

Inspection Report

16 November 2023



Orchard Lodge Care Home

Type of service: Nursing Home

Address: Desert Lane South, Armagh, BT61 8BF

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Kathryn Homes Ltd</p> <p>Responsible Individual: Mr Stuart Johnstone</p>	<p>Registered Manager: Miss Bronach Campbell – Not registered</p>
<p>Person in charge at the time of inspection: Miss Bronach Campbell</p>	<p>Number of registered places: 55</p> <p>This number includes 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 (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia 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: 54</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 55 patients. The home provides general nursing care and care to patients living with dementia. The home is divided into three units, one on the ground floor and two on the first floor. Patients' bedrooms, communal lounges and dining rooms are located over the two floors. An enclosed garden is accessed from the ground floor.</p> <p>A residential care home is also located on the ground floor. The same manager manages both services.</p>	

2.0 Inspection summary

An unannounced inspection was carried out on 16 November 2023 from 10.00 am to 5.00 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 and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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.

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 respect and kindness and to be attentive to requests for assistance.

An area for improvement relating to medication records was not reviewed as part of this inspection. It was positive to note that all other areas for improvement were assessed as being met and no new areas for improvement were identified.

RQIA were assured that the delivery of care and service provided in Orchard Lodge was safe, effective, compassionate and that the home was well led.

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 was observed and how staff went about their work.

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 commented positively about their experience of life in the home and said they felt well looked after. Comments made by patients included that “it’s very good”, “they (the staff) have been great, I can’t fault them” and “the girls are great”. Patients who were less well able to communicate their views and opinions were seen to be content and settled in their surroundings and in their interactions with staff.

Staff said that they were satisfied with staffing levels and that the management team were very approachable; staff said they enjoyed working in the home. Comments made by staff included that “staffing is good now”, “staffing is improved and is good”, “the managers are very approachable” and “the managers really listen”.

Relatives consulted with said that they were satisfied with the care provided, found communication to be good and staff to be helpful and friendly. Comments made by relatives included that “they are absolutely brilliant here, no complaints at all”, “the staff are terrific”, “the staff are marvellous”, “communication is good, no issues at all” and “mum is very happy and that is the main thing”.

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

Comments made by patients, staff and relatives 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 returned to RQIA within the timeframe specified 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 20 April 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that the recommended frequency of repositioning is clearly recorded in relevant care plans and repositioning charts.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 2</p> <p>Ref: Standard 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that fully complete and accurate personal medication records are maintained and that obsolete records are cancelled and archived.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.14</p> <p>Stated: First time</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • toothbrushes and toothbrush mugs are cleaned regularly, maintained in a good condition and replaced as necessary • dentures are soaked and cleaned effectively. <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all areas of the home, including store rooms and unit kitchens, are kept clean and tidy. Cleaning schedules should be maintained for these areas.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 45</p> <p>Stated: First time</p>	<p>The registered person shall ensure that equipment, such as wheelchairs and shower chairs, are decontaminated according to the cleaning schedules in place and also as and when required.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

5.2.1 Staffing Arrangements

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.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way. Staff responded to patients' requests for assistance promptly in a caring and compassionate manner.

Staff said that team work was good, they felt well supported in their role and were satisfied with staffing levels.

Registered nurses said the care staff were very good at reporting any changes in patients' wellbeing to them. The care staff said the registered nurses listened to them and dealt with any issues they reported.

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 were observed to be prompt in recognising patients' needs and any early signs of illness; for example, a registered nurse took swift action to contact the GP requesting a visit for a patient who was displaying signs of a deterioration in their health.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' recommended frequency of repositioning and repositioning records were contemporaneously maintained.

Care records indicated that patients were provided with regular oral hygiene and denture care. Toothbrushes were stored appropriately.

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.

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 level of support they required throughout the meal time; this ranged from simple encouragement through to full assistance. An up to date menu was on display in a suitable format for the patients.

A mealtime co-ordinator was identified in each unit. Lunch was well organised, relaxed and unhurried. Staff were seen to communicate effectively throughout the mealtime with each other and with the patients.

The food was attractively presented, smelled appetising and was served in appropriate portion sizes. Patients were offered a variety of drinks with their meal. There were two options for lunch and alternatives to the day's menu were also available; a patient said they would prefer a sandwich for lunch and this was promptly catered for. The dining room was observed to be supervised by staff at all times during the mealtime.

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

Review of care records, the daily handover sheet and the white boards in the dining rooms evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT) for individual patients.

An up to date and informative record of patients' food and fluid intake was maintained.

Patients said that lunch was "very good", "lovely" and "tasty".

The manager said that the selection of drinks and snacks available had recently been reviewed to ensure that these were suitably nutritious and that patients had plenty of variety to choose from. In the afternoon staff offered patients a lovely selection of hot and cold drinks, cheese and crackers, strawberries and cream, fresh fruit, fruit loaf and yoghurts from the snack trolley.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be warm, clean, tidy and fresh smelling. The main communal areas were attractively decorated and welcoming spaces for patients. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients' bedrooms were clean, tidy and pleasantly personalised.

Store rooms, first floor kitchens and fridges were observed to be clean and tidy. Equipment, such as wheelchairs, hoists and shower chairs, was effectively cleaned. Decontamination schedules were maintained.

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

Staff were seen to use PPE in accordance with the regional guidance. Staff were observed to carry out hand hygiene very regularly and at appropriate moments with the exception of on one isolated occasion. This was brought to the attention of the staff at the time. It was also discussed with the manager for information and in order that appropriate action could be taken. Following the inspection, the manager confirmed that the relevant staff had been provided with a session of supervision on hand hygiene.

5.2.4 Quality of Life for Patients

Patients were offered an opportunity to take part in various activities such as armchair aerobics, music therapy and baking. The weekly activity planner was on display for patients' information. An outing had recently been arranged to the Planetarium and relatives had been invited to take part in a quiz. Patients' spiritual needs were provided for and birthdays and holidays were celebrated.

The wellbeing lead discussed the importance of knowing patients' likes, dislikes, hobbies and interests to ensure that meaningful and fun activities were offered. Patients' life histories were obtained, with relatives' involvement where necessary, to help inform care planning in this area. The wellbeing lead said that "patients love music, it transforms them" and that he found his role to be very rewarding.

Staff were seen to treat the patients with kindness and respect and to address them in a polite and friendly manner. Patients said the staff were kind and friendly and that they were satisfied with the activities on offer. Patients confirmed that their choices were respected, for example, a patient said "I'm not a joiner in, I prefer to stay in my room and it's not a problem".

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Miss Bronach Campbell has been managing the home since 18 October 2023 and is covering for a period of planned leave by the registered manager. 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 a system in place to manage complaints. The manager said that the outcome of complaints was shared with the staff team for information and learning.

Staff commented positively about the management team and described them as supportive and approachable. Staff said that "the managers are really approachable and really listen".

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, these were followed up to ensure that the actions were correctly addressed.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	0	1*

*The total number of areas for improvement includes one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 29 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that fully complete and accurate personal medication records are maintained and that obsolete records are cancelled and archived. Ref: 5.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

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



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