

Inspection Report

15 March 2022



Orchard Lodge Care Home

Type of service: Nursing (NH)

Address: Desert Lane South, Armagh, BT61 8BF

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| <p>Organisation/Registered Provider: Kathryn Homes Limited</p> <p>Responsible Individual: Mr Stuart Johnstone</p> | <p>Registered Manager: Ms Jennifer Willis – not registered</p> |
| <p>Person in charge at the time of inspection: Ms Jennifer Willis</p> | <p>Number of registered places: 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>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.</p> | <p>Number of patients accommodated in the nursing home on the day of this inspection: 53</p> |
| <p>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.</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 15 March 2022 from 10.00 am to 5.40 pm. The inspection was carried out by two care inspectors.

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 teamwork was good within their respective areas and that the manager was approachable. Some staff commented that staffing levels and the staff skill mix could be better on occasions.

The outcome of the inspection confirmed that patients looked well cared for. While it was observed that staffing levels allowed staff to meet the assessed needs of the patients in a timely manner, staffing pressures were identified due to a continued need for the use of agency staff to ensure that shifts were covered. It was positive to note that staff recruitment was ongoing for care assistants and activities staff and that some new staff had been recently recruited.

Areas requiring improvement were identified regarding allocation of staff, the mealtime experience, ensuring equipment is maintained in a clean condition and maintaining oversight of equipment and snack kitchen cleaning.

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 they felt well looked after by the staff who were helpful and friendly. 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 "I can't say a bad word about it at all, it is all fantastic", "I love it", "the girls (staff) are great" and "I am happy here, I liked it the minute I came".

Staff said that they were mostly satisfied that attempts were made to cover shifts in the event of short notice sick leave and that teamwork was good within each unit. Some staff stated that staffing levels could be better and that allocation of staff could be improved to ensure that the skill mix was more evenly distributed throughout all three units; this was especially applicable when agency staff were used to cover shifts. Staff comments included "efforts are made to cover short notice sick leave but it's not always possible", "we have a tight wee team", "it can be challenging at times but staffing is reviewed as occupancy increases", and "it can be very stressful and pressurised".

Staff described the manager as being approachable. Some staff felt less well supported in their role than others, however, the majority of staff said that they enjoyed that their job and all of the staff we spoke to were satisfied that their training needs were met.

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

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

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

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 7 December 2021 | | |
|---|--|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 13 (7) | 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 | |

| | | |
|--|--|---------------------------------|
| Stated: First time | that effective cleaning can be maintained. | Not Met |
| | Action taken as confirmed during the inspection: Review of the environment evidenced that the snack kitchens required more effective cleaning, see Section 5.2.3 for further details. This area for improvement has been stated for the second time. | |
| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 38 Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: Review of staff recruitment files evidenced that this area for improvement had been met. | |
| Area for improvement 2 Ref: Standard 4.7 Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: Review of a sample of care records 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 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 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 as due. Training was provided in an online format but also face to face when practical elements were required, for example, moving and handling training.

The staff duty rota did not reflect the manager's hours. This was brought to the attention of the manager who took action to ensure her hours would be included going forward. The duty rota identified the person in charge when the manager was not on duty. The updated rota, with inclusion of the manager's hours, was shared with RQIA following the inspection.

Prior to the inspection RQIA had been contacted by two relatives who had raised concerns regarding night duty staffing levels in the home. These concerns had been escalated to the Responsible Individual who provided RQIA with assurances that night duty staffing levels had been reviewed and increased; review of the duty rota confirmed this increase remained in effect.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. The manager also confirmed that efforts were made to cover shifts using bank and/or agency staff as necessary and that shift requirements were kept under daily review. The manager said she was in regular contact with several agencies requesting required cover.

Although some staff stated that staffing levels could be better it was noted that there was enough staff in the home to respond to the needs of the patients in a timely way. Staff were seen to be responsive to requests for assistance and to treat patients with respect and kindness.

Staff said there was good team work within their own respective areas. Some staff felt that allocation of staff could be improved to ensure that the skill mix was more evenly distributed throughout all three units and did not excessively impact the dementia units. A satisfactory skill mix should be maintained within all units of the home in order that suitably experienced staff are on duty to meet patients' care needs effectively; an area for improvement was identified.

Patients did not raise any concerns about staffing levels in the home.

Comments made by staff were discussed with the management team who stated that allocation of staff was regularly reviewed but agreed that the home's permanent staff should be allocated as necessary throughout all units to ensure that a satisfactory and supportive skill mix was maintained. The management team confirmed that recruitment was ongoing and that some new staff had been successfully recruited. The management team stated that staff were kept informed of efforts made to cover shifts and ongoing recruitment but these issues would also be discussed at upcoming staff meetings to provide staff with assurances that their comments were listened to.

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. Staff were seen to be skilled in communicating with the patients and to treat them with respect.

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 recommendations regarding equipment in use for individual patients.

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 regarding, for example, the use of pressure relieving mattresses. Repositioning records reviewed were up to date.

Review of a sample of wound care records evidenced that recommendations made by other healthcare professionals, such as the Tissue Viability Nurse, were followed. Wound care charts were up to date and relevant care plans were in place.

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.

There was a choice of meals offered, the food was attractively presented, smelled appetising and portions were generous. However, accurate menus were not on display; an area for improvement was identified.

Staff were seen to be attentive to patients' needs during the mealtime, however, a staff member had to be prompted to sit, rather than stand, beside a patient when assisting them with their meal. This was brought to the attention of the management team for information and action.

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.

Patients said they enjoyed the food on offer and that a good variety of meals was provided.

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. Care plans included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially.

Care records were regularly signed off as reviewed and updated by the registered nurses to ensure they continued to meet the patients' needs. There was evidence of consultation with patients and their relatives, if this was appropriate, in the records reviewed.

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.

Staff displayed their knowledge of individual patient's care needs and were seen to treat them with kindness and compassion.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the environment evidenced that the home was warm, fresh smelling and in good decorative order. Most areas of the home were found to be clean and tidy. However, both snack kitchens in the dementia units were found to be in need of more effective cleaning. This area for improvement will be stated for the second time. Following the inspection the manager provided RQIA with evidence that both kitchens had been effectively cleaned.

It was noted that identified lounge chairs were showing signs of wear and tear. This was discussed with the management team who confirmed that replacement of these chairs had already been identified as a required action. Review of the home's refurbishment plan evidenced that approval was in place for refurbishment of one of the snack kitchens and for replacement of lounge chairs.

There was a cleaning schedule in place for equipment such as wheelchairs. The records reviewed indicated that wheelchairs had been cleaned the previous night. However, several wheelchairs were seen to be in need of more effective cleaning; an area for improvement was made.

There should be effective systems in place to monitor the condition of the snack kitchens and equipment in use in the home to ensure that cleaning is completed as and when necessary in addition to scheduled cleaning; an area for improvement was made.

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 training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided. Review of records evidenced that staff use of PPE and hand hygiene was regularly monitored by the manager. Staff were observed to carry out hand hygiene at appropriate times. However, a small number of staff were observed to not put on PPE consistently, specifically aprons and gloves, when engaged in moving and handling tasks prior to lunchtime. This was brought to the attention of the management team for information and action.

5.2.4 Quality of Life for Patients

It was observed that staff offered patients choices throughout the day. Staff were seen to be attentive to patients and to take time to ask them, for example, where they wanted to sit and if they would like to go to the dining room at lunchtime. Staff were seen to speak to patients in a polite and caring manner. The atmosphere throughout the home was warm, welcoming and friendly. It was obvious that staff were busy but they were observed to provide patients with assistance in a timely manner.

Staff were observed to take time to chat to patients as they were going about the daily routine; they asked patients how they were, if they would like a drink, if they had enjoyed their meal and if they needed anything. During lunch staff explained what the menu choices were and offered patients alternative options when necessary.

It was noted that the provision of daily activities was sitting with care staff as there was currently no well-being lead in the home. However, care staff said they did not always have sufficient time to provide activities, as they had to primarily attend to caring duties, but that they tried to do their best. On a positive note, staff said that a new smart TV had been installed and they were now able to download movies for patients to enjoy.

Provision of activities was discussed with the management team who said that recruitment had very recently been successful for a part time well-being lead and was still ongoing for a full time well-being lead. Hairdressing arrangements were in place with a barber and hairdresser coming into the home regularly. The manager said she has reached out to local volunteer and theatre groups now that visiting restrictions have eased and hopes to restart suitable external activity provision as soon as possible.

It was confirmed that visiting and care partner arrangements were in place as per the current guidance.

Patients said staff were helpful, friendly and 'fantastic'. Patients who were less able to communicate their views looked content, settled and well cared for. Patients spoken with said they felt that they had enough to do and did not raise any concerns about the daily routine. Patients also said that they felt staff listened to them and made efforts to sort out any issues brought to their attention.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Ms Jennifer Willis has been the manager in this home since 4 January 2022. Ms Willis said she plans to submit an application to RQIA to be registered as the manager of Orchard Lodge Care 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 and also various aspects of care and services provided by the home.

It was established that systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

There was a system in place to manage complaints. Discussion with the manager and review of the records of complaints evidenced that complaints were being managed appropriately. The outcome of complaints was 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. Review of the records of accidents and incidents identified that a small number of these had not been appropriately notified to RQIA in January 2022. This was brought to the attention of the manager and the notifications were submitted retrospectively.

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. 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 are available for review by patients, their representatives, the Trust and RQIA.

The management team said that their organisation was in the process of consulting with staff and relatives. Feedback was being sought from staff, via confidential colleague questionnaires, in order to help identify what staff felt was working and/or not working. Relatives' feedback was being sought via telephone contact and surveys. The outcome of this consultation, which will be shared with RQIA once completed, will be used for learning and to drive improvement.

The manager said that she has completed a comprehensive induction programme, feels well supported in her role and operates an open door policy in order to be accessible to patients, staff and relatives.

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 |
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| 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 Jennifer Willis, Manager, and Leanne McGaffin, Regional Area Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: With immediate effect | <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 in order that effective cleaning can be maintained.</p> <p>Ref: 5.1 & 5.2.3</p> <p>Response by registered person detailing the actions taken: Repairs to the snack kitchen were scheduled for the 6th of April 2022 however due to an outbreak within the home, this had to be rescheduled and is now planned for completion in May 2022. The Home Manager has implemented a robust cleaning schedule for the snack kitchen and this will be audited and monitored daily to ensure compliance.</p> |
| Area for improvement 2 Ref: Regulation 20 (1) (a) (b) Stated: First time To be completed by: With immediate effect | <p>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.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All rotas have been reviewed to ensure appropriate allocation and skill mixing of staff. Staff allocation is reviewed daily and four weeks rotas are developed in advance to assist planning and inform staff of their future shifts and work commitments.</p> |
| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | |
| Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: With immediate effect | <p>The registered person shall ensure that an up to date daily menu is on display in a suitable format in all dining rooms.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All menus have been reviewed. Visual menus are being implemented to enhance the dining experience for all residents. The visual menus that have been devised will be displayed in all dining rooms and available for families and visitors to see.</p> |

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| <p>Area for improvement 2</p> <p>Ref: Standard 45</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that equipment is regularly and effectively cleaned and that an accurate record of this is maintained.</p> <p>Ref: 5.2.3</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>Response by registered person detailing the actions taken: Cleaning schedules are in place. Staff Nurses will review and sign off on these daily. The Deputy Manager and Home Manager will review and sign off on these weekly. The Regional Operations Director will review these documents when completing the Regulation 29 report.</p> <p>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.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Repairs to the snack kitchen were scheduled for the 6th of April 2022 however due to an outbreak within the home, this had to be rescheduled and is now planned for completion in May 2022. The Home Manager has implemented a robust cleaning schedule for the snack kitchen and these will be audited and monitored daily to ensure compliance.</p> |

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