were satisfied with the activities provided. One patient commented that "there is more to do now, it is much better".

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mr John Watkins has been the manager since 17 June 2022. Mr Watkins had previously held a senior nursing post within the home.

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 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 care records. However, deficits identified in care records during the inspection evidenced that the system in place to review and audit care records was not robust and there was a lack of evidence of follow up to ensure required actions were completed. An area for improvement was identified.

There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity for the team to learn and improve.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

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 Regional Operations Director 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.

Patients and their relatives said that they knew who to approach if they had a complaint or a concern and had confidence that any complaint would be well managed.

The home was visited each month by a representative of the responsible individual 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. 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. The reports were available for review by patients, their representatives, the Trust and RQIA.

Staff commented positively about the manager and described him as supportive and approachable. Staff said they had confidence that the manager took their concerns on board and made an effort to resolve issues or concerns.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were 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
Total number of Areas for Improvement	2	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 John Watkins, Manager, and Stuart Johnstone, Responsible Individual, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 16 (2) (b) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that nutrition care plans are fully reflective of the recommendations of the SALT and are accurately updated as and when any changes occur. Ref: 5.2.2
	Response by registered person detailing the actions taken: A full audit has been completed of all residents care plans with associated SALT recommendations and changes made where required. This is reviewed daily at FLASH meetings and any new changes are recorded on the day of change. A new modified diet pathway is now in place.
Area for improvement 2 **Ref:** Regulation 13 (1)(a) **Stated:** First time **To be completed by:** With immediate effect	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. Ref: 5.2.5
	Response by registered person detailing the actions taken: **Care plan audits are ongoing. Any actions identified via the audit process are reviewed in a specified time frame by the Deputy and Home Manager and compliance/progress recorded on the audit forms.**
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 12 **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall ensure that an up to date daily menu is on display in a suitable format in all dining rooms. Ref: 5.1 & 5.2.2
	Response by registered person detailing the actions taken: New pictorial menus are in place within the dining rooms. Written menus are visible on the doors of the dining rooms.

Area for improvement 2 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** With immediate effect	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: Wound management pathway is in place. Wound audits and associated actions are highlighted and reviewed as and when required. All dressing changes are recorded in the diary and discussed at daily FLASH meetings. These are then recorded in the wound care change charts.
Area for improvement 3 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** 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. Ref: 5.2.2
	Response by registered person detailing the actions taken: **All Nurses are required to total and sign off daily fluid charts. All daily totals are now recorded in daily records and appropriate prompt action taken as and when required.**

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

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