The Regulation and Quality Improvement Authority

Inspection Report

29 May 2024

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/Registered Provider: Kathryn Homes Ltd **Responsible Individual:** Mrs Tracey Anderson	**Registered Manager:** Mrs Adelina Focseneanu **Date registered:** 26 September 2023
Person in charge at the time of inspection: Mr Marian Bratosin, Deputy Manager 9.30am - 10.30 am Mrs Adelina Focseneanu, Manager, 10.30 am - 6.05 pm	**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. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	**Number of patients accommodated in the nursing home on the day of this inspection:** 53
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. 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 29 May 2024 from 9.30 am until 6.05 pm. The inspection was carried out by a care inspector.

The purpose of the inspection was to assess progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients told us that they felt well looked after. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

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 patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

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 findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are as good as gold", "There couldn't be a better place than this home", "Very happy here" and "Getting well looked after". There were no questionnaires received from patients or relatives.

Staff said that the management team were very approachable, teamwork was great and that they felt well supported in their role. Comments included: "I love it here", "Great support from management" and "I really enjoy working here". One staff member commented regarding staffing levels not always being in accordance with patient dependency levels. Comments were shared with the management team to review and action as necessary. There was no feedback from the staff online survey.

One relative commented positively during the inspection regarding the staff and delivery of care. Comments included: "The care here is excellent", "I am blessed with the great care my (relative) receives", "Everyone is great here. They go the extra mile" and "The staff make you feel very welcome".

5.0 The inspection

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

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 16 November 2023</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 29

Stated: First time</td><td>The registered person shall ensure that fully complete and accurate personal medication records are maintained and that obsolete records are cancelled and archived.</td><td rowspan="2">Carried forward to the next inspection</td></tr>
<tr><td>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.</td></tr>
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5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including fire safety and adult safeguarding.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Review of a sample of staff recruitment files evidenced that relevant pre-employment information had been obtained prior to commencing work in the home.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Registered nurses' competency and capability assessments for taking charge of the home in the absence of the manager had been completed.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

A call bell system to alert staff when assistance is required was available within patients' bedrooms; however, a number of call bell leads were not within reach of the patient. This was brought to the attention of the management team who immediately addressed this and agreed to monitor going forward.

A patient requiring one to one supervision was observed unsupervised for a period of time. Consultation with staff confirmed that when the person allocated to the one to one was on their break that staff within the unit would try to supervise the patient whilst attending to other patients. It was further identified that relevant care plans had not been implemented to detail

the level/duration of supervision required. This was discussed with the management team and an area for improvement was identified.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of care records evidenced that two patients care plans did not contain the recommended frequency of repositioning; a small number of entries within one patient's charts exceeded the recommended frequency of repositioning and the pressure ulcer risk assessment (Braden scale) had not been fully completed for a number of patients. Details were discussed with the management team who agreed to have this reviewed. Following the inspection written confirmation was received that relevant action had been taken to address these issues.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. A pictorial menu was displayed within each of the dining rooms with a choice of two meals.

Patients who choose to eat within their bedroom had trays delivered to them and whilst the main meal was covered, the desserts were not. This was brought to the attention of the management team who immediately had this addressed and agreed to monitor going forward.

A meal time co-ordinator was designated to each dining room to oversee the delivery of meals and to ensure that patients receive the correct diet in accordance with recommendations made by the Speech and Language Therapist (SALT). Information was also available to staff within the dining room regarding patients' individual nutritional and support needs based on recommendations made by SALT. Whilst staff were providing the correct diet as recommended by SALT; one staff member did not demonstrate robust knowledge and understanding of one patient's SALT recommendations. This was discussed and addressed by management during the inspection.

Review of the lunch time list from the kitchen in one of the units evidenced that patients' dietary requirements had not been documented. This was discussed with the manager and following the inspection written confirmation was received that relevant action had been taken to address this with ongoing monitoring from management to ensure sustained compliance.

A number of patients required 'direct' supervision during meals as per SALT recommendations and due to their potential risk of choking. The level of required supervision for five patients was not adhered to during the lunch time meal. An area for improvement was identified. Following the inspection written confirmation was received from the manager that relevant action had been taken to address this going forward.

On review of electronic care records, it was not clear within patients 'profile page' whether they required 'direct or general' supervision but stated 'assisted' or 'independent'. It was further identified that the choking risk assessment did not contain the level of risk identified and was also not clear within the patient's profile records. Details were discussed with the management team and following the inspection written confirmation was received that relevant action had been taken to address these issues.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients daily fluid intake, recording charts contained the recommended daily fluid intake target, however this was not recorded within care plans or the action to take if the recommended fluid target is not achieved. Specific details were discussed with the management team and an area for improvement was identified.

Review of a sample of care records evidenced that care plans for relevant medical history had not been implemented for a number of patients and not all risk assessments and care plans had been reviewed within the required timeframe. Details were discussed with the management team and an area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from and consultations with any healthcare professional was also recorded.

Whilst most care records were held confidentially, a computer was observed unattended on two separate occasions with access to patient confidential information. It was further identified that a hand over sheet with patients' confidential information was left in an area of the home accessible to patients and visitors. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm and comfortable and patients' bedrooms were personalised with items important to the patient. Outdoor spaces and gardens were well maintained with areas for patients to sit.

Surface damage was observed to a number of floor coverings, tiles within en-suites, furniture, doors and walls. Details were discussed with the management team who confirmed that the home is scheduled to have a full refurbishment, with works to commence in July 2024. This will be reviewed at a future inspection.

Some equipment within the home required either repair or replacement, including but not limited to; an emergency pull cord within an identified en-suite, toilet brushes, window blinds and an identified toilet seat. Specific details were discussed with the management team and following the inspection, written confirmation was received that relevant action had been taken to address these issues.

A section of floor covering within an identified bathroom and an en-suite was observed to be uneven. The potential trip hazards were discussed with the management team who immediately had signs erected to alert patients and staff of the uneven floor surface, until refurbishment works commence, to have these floor coverings repaired/replaced.

There was unsupervised access to tins of paint, a workman's tools and nail polish remover in identified areas of the home. When brought to the attention of the management team immediate action was taken to have these items secured.

Review of the most recent fire risk assessment completed on 27 June 2023 evidenced that any actions required had been signed off by management as having been completed.

There was evidence that fire evacuation drills had been completed with the names of the staff members who took part in the drill. A system was in place to ensure that all staff attend at least

one fire evacuation drill yearly. Some advice was given to further enhance the records by including the location of where the fire alarm was set off.

The alarm to an exit door within a lounge on the ground floor was turned off resulting in the alarm not being able to be activated in the event of the door being opened. When the switch was turned on it was identified that the alarm was not working. Whilst management had taken immediate action to have the alarm repaired prior to the completion of the inspection; a discussion was held with the management team regarding the importance of ensuring that relevant exit doors are alarmed and in working order at all times. An area for improvement was identified.

Prescribed supplements were observed within one of the dining rooms during the lunch time meal. On discussion with care staff it was identified that the nurse had left the supplements for care assistants to administer. This was discussed with the management team and shared with the RQIA pharmacist inspector. An area for improvement was identified.

Some equipment on emergency trolleys was not appropriately covered or set up as required. Details were discussed with the management team who took immediate action to address these issues and agreed to monitor going forward.

Personal protective equipment (PPE) and hand sanitising gel was available within the home.

Cleaning staff were using the incorrect colour coded cleaning equipment for the cleaning of general areas as per the home's policy. Details were discussed with the management team and following the inspection, written confirmation was received that relevant action had been taken to address this.

A number of staff were observed to be wearing either a wrist watch or nail polish which would prevent effective hand hygiene and is not in keeping with infection prevention and control (IPC) best practice. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff. An activity schedule was on display within the home offering a variety of activities.

Patients commented positively about the food provided within the home with comments such as: "The food is great here. You couldn't beat it", "Getting good food and plenty of it" and "The food is nice. Plenty of choices."

5.2.5 Management and Governance Arrangements

There has been no change to the management arrangements since the last inspection. Staff spoke positively about management stating they were approachable and accessible.

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.

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. For example, care records, environment, IPC and hand hygiene. Where deficits were identified the audit process included an action plan, the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements had been made.

The home was visited each month by a representative of the Responsible Individual 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 and 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 where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	3	6*

* The total number of areas for improvement includes one standard that has 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (1) (b) **Stated:** First time **To be completed by:** 29 May 2024	The registered person shall ensure that patients assessed as requiring one to one supervision are supervised at all times as required and have a care plan detailing the level/duration of supervision required. Ref: 5.2.2
	Response by registered person detailing the actions taken: This was updated on the day of the inspection- care plan in place for resident requiring 1-1 supervsion, including MDT(memory team advice) Staff allocation in place to ensure all staff are aware when they have to cover 1-1 break. This is reviewed by the management team daily
Area for improvement 2 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** 29 May 2024	The registered person shall ensure that patients receive the appropriate level of supervision when eating and drinking in accordance with SALT recommendations. Ref: 5.2.2
	Response by registered person detailing the actions taken: Meal time assessment completed by HM and DM weekly with observations completed daily to ensure correct levels of supervision are maintained. Correct level of supervisions were provided on the day of inspection, the issue was the position of residents in the dining room, this has now been reviewed. Laminated descriptor posters are now in each dining room in relation to supervision.
Area for improvement 3 **Ref:** Regulation 27 (2) (c) **Stated:** First time **To be completed by:** 29 May 2024	The registered person shall ensure that all relevant exit door alarms remain on and a system is implemented to ensure they are in working order. Ref: 5.2.3
	Response by registered person detailing the actions taken: This issue only occurred on the day of the inspection and was corrected during the inspection as this required an external

	contractor to fix. This is always monitored and corrected if there are any defaults identified
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 28 February 2023	The registered person shall ensure that fully complete and accurate personal medication records are maintained and that obsolete records are cancelled and archived. Ref: 5.1
	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 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 5 June 2024	The registered person shall ensure that the recommended daily fluid intake target is recorded within patients' care plans and reflective of the daily fluid intake charts, with the action to take and at what stage if the daily fluid target is not met. Ref: 5.2.2
	Response by registered person detailing the actions taken: Full audit and review of records was completed for all residents in the home. All eating and drinking care plans now contain fluid targets with fluid deficit management plans in place. Assurances had been provided to the inspector that this was completed prior to report being completed, as requested.
Area for improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 5 June 2024	The registered person shall ensure that care plans and risk assessments are reviewed within the required timeframe and provide sufficient details that are reflective of the patient's current needs and any relevant medical conditions. Ref: 5.2.2
	Response by registered person detailing the actions taken: All care plans and risk assessments are updated on a monthly basis, this monitored via the audit process. Some records were out of date due to one named nurse being unwell. All residents care plans were reviewed and medical conditions incorporated in care plans. Again assurances had been requested that this had been completed prior to report being issued- this was completed

Area for improvement 4 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 29 May 2024	The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards. Ref: 5.2.2
	Response by registered person detailing the actions taken: A supervision was completed during the inspection with all staff regarding importance of General Data Protection. This is closely montored by management during daiy walk around.
Area for improvement 5 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 29 May 2024	The registered person shall ensure the safe storage and administration of prescribed supplements. Ref: 5.2.3
	Response by registered person detailing the actions taken: This is closely monitored during daily walk around. Supervision completed with all nurses, any further issues identified will be managed via the HR process
Area for improvement 6 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 29 May 2024	The registered person shall ensure that the IPC issues identified during this inspection are addressed with ongoing monitoring to ensure sustained compliance. Ref: 5.2.3
	Response by registered person detailing the actions taken: All IPC issues noted during inspection have all been adressed. Closely monitored by management to ensure full compliance is sustained.

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