



# Unannounced Care Inspection Report 12 March 2020



## Orchard Lodge Care Home

**Type of Service: Nursing Home**  
**Address: Desert Lane South, Armagh BT61 8BF**  
**Tel No: 028 3752 6462**  
**Inspector: Julie Palmer**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 55 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual:</b> Gavin O'Hare-Connolly	<b>Registered Manager and date registered:</b> Leanne McGaffin 20 August 2019
<b>Person in charge at the time of inspection:</b> Leanne McGaffin	<b>Number of registered places:</b> 55
<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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 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

### 4.0 Inspection summary

An unannounced care inspection took place on 12 March 2020 from 10.00 hours to 15.15 hours.

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.

The following areas were examined during the inspection:

- staffing – including deployment
- training
- environment
- meals and mealtimes
- provision of activities
- care records
- governance arrangements

Evidence of good practice was found in relation to staffing, teamwork, training and the home's environment. Additional areas of good practice were identified in relation to mealtimes, activities, listening to patients' opinions, management of falls and wounds, governance arrangements and promoting good working relationships.

It was positive to note that areas for improvement identified at the previous inspection had been met and no new areas requiring improvement were identified.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Leanne McGaffin, Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 2 to 5 September 2019

The most recent inspection of the home was an unannounced care, finance and medicines management inspection undertaken between 2 to 5 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 15 patients and 11 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 9 to 22 March 2020
- staff training records
- incident/accident records
- five patients' care records
- a sample of governance audits/records
- a sample of monthly monitoring reports
- equipment cleaning schedules
- a selection of policies
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from previous inspection**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the identified infection prevention and control shortfalls are resolved and that effective cleaning is carried out to minimise the risk and spread of infection in the home. The system in place to monitor IPC measures should be robust and an action plan should be developed as required.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of the environment confirmed that the identified infection prevention and control (IPC) shortfalls had been resolved; the home was clean and tidy throughout. Review of IPC audits and equipment cleaning schedules evidenced that a robust system was in place to monitor IPC measures.</p>	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure that wound care recording is up to date, care plans should be detailed, the date of creation and when evaluation is due should be recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of wound care records evidenced that these were up to date and that care plans were detailed, dated and showed evidence of regular evaluation.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 22  <b>Stated:</b> First time	The registered person shall ensure that the relevant risk assessments and care plans in the individual patients' care records are updated in the event of a fall.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records for patients who had had a fall evidenced that the relevant risk assessments and care plans had been updated as necessary in the event of a fall.	

## 6.2 Inspection findings

### Staffing

We discussed the planned daily staffing levels for the home with the manager who confirmed that these were subject to at least monthly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. Staff spoken with were satisfied with staffing levels and spoke positively about teamwork in the home; comments included:

- "Teamwork is absolutely brilliant."
- "We all pull together and get on with it."
- "Teamwork is very good."
- "I love it here, nice staff."
- "I really like this home to work in."
- "Proud to tell people where I work."

We also sought staff opinion on staffing via the online survey. Two responses were received from staff; both respondents commented very positively about their experience of working in Orchard Lodge.

Patients told us that they were satisfied with staffing levels; comments included:

- “There are enough staff to help you.”
- “It’s as well as can be here.”
- “It’s ok here.”

We observed that patients who were in their rooms had call bells within reach and these were answered promptly. Staff were seen to treat patients with respect, they knocked on bedroom and bathroom doors before entering and spoke to patients in a kind and friendly manner.

There were no patients’ visitors in the home during the inspection; however, we sought the opinion of patients and their visitors via questionnaires. Two responses were received from patients both of which indicated that they were very satisfied with all aspects of their care. One patient commented “I am happy here in Orchard Lodge and enjoy my stay.”

## **Training**

Discussion with the manager and review of training records evidenced that all staff had completed the appropriate level of training in deprivation of liberty safeguards (DoLS). Staff spoken with demonstrated an awareness of DoLS and how they would ensure the appropriate safeguards were in place for those patients who required them.

We reviewed the policy in place regarding the Mental Capacity Act and DoLS but found this needed to be reviewed to reflect the current legislation in Northern Ireland. The manager informed us that she had already notified head office of the need to update this policy; the updated policy will be reviewed at the next inspection.

A staff member spoke positively about access to training in the home and told us that “if I ask for training it’s no problem, I get it”.

## **Environment**

We looked at the home’s environment and reviewed a selection of bedrooms, bathrooms, shower rooms, storage rooms, sluice rooms, dining rooms and lounges. The home was found to be warm, well decorated, clean and fresh smelling throughout. Patients’ bedrooms were personalised with items that were meaningful to them. Fire exits and corridors were observed to be clear of clutter and obstruction.

IPC issues which had been identified at the last inspection had been resolved; this area for improvement had been met. Review of IPC audits and equipment cleaning schedules evidenced that a robust system was in place to monitor IPC measures.

Redecoration had been undertaken in various areas of the home. New dining room furniture had been purchased for the Bard and Orchard units and other furniture was being refurbished on site as required. Minor IPC issues identified during the inspection were immediately resolved. The manager assured us that an issue with flooring in an identified ensuite bathroom was being dealt with by the company who had installed the flooring; this had been flagged prior to the inspection and action had been taken to resolve the issue.



Staff and patients commented positively about the home's environment, they told us:

- "The home is spotless."
- "It's kept nice and clean."

### **Meals and mealtimes**

We observed that dining rooms were attractively decorated, clean and tidy. Menus were on display in both written and pictorial formats. Condiments were available and patients were offered a variety of drinks. The food on offer was well presented and smelled appetising. Patients told us that they were satisfied with the meals provided, comments included:

- "Food is good."
- "The food is lovely."
- "Lunch, I enjoyed it, I always do."

The manager told us that dining audits were completed monthly and patients' opinions were listened to. Patients had commented that the juice served was too concentrated and they would like milky drinks at night therefore action had been taken to prepare juice more to patients' liking and milky drinks have been introduced at supper time. In order to monitor the quality of meals a member of staff also samples the food provided daily and feeds back any issues to the cook.

We observed that food and fluid intakes charts were maintained and that these were up to date. Staff were aware of the need to promote satisfactory fluid intakes for patients, a variety of drinks were readily available throughout the home.

We spoke to two visiting professionals from the Southern Health and Social Care Trust Dysphagia Support Team who were in the home. They told us that have been reviewing management of dysphagia and providing training to staff so that they understand the rationale behind the use of modified diets in order to help reduce the risk of choking and aspiration for patients. They told us that staff had been very receptive to training, the aim was to ensure "staff understand why they do what they do" and that "Leanne is very proactive and has a real interest in dysphagia".

### **Provision of activities**

The activity programme was on display throughout the home. During the inspection we observed patients playing indoor football with the activity therapist, some patients were seated but still able to join in and everyone involved was thoroughly enjoying themselves.

A walking club had been introduced, weather permitting, and as well as football, patients can take part in air tennis played with balloons. Outings were arranged for coffee and trips to the cinema. Patients can also watch movies on a large screen in the home.

We observed that staff obviously knew patients well; they spoke kindly to them and took their opinions into account when providing care and assistance. There was a calm, friendly and relaxed atmosphere throughout the home. A staff member commented that "it is lovely to assist our residents in meaningful activities and see a smile on their faces".



## Care records

We reviewed the care records for five patients and found these to contain a range of validated risk assessments which informed care planning for individual patients. There was evidence of referral to and recommendations from relevant health care professionals, such as the speech and language therapist (SALT), where required.

Review of wound care records evidenced that these were up to date and that care plans were detailed, dated and showed evidence of regular evaluation; this area for improvement had been met.

Review of care records for patients who had had a fall evidenced that the relevant risk assessments and care plans had been updated as necessary in the event of a fall; this area for improvement had been met. Staff spoken with demonstrated their knowledge of how to care for a patient who had had a fall.

Daily records reviewed were up to date and we observed that risk assessments and care plans had been evaluated on at least a monthly basis.

## Governance arrangements

Systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were also completed to review areas such as falls, IPC measures, use of restrictive practices, the dining experience and wounds.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff spoken with told us that the manager was approachable and that good working relationships were maintained within the home. Comments included:

- “Leanne (the manager) respects people and treats them well.”
- “Leanne is really good and supports us.”
- “The managers are both great.”

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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