



Unannounced Care Inspection Report 15 January 2019



Orchard Lodge Care Home

Type of Service: Residential Care Home
Address: Desert Lane Close, Armagh BT61 8BF
Tel No: 028 3752 6462
Inspector: Bronagh Duggan

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 19 beds that provides care for residents living with dementia. The residential home occupies part of the ground floor in the same building which includes an adjoining nursing home.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individuals: Gavin O'Hare-Connolly	Registered Manager: Leanne McGaffin (acting)
Person in charge at the time of inspection: Mary McKee deputy manager	Date manager registered: Leanne McGaffin– application not yet submitted
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 19

4.0 Inspection summary

An unannounced care inspection took place on 15 January 2019 from 10.00 to 17.30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff induction, training, care records and reviews, taking account of the views of residents, and maintaining good working arrangements.

One area requiring improvement was identified which related to the completion of an audit regarding furnishings in the home, any identified actions should be followed through accordingly

Residents shared positive comments regarding their life in the home and their relationship with staff.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Mary McKee, deputy manager, as part of the inspection process and Leanne McGaffin, manager, via telephone following the inspection. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 September 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the deputy manager, 11 residents and five staff.

A total of 19 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Eleven questionnaires were returned by residents and / or residents' representatives within the agreed timescale. No questionnaire responses were returned from staff. A number of "Have we missed you" cards were left at the home for display to allow residents and relatives/ representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff annual appraisal schedule
- Staff training schedule and training records
- Two staff files
- Three residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits of care plans, accidents and incidents (including falls,), complaints, Infection Prevention and Control (IPC), NISCC registration
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings/ representatives' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 19 September 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 19 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 24.5 Stated: First time	The registered person shall ensure staff have a recorded annual appraisal with their manager to review their performance against their job description and to agree personal development plans.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and review of information maintained in the home showed staff had completed annual appraisals.	
Area for improvement 2 Ref: Standard 24.2 Stated: First time	The registered person shall ensure staff have recorded individual, formal supervision according to the homes procedures and no less than six monthly for staff who are performing satisfactorily.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of information following the inspection showed staff had completed individual formal supervision.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The deputy manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Staff stated that usually staffing levels were sufficient; however, on occasions due to short notice absence staff numbers could be reduced. This issue was discussed with the deputy manager who advised there was a system in place to gain cover for short notice periods of absence which was working effectively. During the inspection sufficient staff were observed as being available to support residents as needed. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, and annual appraisal of staff was regularly provided. Schedules and records of training and staff appraisals were reviewed during the inspection. Information regarding the completion of formal supervision with staff was provided by the manager following the inspection.

Discussion with the deputy manager and review of two staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body Northern Ireland Social Care Council (NISCC).

The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager confirmed that there had not be any recent safeguarding referrals but that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and written records would be retained.

The deputy manager advised there were restrictive practices within the home, notably the use of keypad entry system, pressure alarm mats and management of smoking materials etc. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Staff training records evidenced that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. IPC compliance audits were undertaken and action plans developed to address any deficits noted.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal environment identified that a number of bedroom furnishings including side units, bedside cabinets and chests of drawers were badly scraped and worn especially on top. This issue was discussed with the deputy manager. The need to carry out an audit to review the condition of furnishings in the home and ensure any findings are actioned as necessary including the improvement and/ or replacement of furnishings was identified as an area for improvement to comply with the standards.

A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 6 April 2018 there were no recommendations made.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Eleven completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Eight respondents described their level of satisfaction with this aspect of care as very satisfied; one was satisfied two were unsatisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, appraisal, infection prevention and control and risk management.

Areas for improvement

One new area for improvement was identified during the inspection in relation to the completion of an audit regarding furnishings in the home any identified actions should be followed through as necessary.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed they included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Review of the care records showed some inconsistencies with regard to the recording of dates around the time of admission and completion of initial information. The importance of ensuring accuracy of records was discussed with the deputy manager who gave assurances that the need to accurately record dates would be addressed with staff. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example residents are supported with their preferred rising and retiring times.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately.

The deputy manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, accidents (including falls), complaints, infection prevention and control procedures, were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The deputy manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift

handovers. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection. The benefit of encouraging staff feedback and discussions during staff meetings and supervision was discussed to support and enhance good team working.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Eleven completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Eight respondents described their level of satisfaction with this aspect of care as very satisfied three were satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The deputy manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The deputy manager advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, and dignity and explained how confidentiality was protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home for example local lay groups and ministers are welcome and visit the home regularly.

Residents were provided with daily menu choices in a pictorial format; the benefit of also clearly displaying the daily pictorial menu in a prominent position was discussed with the deputy manager. A written menu was displayed on the door of the dining room. In addition the benefit of ensuring clear orientation and activities information was displayed in the home was discussed. Following the inspection the manager confirmed notice boards with relevant information had been put in place across the home.

Discussion with staff, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, and visits by the registered provider.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities; for example armchair exercises, musical singalongs, quizzes, bingo, carpet bowls, arts and crafts and tending to the garden. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example links had been established with a local school to participate in an intergenerational project and visitors were welcome to the home.

Residents spoken with during the inspection made the following comments:

- "I like it here, food is nice, I do work outside, will be starting at end of January." (resident)
- "I'm happy enough." (resident)
- "I have no complaints." (resident)"
- "They (staff) are all very good." (resident)

Eleven completed questionnaires were returned to RQIA from residents and residents' visitors/representatives and staff. Eight respondents described their level of satisfaction with this aspect of care as very satisfied, three were satisfied.

Comments received from completed questionnaires were as follows:

- "Staff take a genuine and compassionate interest for those in their care."
- "Very content."
- "Excellent staff, excellent care at all times. Very happy with everything. This care home is very efficient at all times."
- "Twice without the care and professionalism of staff (relative) could have (been very unwell)."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The deputy manager outlined the management arrangements and governance systems in place within the home. A range of policies and procedures was in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. The deputy manager advised on the day of inspection the reception area of the home was due to be repainted as a result information regarding how to make a complaint and general public health information was not on display. The deputy manager gave assurances all relevant information would be displayed once the repainting had been completed.

Review of the complaints records showed there had been no complaints received since the previous inspection.

The home retains compliments received, e.g. thank you letters and cards, and there are systems in place to share these with staff.

A review accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The deputy manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example dementia awareness.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The deputy manager stated that the senior management team was kept informed regarding the day to day running of the home through regular telephone calls, emails and visits to the home.

The deputy manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The deputy manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff spoken with during the inspection made the following comments:

- “Leanne is very approachable and would get problems sorted and Mary nothing is ever ignored. Think this is a good place to work.”

Eleven completed questionnaires were returned to RQIA from residents and residents’ visitors/representatives. Ten respondents described their level of satisfaction with this aspect of care as very satisfied one was undecided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary McKee, deputy manager, as part of the inspection process and Leanne Mc Gaffin, manager, via telephone following the inspection. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event

of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2019</p>	<p>The registered person shall ensure the completion of an audit regarding furnishings in the home; any identified actions should be followed through as necessary.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Home manager has completed audit on 20.2.19 in relation to all furniture in the residential suite. There has been an action plan formulated and a matrix for which furniture needs replaced first. Identified issues have been forwarded to the facilities department for actioning.</p>

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



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