The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Orchard Lodge Care Home

Provider: Kathryn Homes Ltd

Date of Inspection: 21 January 2025

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 Adeline Focseneanu

Service Profile:

This home is a registered nursing home which provides nursing care for up to 55 patients. The home is divided into three units; Bard unit on the ground floor which provides general nursing care for patients over 65 years of age and physical disability over and under 65 years of age. The Orchard and Cathedral units on the first floor provide nursing care for patients with dementia. 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 21 January 2025, from 9:10 am to 6:50 pm by a care inspector.

The purpose of this inspection was to follow-up on the progress made in relation to the areas for improvement identified in the home since the last care inspection on the 29 May 2024; and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Prior to the inspection a number of concerns were raised by relatives and staff which were being reviewed by the adult safeguarding (ASG) team within the Southern Health and Social Care Trust (SHSCT). Therefore, this inspection also included a focus on staffing arrangements, care delivery, moving and handling, the management of falls and record keeping.

While care was found to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; the duty rota, safe transfer of patients in wheelchairs, care records, the environment, risk management regarding hot surfaces, medicines management, fire safety and infection prevention and control (IPC).

Staff were observed to be very attentive, kind and caring towards patients. Patients said they felt well cared for and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. 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. Refer to Section 3.2 for more details.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. Three areas for improvement have been stated for a second time. Seven areas for improvement relating to medicines management will be reviewed at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 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 brilliant", "They can't help you enough", "I am happy here", "The staff are second to none" and "I feel very safe here". There were no questionnaires received from patients or relatives following the inspection.

Several relatives and a visiting professional spoken with commented very positively about the overall care delivery within the home. Comments included: "The care is excellent here", "Staff are brilliant", "The care is the best that it can be", "Good communication from staff", "No concerns" and "Always kept well informed". One relative commented regarding staffing levels not being sufficient and a further relative said that: "Some staff are better than others".

Comments received were shared with the management team to review and action as necessary.

Staff spoke mostly in positive terms about working in the home, the team work and support from management. There was a mixed response from staff in relation to staffing levels with some staff stating that they were satisfied with the current arrangements and other staff stating that staffing levels were not sufficient to meet the fluctuating needs of the patients. These comments were discussed in detail with the manager and the necessary assurances were provided. Staffing levels are discussed further in Section 3.3.1 below.

3.3 Inspection findings

3.3.1 Staffing Arrangements

As mentioned above in section 3.2, there were mixed comments from staff regarding the planned staffing levels. Some staff said that factors such as new patients being admitted and other patients with a change in their behaviour were not being taking into consideration when reviewing the number of staff required. The manager advised that there were systems in place to confirm that the number of staff on duty was regularly reviewed to ensure that the assessed needs of the patients were met.

Review of a sample of patient dependency assessments confirmed that these were being completed on a monthly basis. Whilst the most recent assessment, completed on 18 January 2025 evidenced that there were adequate planned staffing levels; a discussion was held with the manager based on the staff comments received. It was agreed that the frequency of patient dependency assessments would be increased to ensure that the fluctuating needs of patients are being fully met.

There was evidence of late notice sickness-related absences within a sample of duty rotas reviewed with some shifts either fully/partially covered. However, the management team provided sufficient evidence of the efforts made to cover these shifts.

The staff on duty in the Cathedral Unit was not fully reflected on the duty rota reviewed; and the manager's hours within one duty rota had not been updated to reflect the hours worked. An area for improvement was identified.

3.3.2 Care Delivery and Quality of Life for Patients

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 and discussing patients' care in a confidential manner.

Patients were mostly well presented and staff were observed assisting patients throughout the day with attending to personal care and continence needs. One patient said: "They (staff) are

always here if I need them" and a further patient said: "(The) staff are very attentive and when I press my buzzer they come quickly".

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. A schedule of activities was on display within the home offering a range of activities including; arts and crafts, movies, bingo, live music, games and religious services.

Patients were afforded the choice and opportunity to engage in social activities and a number of patients were observed taking part in arts and crafts in the morning facilitated by the activity co-ordinator and a religious service was provided in the afternoon. Other patients were 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.

3.3.3 Mealtime Delivery

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients who choose to have their lunch in their bedroom had trays delivered to them and whilst meals were covered on transport, not all desserts were covered. Details were discussed with the management team and following the inspection written confirmation was received that relevant action had been taken to address this with ongoing monitoring to ensure sustained compliance.

A meal time co-ordinator was allocated within each of the units to oversee the delivery of meals to patients. There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes.

The supervision of patients during the lunch time meal within the dementia units was observed to be in accordance with the recommendations made by the Speech and Language Therapist (SALT). A discussion was held with the manager regarding the delay in the serving of meals within the general nursing care unit and the required level of supervision for three patients in accordance with SALT recommendations. Following the inspection, both verbal and written confirmation was received that relevant action had been taken to address this.

Patients commented positively about the food provided within the home with comments such as; "The food is lovely and plenty of choices", "If I don't like something the chef will make me something different", and "(The) food is good."

3.3.4 Moving and Handling Practices

The manager confirmed that all relevant staff had completed training in relation to moving and handling and a record of such training was available with the names of staff and dates that the training was attended. Staff also confirmed that they had received the necessary training and commented that the training was of a "good quality".

Staff were observed assisting patients with moving and handling procedures and staff communicated well with patients in relation to prompts for when to sit or stand and when for example, the wheelchair was in position behind them.

Wheelchairs were used for patients on a number of occasions to transfer them around the home and whilst foot rests were being used, it was identified that the attached lapbelt was not being used to maintain patient safety. An area for improvement was identified.

The brakes on a number of beds were not secured to prevent the bed from moving and associated risks were discussed with the management team who addressed this during the inspection and agreed to monitor staff practice going forward.

3.3.5 Management of Falls

A system was 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.

Review of a sample of records evidence that patterns and trends were reviewed and any action taken was documented to prevent a reoccurrence of the incident. Relevant care records were updated following each fall along with the details of the persons notified and referrals to other healthcare professionals as required.

3.3.6 Care Records and Record Keeping

Review of a sample of patient care records evidenced that care plans and risk assessments were reviewed on a regular basis. However, a number of care records did not contain relevant care plans for specific medical conditions. An area for improvement has been stated for a second time.

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.

Supplementary care records were completed by care assistants including for example; personal care delivery, continence care, and dietary intake. Review of a sample of these records evidenced that these were mostly well maintained.

Confidential patient information was accessible via a computer that was left on within one of the communal lounges. An area for improvement has been stated for a second time.

3.3.7 Quality and Management of Patients' Environment

Whilst the home was neat and tidy and patients' bedrooms were personalised with items important to the patient, surface damage was evident to identified armchairs, walls, floor coverings, bedroom furniture, portable over bed tables and wall tiles. There was also limited availability of armchairs within an identified lounge. Most of these issues had been identified at the previous care inspection when management advised that refurbishment works would commence in July 2024. The manager confirmed that there had been a delay in receiving the appropriate materials and following the inspection, written confirmation was received that the refurbishment works have commenced on 10 February 2025. Progress with this will be reviewed at a future inspection.

The access to two fire exit doors, in separate areas of the home, were obstructed with either patient equipment and/or a large linen trolley. An area for improvement was identified. It was further observed that two fire exit directional signs were not correctly positioned. This was discussed with the manager and following the inspection, written confirmation was received that this had been addressed.

Hot water pipes from a shower were exposed in an identified patient's en-suite; the potential risk of scalding was discussed with the manager and an area for improvement was identified to review all showers and to cover exposed pipes where necessary.

Prescribed supplements and thickening agents were observed unattended on top of medicine trolleys within one of the dementia units on a number of occasions. This information was shared with the RQIA pharmacist inspector and an area for improvement was identified.

A number of staff were not compliant with infection prevention and control (IPC) measures. Four staff were observed wearing either a wrist watch or a bracelet which would inhibit effective hand hygiene. An area for improvement has been stated for a second time.

Observation of the environment evidenced that patient equipment had been stored inappropriately within en-suites and an area for improvement was identified.

3.3.8 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Adelina Focseneanu has been the manager since 26 September 2023.

There was evidence that the manager had a system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action and a time frame for completion with follow up to ensure the necessary improvements had been made.

Review of the adult safeguarding (ASG) folder evidenced that any referrals to ASG were maintained within the folder along with any corresponding documents. For example; recommendations made by ASG, meetings and the outcome of referrals.

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.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	4*	12*

* The total number of areas for improvement includes three standards that have been stated for a second time and seven areas for improvement relating to medicines management which have been carried forward for review at a future 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 (4) **Stated:** First time **To be completed by:** 12 December 2024	The registered person shall ensure that the maximum, minimum and current temperatures of the medicine refrigerators are monitored and recorded daily and that appropriate action is taken if the temperature recorded is outside the recommended range of 2-8^{o}C. **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.** Ref: 2.0
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 26 December 2024	The registered person shall implement a robust audit system that covers all aspects of medicines management and any shortfalls identified should be detailed in an action plan and addressed. **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.** Ref: 2.0
Area for improvement 3 **Ref:** Regulation 27 (2) (t) **Stated:** First time **To be completed by:** 21 March 2025	The registered person shall ensure that exposed hot water pipes from showers, are risk assessed and covered where necessary to reduce the risk of scalding. Ref: 3.3.7 **Response by registered person detailing the actions taken:** Action reported to Facilities. This is part of the refurbishment and every bathroom will be reviewed and actions will be taken as necessary. At present staff are always present during personal care/shower to ensure this risk is minimised.

Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 21 January 2025	The registered person shall ensure that prescribed supplements and thickening agents are stored safely and securely. Ref: 3.3.7
	Response by registered person detailing the actions taken: This is closely monitored during daily walkaround.Shared lesson completed with all units to ensure safe storage to all supplements and thickening agents.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 29 **Stated:** Second time **To be completed by:** 12 December 2024	The registered person shall ensure that fully complete and accurate personal medication records are maintained and that obsolete records are cancelled and archived.
	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. Ref: 2.0
Area for improvement 2 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 12 December 2024	The registered person shall review the management of medicines prescribed “when required” for the management of distressed reactions to ensure that the reason and outcome is recorded for each administration.
	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. Ref: 2.0
Area for improvement 3 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 12 December 2024	The registered person shall ensure that in use insulin pen devices are individually labelled and the date of opening is recorded.
	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. Ref: 2.0
Area for improvement 4 **Ref:** Standard 28	The registered person shall review the management of warfarin to ensure a daily stock balance is maintained and that obsolete records are cancelled and archived.

Stated: First time **To be completed by:** 12 December 2024	**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.** Ref: 2.0
Area for improvement 5 **Ref:** Standard 31 **Stated:** First time **To be completed by:** 12 December 2024	The registered person shall ensure that controlled drugs are stored in accordance with the Misuse of Drugs (Safe Custody) (Northern Ireland) Regulations 1973. **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.** Ref: 2.0
Area for improvement 6 **Ref:** Standard 4 **Stated:** Second time **To be completed by:** 4 February 2025	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: 2.0 and 3.3.6 **Response by registered person detailing the actions taken:** This is closely monitored by management. Resident of the day completed to ensure all residents care plans and risk assessments are reviewed monthly.
Area for improvement 7 **Ref:** Standard 37 **Stated:** Second time **To be completed by:** 21 January 2025	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: 2.0 and 3.3.6 **Response by registered person detailing the actions taken:** This is closely monitored by management during daily walkarounds. Shared lesson completed with all staff to remind importance of Data Protection Regulation.
Area for improvement 8 **Ref:** Standard 46 **Stated:** Second time	The registered person shall ensure that the IPC issues identified during this inspection are addressed with ongoing monitoring to ensure sustained compliance. Ref: 2.0 and 3.3.7

To be completed by: 21 January 2025	**Response by registered person detailing the actions taken:** At present refurbishment is undergoing. Painting and flooring replacement is underway at present. Further improvements will be conducted in line with schedule . This scheduled works was already in process at time of inspection. However, as with all refurbishment this will require time to coordinate jobs. Offer made to share details of orders placed but not requested.
Area for improvement 9 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 21 January 2025	The registered person shall ensure that the staff duty rota is kept up to date to reflect the staff on duty and the hours worked at all times. Ref: 3.3.1
	Response by registered person detailing the actions taken: Off duty is daily updated if any changes made, eg depending on sickness or emergency annual leave. Off duty completed and closely monitored by Home Manager.
Area for improvement 10 **Ref:** Standard 47.3 **Stated:** First time **To be completed by:** 21 January 2025	The registered person shall ensure that lapbelts on wheelchairs are utilised when transferring patients in accordance with the patients' assessed needs. Ref: 3.3.4
	Response by registered person detailing the actions taken: This is closely monitored by management during daily walk arounds. Shared lesson ccompleted with all staff to ensure all staff are aware to use lapbelts when transferring residents with wheelchairs in accordance with residents needs.
Area for improvement 11 **Ref:** Standard 48 **Stated:** First time **To be completed by:** 21 January 2025	The registered person shall ensure that fire exit doors and corridors are maintained free from obstruction. Ref: 3.3.7
	Response by registered person detailing the actions taken: This is closely monitored by management during daily walk arounds. Management continue to ensure all exit doors and coridors are maintained free from obstruction.Shared lesson completed with all staff to remind importance of clear exit doors and corridors at all times.
Area for improvement 12 **Ref:** Standard 46 **Stated:** First time	The registered person shall ensure that patient equipment is stored appropriately to reduce the risk and spread of infection. Ref: 3.3.7

To be completed by: 21 January 2025	
	Response by registered person detailing the actions taken: This is closely monitored by management during daily walk arounds. Shared lesson completed with all staff to remind importance of infection controll and measures in place to minimise the spread of infection.

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

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