

Inspection Report

20 April 2023



Orchard Lodge Care Home

Type of service: Nursing Home

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

<p>Organisation/Registered Provider: Kathryn Homes Ltd</p> <p>Responsible Individual: Mr Stuart Johnstone</p>	<p>Registered Manager: Mrs Adelina Focseneanu – Not registered</p>
<p>Person in charge at the time of inspection: Mrs Adelina Focseneanu</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: 46</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 took place on 13 April 2023 from 9.35 am to 7.00 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.

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

Areas requiring improvement identified are discussed in the main body of the report. RQIA were assured that the delivery of care and service provided 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.

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

Due to the nature of dementia not all the patients were able to tell us how they found life in the home. Patients who were less well able to communicate were seen to be content and settled in their surroundings and in their interactions with staff. Patients who could express their views spoke positively about life in the home. Comments made by patients included that “the girls are great”, “nothing is too much trouble”, “I am doing well here”, “staff are very friendly” and “I have no problems, it’s all good”.

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

The majority of staff said that they were satisfied with staffing levels. All of the staff consulted with said that they found the manager to be approachable, felt that any concerns were listened to and said they enjoy working in the home. Two staff expressed an opinion that more staff were needed in their unit but they were otherwise satisfied with all aspects of their roles. Comments made by staff included that “staffing could be better as there is so much to do” “some staff are lacking experience”, “good efforts are made to cover short notice sick leave” and “I really enjoy working here”.

Relatives were generally satisfied with the care provided and communication and knew who to speak to if they had any concerns. One relative said they had a few issues with the care provided and a lack of consistent staff but had already brought these to the deputy manager’s attention. Comments made by relatives included that “there is really good communication and that helps build confidence”, “staff are absolutely lovely”, “lack of consistent staff at weekends”, “staff are doing their best”, “... always looks well”.

Comments made by patients, staff and relatives were brought to the attention of the management team for information and action if required. The deputy manager confirmed that assurances had been provided to the identified relative regarding consistency of staffing and that she was continuing to work towards a satisfactory resolution to their concerns.

No completed questionnaires or responses to the staff survey were submitted to RQIA 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 28 February 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1)(a)(b)(c) Stated: First time	The registered person shall ensure that: <ul style="list-style-type: none"> the reason for the use of bedrails is clearly recorded on bedrail risk assessments the reason for the use of bedrails is clearly recorded on the bedrail audit tool where bedrails are in use care plans should clearly reflect this, be kept under regular review and be rewritten as required. 	Met
	Action taken as confirmed during the inspection: Review of relevant audits and care records provided evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 4.9 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Review of wound care records provided evidence that this area for improvement was met.	

Area for improvement 2 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.	Carried forward to the next inspection
	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.	
Area for improvement 3 Ref: Standard 29 Stated: First time	The registered person shall ensure that fully complete and accurate personal medication records are maintained and that obsolete records are cancelled and archived.	Carried forward to the next inspection
	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.	

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. Discussion with staff and review of relevant records confirmed that staff completed a suitable induction prior to working with the patients.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. The manager maintained an overview of staff training and staff were reminded when training was due.

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. Bank staff were used or agency staff were block booked to cover shifts when required.

Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

Staff said that they were satisfied efforts were made to cover short notice sick leave.

It was noted that staff were kept busy but there were sufficient numbers of staff on duty to respond to the needs of the patients in a timely way. Staff said that teamwork was good.

Patients said there enough staff to help them and that they found the staff to be helpful and friendly.

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 patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly. Patients who were in their rooms had call bells within reach and staff were responsive to requests for assistance.

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 these included any advice or recommendations made by other healthcare professionals. There was evidence of consultation with patients and their relatives, if this was appropriate, in planning care. Patients' care records were held confidentially.

Care records for patients with mobilising difficulties included recommendations regarding pressure relieving equipment in use and the frequency of repositioning. A new repositioning record form was being phased in to use during the week of the inspection, therefore, an area for improvement regarding recording of repositioning charts has been carried forward for review at the next care inspection. Observations of the daily routine provided assurances that patients were assisted by staff to change their position regularly.

Where a patient was at risk of falling measures to reduce this risk were in place. Relevant risk assessments and care plans had been developed. Review of care records evidenced that staff took appropriate action in the event of a patient having a fall.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails, crash mats and alarm mats. Review of care records evidenced that risk assessments and care plans were regularly reviewed and were reflective of the reason for the use of the restrictive practice.

Care records accurately reflected the patients' recommended care needs if they had a wound, relevant care plans had been developed and contemporaneous recording of wound care was maintained. If required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and/or the Podiatrist and followed the recommendations, they made.

Review of care records evidenced that these were regularly signed off as having been reviewed by staff. The management team confirmed that care record audits were completed to identify any deficits and followed up to ensure that identified actioned were completed.

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.

Care records indicated that patients were provided with regular oral care and patients did appear to have clean teeth. However, several toothbrushes and toothbrush mugs were observed to have accumulated a build-up of toothpaste and the dentures for an identified patient had been left to soak ineffectively in an insufficient amount of cleaning solution. An area for improvement was identified.

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. Staff ensured that patients were comfortably seated in their preferred location for their meal. Lunch was well organised, relaxed and unhurried. An up to date menu was on display in a suitable format for the patients.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. The food was attractively presented, smelled appetising and was served in appropriate portion sizes. Patients were offered a variety of drinks with their meal. The dining room was observed to be supervised by staff at all times during the meal.

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.

A record of patients' food and fluid intake was maintained. It was observed that, on occasions, staff were using general terms to describe food intake and not being specific enough; this was brought to the attention of the management team for information and appropriate action. Progress in this area will be reviewed at the next inspection.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Review of care records evidenced that appropriate action, such as referral to the GP and/or Dietician and increased monitoring of weight, was taken if weight loss was recorded.

Patients said that they enjoyed the food on offer and that a choice of meals was available. Patients said that "lunch was lovely", "good food" and "lunch was very nice".

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. Patients' bedrooms were attractively personalised with items that were important to them, such as, family photos, ornaments, pictures, flowers and cushions. Fire exits and corridors were observed to be clear of clutter and obstruction.

A store room in the ground floor unit and identified areas of the kitchens in the first floor units required more effective cleaning. An area for improvement was identified.

Identified equipment, such as wheelchairs and shower chairs, required more effective cleaning. An area for improvement was identified.

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.

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

5.2.4 Quality of Life for Patients

Observations of the daily routine confirmed that staff offered patients choices throughout the day regarding, for example, whereabouts they preferred to spend their time, what they would like to eat and drink and the option to take part in activities or not. Staff were seen to interact in positive ways with the patients and they were chatty, friendly and polite at all times.

The current activity schedules were on display in each unit. Activities being provided included music therapy, movies, games, gardening club, horse racing and bingo. Patients' spiritual needs were provided for and birthdays and holidays were celebrated.

Patients had had a recent opportunity to participate in a patients' meetings which provided an opportunity for them to comment on aspects of the running of the home, such as activities and menu choices.

A meeting had also recently been held for relatives to allow them an opportunity to get together and provide their comments and views on the running of the home.

The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for.

Staff were observed to take opportunities to involve the patients in pleasant conversations. Staff also encouraged patients to play a game of catch; they explained this could help maintain motor skills and concentration. A member of staff who was providing one to one supervision for a patient was observed to be very attentive to the patient; they were making great efforts to ensure the patient was engaged in a meaningful activity and was provided with appropriate stimulation and encouragement.

Patients said that they felt staff took time to listen to them and made efforts to sort out any concerns they might have.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Adelina Focseneanu has been the acting manager since 7 November 2022. Mrs Focseneanu has submitted an application to RQIA to be registered as the manager of the home; the application was not ready for review prior to the inspection.

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. Audit action plans had been developed and were updated once actions had been completed.

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 adults at risk of harm.

Relatives spoken with said that they knew how to report any concerns. As previously mentioned the deputy manager was helping a relative with a concern they had and was working towards a resolution. There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity to 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.

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

Staff said that the manager and the deputy manager were both approachable, accessible and "always about". Staff also said that they were kept well informed about issues that affected them, such as, how recruitment was going.

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 (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	*5

*The total number of areas for improvement includes two that have 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 (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the recommended frequency of repositioning is clearly recorded in relevant care plans and repositioning charts.</p> <p>Ref: 5.1</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>Area for improvement 2</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref: 5.1</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>Area for improvement 3</p> <p>Ref: Standard 6.14</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Home Manager and Deputy Manager reviewed all toothbrush holders and replaced/cleaned where necessary. Oral hygiene is recorded on personal care charts and toothbrushes/dentures are checked by Home Manager and Deputy Manager on daily walkarounds.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref: 5.2.3</p>
<p>Area for improvement 5</p> <p>Ref: Standard 45</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: All store rooms and kitchens cleaned and tidy. Cleaning schedules are documented and kept in place by the domestic team which is overseen by their homes Housekeeper. The Home Manager and Deputy Manager review these on their daily walkaround.</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>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Decontamination records are in place for wheelchairs and shower chairs. The Home Manager signs these off to ensure cleaning is completed.</p>

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