

Inspection Report

17 May 2024



Orchard Lodge Care Home

Type of service: Residential Care Home
Address: Desart Lane Close, Armagh, BT61 8BF
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Kathryn Homes Ltd	Registered Manager: Mrs Adelina Focseneanu – registration pending
Responsible Individual: Mrs Tracey Anderson	
Person in charge at the time of inspection: Marion Bradison (Deputy Manager), 9.00 am – 11.00 am Adelina Focseneanu (Manager) 11.00 am – 5.00 pm	Number of registered places: 19
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 18
Brief description of the accommodation/how the service operates: Orchard Lodge Care Home is a residential care home registered to provide health and social care for up to 19 residents living with dementia. Residents' bedrooms, communal lounge and dining room are located on the ground floor. Residents have access to an enclosed garden. There is a Nursing Home under the same roof which occupies part of the ground floor and the first floor of the building.	

2.0 Inspection summary

An unannounced inspection took place on 17 May 2024, from 10.15 am to 5.40 pm by a care inspector.

The inspection assessed 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.

The home was bright and welcoming. Residents were seated comfortably in communal areas throughout the home, listening to music and interacting with one another and the staff.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff provided care in a compassionate manner; this was evident in their interactions with residents promoting choice and respecting their privacy.

Two new areas for improvement were identified relating to the Control of Substances Hazardous to Health (COSHH) and the safe storage of prescribed toothpastes and creams.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' 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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, 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 residents 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 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.

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

Residents spoken with provided positive feedback about their experiences residing in the home. One resident told us, "staff are all very friendly." Another resident said, "I like it well."

Staff generally provided positive feedback about working in the home. Comments regarding staffing levels are discussed further in Section 5.2.1. One staff member told us, "I love working in here, it's like a family."

No responses were received from residents or relatives within the identified timeframes following the inspection. No staff submitted responses to the online survey within the identified timeframes following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 22 August 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (c) (ii) Stated: First time	The registered person shall ensure systems in place to monitor staff’s registration with NISCC are robust and inclusive of all relevant staff members.	Partially met
	Action taken as confirmed during the inspection: There was evidence of a system in place to monitor staff’s compliance with NISCC registration. However, the system did not always evidence that staff requiring to be registered, had this in place. Assurances were provided by the manager that all staff who were required to be, were registered with NISCC. This area for improvement has been partially met and will be stated for a second time.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that accurate and up to date personal medication records are maintained and that obsolete records are cancelled and archived.	Carried forward to the next inspection
	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.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance

Area for improvement 1 Ref: Standard 6 Stated: First time	The registered person shall ensure that care plans are in place to direct staff when residents are prescribed medicines for pain management and medicines on a “when required” basis for distressed reactions.	Carried forward to the next inspection
	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 32 Stated: First time	The registered person shall ensure that the current, maximum and minimum temperatures of the medicines refrigerator are monitored and recorded each day and that appropriate action is taken if the temperature recorded is outside the recommended range of 2-8°C.	Carried forward to the next inspection
	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.	

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.

Staff said there was good team work and that they felt supported in their role, however were not satisfied with the current staffing levels. Staff told us, on occasion staff were deployed from the residential home to work in the nursing home. There was no evidence of this on the day of inspection, a discussion took place with the manager and assurances were provided that this will continue to be monitored and reviewed. This will be reviewed at a future inspection.

The manager confirmed that staff to resident dependency levels remain under ongoing review. 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 residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, staff were observed offering residents snacks and drinks at intervals throughout the day.

Staff told us that the residents’ needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

One resident shared comments regarding staffing levels. This was shared with the management team to review and action as necessary. Residents told us staff were approachable and attentive to their needs.

5.2.2 Care Delivery and Record Keeping

The home was bright and welcoming. Staff were observed attending to residents in a caring and compassionate manner. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents.

Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. Some residents had requested a modified diet as a personal preference. A discussion took place with the management team to liaise with the Speech and Language Therapy (SALT) department to ensure they were in agreement with these options which were available for residents during the mealtime experience. This will be reviewed at a future inspection.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs;

and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were generally well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care records for one resident requiring wound care evidenced that the care plan was not reflective of changes to the current regime recommended by the District Nurse. This was discussed with the management team and assurances were provided that the relevant care plan had been updated.

Residents' individual likes and preferences were reflected throughout care records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

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

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Call bells were not always observed as left within reach for residents to access, the management team provided assurances there is a system in place for the monitoring and supervision of residents however; agreed to review this and ensure care plans are reflective of individuals assessed need. This will be reviewed at a future inspection.

There was evidence of prescribed toothpastes and creams stored in resident's bathroom cabinets which were unlocked. A discussion took place with the management team regarding the appropriate storage and management of these items. This was shared with the RQIA pharmacist inspector and an area for improvement was identified. Following the inspection, the management team provided assurances that a risk assessment had been implemented.

It was observed that a cleaning trolley was left unsupervised. This was addressed with the staff member immediately and a discussion took place with the management team. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

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 Residents

Discussion with residents confirmed they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

There was a range of activities provided for residents by staff and facilitated by the activity coordinator in the home. The activity planner evidenced a range of planned activities including: music therapy, quiz games, crafts and gardening.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

5.2.5 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 in the care home since 7 November 2022 and is currently progressing her application to register with RQIA.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

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. Tracey Anderson (Responsible Individual) 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 of adults at risk of harm.

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 residents, care practices or the environment.

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 residents' next of kin, their care manager and to RQIA.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

The home was visited each month by a representative of the registered person to consult with residents, 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 were available for review by residents, 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	3*	3*

* the total number of areas for improvement includes one regulation that has been stated for a second time and one regulation and two standards that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Adelina Focseneanu, manager and Mr Marion Bradison, deputy manager, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (c) (ii) Stated: Second time	The registered person shall ensure systems in place to monitor staff's registration with NISCC are robust and inclusive of all relevant staff members. Ref: 5.1 & 5.2.1
To be completed by: From the date of inspection (29 June 2023)	Response by registered person detailing the actions taken: NISCC tracker in place and closely monitored and reviewed monthly. Home Manager has full oversight and signs of tracker each month upon review
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that accurate and up to date personal medication records are maintained and that obsolete records are cancelled and archived. Ref: 5.1

<p>To be completed by: 22 August 2023</p>	<p>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.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 17 May 2024</p>	<p>The registered person shall ensure that all areas of the home to which residents have access are kept free of hazards to their safety. This is with specific reference to the supervision of cleaning trolleys.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Supervision completed with all relevant domestic staff. This is closely monitored during daily walk around and any issues identified are managed through the HR process</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2023</p>	<p>The registered person shall ensure that care plans are in place to direct staff when residents are prescribed medicines for pain management and medicines on a “when required” basis for distressed reactions.</p> <p>Ref: 5.1</p> <hr/> <p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2023</p>	<p>The registered person shall ensure that the current, maximum and minimum temperatures of the medicines refrigerator are monitored and recorded each day and that appropriate action is taken if the temperature recorded is outside the recommended range of 2-8°C.</p> <hr/> <p>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.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that prescribed creams and toothpastes are stored safely and securely in line with the statutory and manufacturers requirements.</p> <p>Ref: 5.2.3</p>

17 May 2024	Response by registered person detailing the actions taken: All toiletries are stored within bathroom cabinets that are kept locked and secured. New risk assessment implemented for all residents in relation to residents having access to their own toiletries.
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