

Inspection Report

21 September 2021



Orchard Lodge Care Home

Type of service: Nursing (NH)
Address: Desert Lane South, Armagh, BT61 8BF
Telephone number: 028 3752 6462

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Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

<p>Registered Provider: Kathryn Homes Ltd</p> <p>Responsible Individual: Mrs Andrea Feeney</p>	<p>Registered Manager: Mrs Leanne McGaffin (Acting)</p>
<p>Person in charge at the time of inspection: Michelle Devlin</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. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. DE – Dementia</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 44 patients</p>
<p>Brief description of the accommodation/how the service operates: Orchard Lodge Care Home is a registered nursing home 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.</p> <p>There is a residential home under the same roof which occupies part of the ground floor.</p>	

2.0 Inspection summary

An unannounced inspection took place on 21 September 2021 from 10:00 am to 5:00 pm by a care inspector. An inspection also took place on the same day to the residential home; details of the inspection are available in a separate report.

Prior to the inspection RQIA received information that raised concerns in relation to staffing and the management arrangements in the home. Following a review of this information RQIA decided to undertake an inspection which focused on the following areas:

- provision and deployment of staff
- care delivery
- management arrangements.

The outcome of the inspection confirmed that there were staffing pressures within the home intensified by a current outbreak of Covid-19. RQIA were not assured by the effectiveness of the management arrangements in place at the inspection. Following discussion with the Responsible Individual (RI) an acting manager was appointed until a permanent manager is recruited. Following the inspection RQIA liaised with the temporary manager on a daily basis to review the staffing. Any concerns regarding staffing were shared with the Southern Health and Social Care Trust (SHSCT) at the time.

As a result of this inspection two areas for improvement were identified in respect of the provision of staffing and the completion of infection prevention and control audits.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home 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.

4.0 What people told us about the service

Patients and staff were spoken with. Due to the nature of dementia some patients found it difficult to share their thoughts on their life in the home. However patients smiled when spoken with and were relaxed in the company of staff. Patients in the general nursing unit were complimentary regarding staff and were well informed regarding the daily routine of the home.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

There were no areas for improvement identified during the last inspection and a QIP was not required or included, as part of that inspection report.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Prior to the inspection management had made RQIA and the Southern Health and Social Care Trust (SHSCT) aware of staffing difficulties; these were directly linked to the current pandemic of Covid-19. At the time of the inspection, deployment of staff was structured to ensure there was minimal movement of staff between units. Staff explained the need to adjust routines and prioritised certain tasks in the event of planned staffing not being met. Staff were knowledgeable of patient need and their routines and preferences. Staffing was being reviewed on a daily basis by the SHSCT who were supporting the home with staff where possible.

Staff acknowledged that the current staffing difficulties were as a result of the global pandemic however it was evident from conversation with the majority of staff that planned staffing had not been consistently provided for a number of months; this was across care staff, housekeeping and catering staff. Staff provided examples of how this had impacted on their ability to undertake their roles within the home.

Interim management arrangements had been in place and staff were of the opinion that there was a lack of managerial oversight to ensure that the required number of staff were rostered daily. At all times there must be sufficient numbers of staff on duty to meet the health and well-being of the patients; this was identified as an area for improvement.

Patients in the general nursing unit were well informed of the day to day operation of the home and were supportive of the staff; no concerns or dissatisfaction were expressed with their care.

5.2.2 Care Delivery and Record Keeping

Patients were being nursed in their bedrooms in an attempt to reduce the spread of infection. This was challenging for a small number of patients due to their dementia. These patients spent time in the lounges and were supported by staff throughout the day. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, in particular with those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were observed to be respectful, understanding and sensitive to their needs.

Patients were warm and comfortable and generally had been assisted by staff to attend to their personal hygiene needs. Deficits in care were noted with three patients. These patients were discussed at length with staff and management. Confirmation was received the day after the inspection that the deficits in care had been fully addressed. This confirmation was shared with the SHSCT.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Records were maintained of when patients were assisted to reposition.

Lunch was served from 12.30 pm onwards. Meals were transported from the kitchen in a heated trolley; a choice of two main dishes was available. The food served was attractively presented and smelled appetising. It was observed that patients enjoyed their meal. There was a variety of drinks offered with meals. Staff attended to patients in a timely manner offering patients encouragement with their meals. Records were kept of what patients had to eat and drink.

5.2.3 Management of the Environment and Infection Prevention and Control

On arrival to the home we were met by a member of staff who recorded our temperature and completed a health declaration; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. Staff confirmed that there were adequate supplies of PPE. An additional clinical waste bin was required to deposit used PPE when exiting one of the units; this was in place prior to the end of the inspection. There was no hand soap available in the toilet of the foyer.

It was noted that the completion of regular infection prevention and control audits had reduced in recent months and therefore these issues were not being identified. The completion of regular infection prevention and control audits should be recommenced; this was identified as an area for improvement.

5.2.4 Management and Governance Arrangements

The previous manager had resigned and left at short notice. As a result the day to day management of the home was being provided by a number of managers who each attended the home on individual days. Staff reported that this arrangement provided limited support and they were not always aware of who to report to if they had any concerns or queries. They also reported that these current management arrangements impacted on communication and queries which were raised were not always answered. These concerns were shared with the Responsible Person (RI) alongside a request for an individual to act as a temporary manager, who would be based in the home and be in control of the day to day operation of the home. A temporary manager was identified by the conclusion of the inspection. The RI confirmed that recruitment for a permanent manager was ongoing.

6.0 Conclusion

At the time of the inspection the number of staff available was depleted due to an outbreak of Covid-19. Staff recognised the need to adjust routines and prioritised certain tasks in the event of planned staffing not being met. Staff were knowledgeable of patient need and their routines and preferences. Generally we were satisfied that the care needs of the patients were being met, with the exception of three patients. We were assured that actions were taken to address their needs on the day following the inspection.

Following discussion with the RI the management arrangements were reviewed and a temporary manager was identified and confirmed with RQIA. Following the inspection RQIA inspectors made daily telephone calls to the home for two weeks. This gave us assurance that the management arrangements were in place and were being effective.

As a result of this inspection two areas for improvement were identified in respect of the provision of staffing and the completion of infection prevention and control audits.

7.0 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
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Michelle Devlin, nurse in charge, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection.</p>	<p>The Registered Persons shall ensure that at all times there are sufficient numbers of staff on duty to meet the health and well-being needs of the patients.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: Rotas are formulated 4 weeks in advance. All outstanding nursing and healthcare / ancillary shifts are sent out to staff, and agencies if no alternative, aligned to the Kathryn Homes Business Continuity Plan. With the current health and social care staffing crisis, enhancements are offered to current staff to enhance continuity of care. HSC Trust staffing support requested where no alternative available. Ongoing recruitment process is robustly in place and same day interviews are underway. A social media campaign, and advertising through key platforms and agencies is also in place. A clear contingency plan is in place to ensure sufficient staffing levels at all times. .</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection.</p>	<p>The Registered Persons shall ensure that regular infection prevention and control audits, for example correct use of PPE and hand hygiene audits, are completed</p> <p>Ref: 5..2.3</p>
	<p>Response by registered person detailing the actions taken: All audits have been robustly completed by the Clinical Lead Nurse. Regular hand hygiene audits with corrective actions and donning and doffing audits completed. Full audit list formulated and time frames and person responsible highlighted to ensure compliance within the nursing home.</p>

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