Inspection Report

23 January 2023

Orchard Lodge Care Home

Type of service: Nursing Home
Address: Desart Lane South, Armagh, BT61 8BF
Telephone number: 028 3752 6462

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

1.0 Service information

Organisation: Kathyrn Homes Ltd. **Responsible Individual:** Mr Stuart Johnstone	**Registered Manager:** Mrs Adelina Focseneanu – Not registered
Person in charge at the time of inspection: Mrs Adelina Focseneanu	**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 PH – Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 year DE – Dementia.	**Number of patients accommodated in the nursing home on the day of this inspection:** 42
Brief description of the accommodation/how the service operates: This is a nursing home which is registered to provide 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. A residential care home is also located on the ground floor. The same manager manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 23 January 2023 from 10.00 am to 5.45 pm. The inspection was carried out by care inspectors.

RQIA issued a Failure to Comply (FTC) notice to the home on 6 September 2022 relating to management and governance arrangements. On 24 October 2022 a compliance inspection was conducted which evidenced that compliance with the actions listed in the FTC notice had been achieved.

The Southern H&SC Trust (SHSCT), in response to concerns identified regarding safe and effective care provision, also ceased admissions to the home with effect from 29 June 2022. However, on 18 January 2023 the SHSCT agreed that phased admissions could recommence to the general nursing unit and admissions to the dementia units would be reviewed at a later date.

This inspection was carried out to determine if the improvements made as a result of RQIA's enforcement action in September 2022 have been sustained and to assess progress with all areas for improvement since the last care inspection and to ensure the home was delivering safe, effective and compassionate care and if the service was well led.

The outcome of the inspection evidenced that the improvements made as a result of the enforcement action have been sustained. 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.

Areas requiring improvement were identified regarding care records and audits relating to the use of bedrails and care records relating to the frequency of repositioning.

RQIA were assured that the delivery of care and service provided in the home was safe, effective and compassionate and that the home was well led. Addressing the areas for improvement identified will further enhance the quality of care and services in Orchard Lodge.

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. However, 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 and opinions spoke positively about living in the home. Comments made by patients included that “it is a nice wee place this”, “the girls (staff) are great”, “it’s a great place”, “there are enough staff around” and “staff are fine”.

Staff said that they were satisfied with staffing levels and that agency staff tended to be block booked so usually knew the patients and the routine well which was helpful. Staff commented positively about communication, handover information and the support provided by the management team. Comments made by staff included that “communication is great, the handover sheet is excellent”, “the handover sheet is really detailed; I like working here” and “good support generally from managers”.

Relatives said that they were satisfied with the care provided and while they did notice there was a continued reliance on agency staff they tended to see the same faces which was reassuring. Comments made by relatives included “no big issues”, “slight concern about lack of permanent staff but seem to be the same agency staff usually”, “no issues at all, (our relative) always looks very smart”, “my experience is very good”, “communication is very good” and “staff are lovely”. One relative commented on the lack of engagement from some agency staff but said that “permanent staff are really good”.

A record of 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.

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 October 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref: Regulation 13 (1)(a)** **Stated: First time**	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.	**Met**
	Action taken as confirmed during the inspection: Review of care record audits evidenced 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: First 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.	**Partially met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. See section 5.2.2 for more detail. This area for improvement has been stated for the second time.	

Area for improvement 2 **Ref: Standard 4.9** **Stated: First time**	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.	**Met**
	Action taken as confirmed during the inspection: Review of relevant care records evidenced that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said teamwork was good and that they felt well supported in their role. Staff were satisfied with staffing levels and the level of communication between staff and management.

Personal profiles were in place for agency staff who carried out shifts in the home and records were maintained to evidence that agency staff had completed a suitable induction to the home.

The manager said that that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. While there was a continued need for agency staff to ensure that shifts were covered, 'block bookings' of the same agency staff were made for consistency as often as possible.

There were systems in place to ensure 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.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way.

A 'flash' meeting was held each weekday, with a representative from each unit and department in the home, to communicate any changes in the needs of patients or issues identified. A record of these meetings was maintained.

Patients said that they felt well looked after and that they thought there were enough staff to help them.

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. Handover sheets were up to date, detailed and reflective of the assessed needs of the patients.

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.

Review of wound care records evidenced that there was no relevant wound care plan in place for one patient and no wound chart in place for another patient. Review of evaluations of wound care and discussion with staff provided assurances that the wounds were redressed as required with the recommended type and frequency of dressing and that the area for improvement was to ensure that nursing staff consistently recorded their evaluation of the care delivered. This area for improvement was partially met and has been stated for the second time.

Patients who are less able to mobilise were assisted by staff to change their position regularly. Care records included recommendations regarding pressure relieving equipment in use but the recommended frequency of repositioning was not consistently recorded in care plans or on repositioning records. An area for improvement was identified.

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. A new bedrail risk assessment tool had been introduced. However, the rationale for using bedrails was not always clearly recorded in the bedrail risk assessments or in recent bedrail use audits. The care plan for one patient needed to be rewritten to clearly reflect that bedrails were now in use. An area for improvement was identified.

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.

Staff, including kitchen staff, told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. Discussion with staff and review of records evidenced that there was a robust system in place to ensure that any changes in dietary recommendations were communicated effectively and in a timely manner. Relevant information was readily available for staff regarding the management of dysphagia, the safety pause and the recommended consistency of food and fluids for individual patients.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff ensured that patients were comfortably seated in their preferred location for their meal. Lunch was well organised, relaxed and unhurried. Staff were seen to assist patients with the level of support they required from simple encouragement through to full assistance. An up to date menu was on display in a suitable format for patients' information. 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 rooms were supervised by nursing and care staff throughout the mealtime.

Review of care records evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT) and/or the dietician. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

A record of patients' food and fluid intake was maintained. 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 said that they enjoyed the food; comments included that "the food is lovely", "my lunch was tasty" and "I enjoy the food very much".

Relatives did not express any concerns about the care provided and said they were happy to speak to the staff if they had any queries. One relative said that their loved one needed a modified diet but seemed to enjoy the food and ate well. Another relative said that "staff were approachable and very helpful".

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy, warm and fresh smelling. Patients' bedrooms were attractively personalised with items that were important to them. The communal areas were warm and welcoming spaces for the patients to socialise together. Fire exits and corridors were observed to be clear of clutter and obstruction.

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.

5.2.4 Quality of Life for Patients

The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for. Staff were seen to be attentive to patients' needs and to provide assistance in a timely manner.

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.

It was positive to note that a part time well-being lead had been recruited and recruitment was ongoing for a full time well-being lead. In the interim care staff and bank staff were assisting with the provision of an activity programme. The management team recognised the importance of providing a varied and meaningful activity programme for patients. Progress in this area will be reviewed at the next care inspection.

Staff were seen to treat the patients with kindness and compassion. They demonstrated a warm and friendly rapport with patients and obviously knew them well.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Adelina Focseneanu has been the manager in the home since 7 November 2022. Mrs Focseneanu has submitted an application to RQIA to be registered as the manager of 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. Staff said the manager was supportive, approachable and demonstrated a "firm but fair" approach.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. It was noted that not all audit action plans identified who was responsible for carrying out required actions and by when; this would be a beneficial addition to the action plans. This was brought to the attention of the management team for information and action.

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 Director 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 vulnerable adults.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA. Review of notifications made to RQIA evidenced that the management team reported all accidents and incidents but RQIA did not require a number of these notifications; this was brought to their attention in order to clarify what was notifiable.

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

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	1	2*

* 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 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 12 (1)(a)(b)(c) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that: • 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. Ref: 5.2.2
	Response by registered person detailing the actions taken: All bed rail risk assessments have been revisited and re-written to clearly reflect rationale for use and using correct terminology. These are reviewed monthly by the Deputy Manager and/or Home Manager, and as and when required. A bed rails audit tool is completed monthly.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for Improvement 1 **Ref:** Standard 4.9 **Stated:** Second 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: 5.1 & 5.2.2
	Response by registered person detailing the actions taken: Wound care charts and evaluations are in place for all wounds. Dressing directions are included in care plans. Wound audits are completed monthly and associated actions plans completed by the Home Manager and/or Deputy Manager
Area for improvement 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that the recommended frequency of repositioning is clearly recorded in relevant care plans and repositioning charts. Ref: 5.2.2
	Response by registered person detailing the actions taken: Repositioning charts are in place for all Residents who are at risk of pressure damage. The rationale and frequency of repositioning is included in repositioning care plans.

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

The Regulation and Quality Improvement Authority

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