

# Inspection Report

25 August 2022



## Orchard Lodge Care Home

Type of service: Nursing Home  
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

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Kathryn Homes Ltd</p> <p><b>Responsible Individual:</b> Mr Stuart Johnstone</p>	<p><b>Registered Manager:</b> Mr John Watkins – Not registered</p>
<p><b>Person in charge at the time of inspection:</b> Mr John Watkins</p>	<p><b>Number of registered places:</b> 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><b>Categories of care:</b> 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><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 52</p>
<p><b>Brief description of the accommodation/how the service operates:</b> 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 25 August 2022 from 10.05 am to 3.45 pm. This inspection was conducted by care inspectors.

RQIA and the Southern Health and Social Care Trust (SHSCT) were aware that there had been adverse incidents reported which raised concerns in relation to the management of modified diets and the use of bedrails for patients. As a result, on 2 August 2022, the SHSCT suspended admissions to the home. The home's senior management team had offered assurances to RQIA and the SHSCT that all the actions required to prevent a recurrence of such adverse incidents had been undertaken. In response to this information staff from the SHSCT undertook visits to the home on various dates to monitor progress with the actions required. Following a monitoring visit, carried out on 17 August 2022, RQIA were informed by SHSCT staff that they had identified ongoing deficits within patients' care records regarding the management of modified diets and the use of bedrails. Deficits were also identified regarding the mealtime experience for patients.

Following receipt of this information RQIA decided to undertake an unannounced care inspection to focus on the management of modified diets, the management of bedrails and the mealtime experience for patients.

Due to the focus of this inspection not all of the previous areas for improvement were assessed. These will be reviewed during subsequent care inspection.

Enforcement action resulted from the findings of this inspection. A meeting was arranged with the Responsible Individual (RI), on 6 September 2022, with the intention of issuing three Failure to Comply (FTC) notices in respect of The Nursing Homes Regulations (Northern Ireland) 2005; these were in relation to:

- Regulation 8 (1) relating to the appointment of a manager
- Regulation 10 (1) relating to the management and governance arrangements
- Regulation 13 (1) (a)(b) relating to the health and welfare of patients.

The meeting was attended by Mr Stuart Johnstone, Responsible Individual, and Mrs Leanne McGaffin, Regional Operations Director, and Mrs Tracey Anderson, Regional Operations Manager. At the meeting RQIA were provided with assurances regarding the appointment of a manager and the health and welfare of patients. It was confirmed that Mrs Leanne McGaffin would be the acting manager in the home until alternative suitable management arrangements were put in place. A detailed action plan had been developed which provided assurances that immediate actions required to keep patients safe had been undertaken. However, RQIA were not satisfied that the systems and processes in place to ensure the safe and effective management and governance arrangements, specifically those relating to modified food and fluids and the use of bedrails, were sufficiently robust. As a result one FTC notice was issued under Regulation 10 (1), relating to the management and governance arrangements, with the date of compliance to be achieved by 20 October 2022. Please refer to our website for details regarding this notice.

A new area for improvement regarding the safe storage and supervision of cleaning products and thickening agents was identified. One area for improvement under the regulations was not met and has been subsumed into the FTC notice. Three areas for improvement have been carried forward for review at the next care inspection.

On the day of the inspection RQIA were provided with assurances from the management team regarding the actions that were immediately undertaken to ensure the safety of patients in the home.

However, alongside the concerns identified it was noted that patients were well presented and they spoke positively about their life in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were observed to treat the patients with respect and kindness and to be responsive to their needs.

### **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 spoken with commented positively about their life in the home.

Staff consulted with said that there was effective communication from management, that teamwork was good and that the manager was supportive and approachable.

Visitors said that the staff were always kind and helpful and that their relative spoke positively about their experience of living in 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?

Areas for improvement from the last inspection on 14 July 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (2) (b)  <b>Stated:</b> First time	The registered person shall ensure that nutrition care plans are fully reflective of the recommendations of the SALT and are accurately updated as and when any changes occur.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was not met and has been subsumed into the FTC notice issued under Regulation 10 (1).  Refer to Section 5.2.2 for further details.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1)(a)  <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> Second time	The registered person shall ensure that an up to date daily menu is on display in a suitable format in all dining rooms.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

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

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. Staff were observed to be attentive to the patients and to treat them with kindness and compassion.

### 5.2.2 Care Delivery and Record Keeping

Staff were seen to offer patients choices throughout the day regarding where they wanted to spend their time and what they would like to eat and drink.

Staff confirmed that they met for a handover at the beginning of each shift to inform them of any changes in the needs of the patients.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. It was positive to note that attractive daily menus were on display in the dining rooms. Discussion with the cook identified that there had been a change in one of the meal choices on the day of the inspection and this had been recorded appropriately.

Patients may need a range of support with meals from simple encouragement through to full assistance from staff. It was observed that staff did not consistently provide patients with the level of supervision they required; in one dining room patients were left unsupervised for short periods of time; a staff member was observed to leave a meal in front of a patient who required supervision and did not have any provided and the inspector had to prompt the staff member to ensure that the patient received the required level of supervision and that they should not be left alone with the meal

The food on offer looked and smelled appetising and was served from a heated trolley. Staff told us how they were made aware of patients' nutritional needs to ensure that they were provided with the right consistency of diet and level of supervision required. However, patients' full names were not used on the labels identifying who the meal was for; conflicting information regarding the levels of food and fluid recommended for patients was recorded between care records, menu choice records, handover sheets and the information held by kitchen staff. International Dysphagia Diet Standardisation Initiative (IDDSI) terminology was not consistently used in menu choice records.

It was observed that in one unit plate covers were removed before meals were sent to rooms. A member of staff did not attempt to keep a meal warm or reheat a meal before giving this to a patient who had chosen to leave the dining room and eat elsewhere. Discussion with staff confirmed that they lacked knowledge of how to keep meals warm and how to safely reheat meals for patients.

Condiments were not readily available for patients and there were no glass tumblers available for drinks, all patients were offered only plastic tumblers.

Review of care records further evidenced inconsistent recording in choking risk assessments and gaps in the completion of the malnutrition universal screening tool (MUST).

It was positive to note that there was evidence patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily.

At times some patients may be required to use equipment that can be considered to be restrictive, such as, bed rails. Review of care records and discussion with nursing staff evidenced that there was a lack of understanding of how to use the bedrail risk assessment to inform decision making and care planning and also of the principles of consent and making best interest decisions for patients.

There was evidence that bedrail risk assessments were not consistently and accurately completed; bedrails were in use where no risk assessment had been completed; consent from relatives to use bedrails had been inappropriately sought and there was no evidence of the risks being discussed to help inform decision making.

The serious concerns identified above were discussed with the management team during the inspection and again at the meeting with RQIA on 6 September 2022. While some assurances were provided at this meeting RQIA issued a FTC Notice under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by the compliance date.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was found to be clean, tidy and well maintained. However, it was observed that a domestic trolley had been left unattended in a corridor. Cleaning products, which could be hazardous to the health of patients, were therefore left unsupervised and potentially accessible. Additionally, a thickening agent, used to thicken fluids for patients, was stored in an area accessible to patients. These issues were brought to the attention of staff in order that immediate action could be taken to adequately supervise the trolley and to correctly store the thickening agent. An area for improvement was identified.

Observation of staff practice, in particular during the serving of lunch, evidenced that staff did not avail of adequate opportunities to carry out hand hygiene nor did they consistently use gloves in accordance with the current guidance regarding the use of personal protective equipment (PPE).

Some staff were observed not to be bare below the elbow; nail varnish and rings were seen to be worn.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided but it was evident that training was not embedded into practice, monitoring of staff practice was ineffective and that deficits in practice were not being adequately addressed.

The serious concerns identified above were discussed with the management team during the inspection and again at the meeting with RQIA on 6 September 2022. While some assurances were provided at this meeting RQIA issued a FTC notice under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by the compliance date.

### **5.2.4 Management and Governance Arrangements**

Mr John Watkins has been the manager in the home since 17 June 2022. However, since July 2021 there have been four changes of manager. Discussion with the manager and examination of the duty rota evidenced that the manager lacked sufficient supernumerary hours to carry out his role effectively. The manager said he was working regular shifts on the floor to cover vacant registered nurse shifts. Additionally, the manager spent a large percentage of his time arranging cover for vacant shifts. The manager was being supported by a Regional Manager but it was evident that management arrangements were not stable or sufficiently robust. The lack of robust management arrangements were found to be impacting on the safe and effective delivery of care to patients as detailed throughout this report.



As previously mentioned, in Section 2.0, at the meeting with the home's management team on 6 September 2022, RQIA were provided with assurances around the appointment of a manager and that Mrs Leanne McGaffin would manage the home until stable management arrangements were in place.

It was positive to note that 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.

## 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
<b>Total number of Areas for Improvement</b>	2*	2*

\*The total number of areas for improvement includes three which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with John Watkins, Manager, and Tracey Anderson, Regional Operations Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	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. Ref: 5.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all substances which are potentially hazardous to the health of patients are supervised or safely and securely stored at all times. This is with specific reference to cleaning products and thickening agents.</p> <p>Ref: 5.2.3</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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.</p> <p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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.</p> <p><b>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.</b></p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**🐦** @RQIANews

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