

Announced Premises Inspection Report 7 June 2016



Apple Blossom Lodge

Type of Service: Nursing Home
Address: 62 Drumilly, Road, Armagh BT61 8RH
Tel No: 028 3889 1202
Inspector: Raymond Sayers

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Apple Blossom Lodge took place on 7 June 2016 from 10.10 to 12.50hrs.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Some issues were however identified for attention by the registered provider Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. Refer to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. Refer to section 4.6.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015:

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Heather Maxwell, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those items detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service Details

Registered organisation/registered provider: Larchwood Care Homes (NI) Ltd	Registered manager: Heather Maxwell
Person in charge of the home at the time of inspection: Heather Maxwell	Date manager registered: 29 January 2015
Categories of care: NH-DE, NH-MP, NH-MP(E)	Number of registered places: 37

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months and the duty call log.

During the inspection the inspector met with: two patients, Ms Heather Maxwell (Registered Manager), Mr Trevor Buckley (Maintenance Supervisor), kitchen and laundry staff.

The following records were examined during the inspection: Copies of building services certificates, building user log books relating to maintenance inspections of building engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 05 May 2016.

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP has not yet been returned for review by the medicines management inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 04 July 2013

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14.(2)(a),(b) & (c) Stated: First time	Submit verification that a valid legionella risk assessment has been completed and that any subsequent report recommendations are inserted on a works action plan for implementation. Action taken as confirmed during the inspection: Controls implemented.	Met
Requirement 2 Ref: Regulation 14.(2)(a),(b) & (c) Stated: First time	Verify that the BS7671 Periodic Inspection Report dated 1 August 2012 has been reviewed, risks evaluated and any necessary controls implemented to ensure compliance with regulation 4 of the Electricity at Work Regulations. Action taken as confirmed during the inspection: Controls implemented.	Met
Requirement 3 Ref: Regulation 14.(2)(a),(b) & (c) Stated: First time	Implement the Lifting Operations and Lifting Equipment (LOLER) thorough examination report recommendations, as listed during 20 May 2013 inspection. Action taken as confirmed during the inspection: Remedial actions implemented.	Met
Requirement 4 Ref: Regulation 27.(4)(a) Stated: First time	Implement the recommended corrective and improvement works actions listed in the facility fire risk assessment. Action taken as confirmed during the inspection: Recommended actions completed.	Met

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 32.1 Stated: First time	Clean all roof rainwater gutters, downpipes and redecorate all exterior painted surfaces	Met
	Action taken as confirmed during the inspection: Remedial action implemented.	
Recommendation 2 Ref: Standard 32.1 Stated: First time	Inspect all interior decorated surfaces, draft a prioritised redecoration works plan and implement works action.	Met
	Action taken as confirmed during the inspection: Remedial action implemented.	
Recommendation 3 Ref: Standard 32.1 Stated: First time	Complete a condition survey on all doors; install surface protection on doors deemed likely to sustain damage due to impact with wheelchairs/hoists.	Met
	Action taken as confirmed during the inspection: Remedial action implemented.	
Recommendation 4 Ref: Standard 32.1 Stated: First time	Complete a condition survey of all floor coverings and implement a prioritised repair/replacement works action plan.	Met
	Action taken as confirmed during the inspection: Remedial action implemented.	
Recommendation 5 Ref: Standard 32.1 Stated: First time	Re-fix wall tiles to shower room adjacent bedroom 9.	Met
	Action taken as confirmed during the inspection: Remedial action implemented.	
Recommendation 6 Ref: Standard 32.9 Stated: First time	Submit verification that the emergency generator and space heating boiler receive periodic planned maintenance test/inspections in accordance with manufacturer's instructions.	Met
	Action taken as confirmed during the inspection: Remedial action implemented.	

4.3 Is care safe?

A range of building services maintenance documents were presented for review during this estates inspection. This documentation included: risk assessments, inspection and test reports for various elements of the engineering services.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this estates inspection.

A range of fire protection measures are in place for the premises, this includes: a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the level of fire safety within the premises takes account of: the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment, which was completed by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

Number of requirements	0	Number of recommendations:	0
-------------------------------	---	-----------------------------------	---

4.4 Is care effective?

There are arrangements in place for routine premises management plus emergency break-down repairs. Service users are involved, where appropriate in decisions around the redecoration and maintenance of the premises.

Interior refurbishment has been ongoing in the home; floor coverings have been renewed and wall /ceiling surfaces redecorated.

This supports the delivery of effective care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. The Health Technical Memorandum 84 (HTM84) risk assessment document action plan items were not validated as completed by the responsible person. The Registered Manager validated the document at the time of our inspection.
2. A `Trixie` hoist Lifting Operations and Lifting Equipment Regulations (LOLER) thorough examination report recommendation had not been implemented. The Maintenance Supervisor stated that a replacement component had been ordered, and that the repair would be completed upon delivery of the new component.

Refer to Quality Improvement Plan recommendation 1.

3. A number of floor coverings were noted as displaying signs of deterioration: Bedrooms 28, 35,36,37,38 and kitchen. The registered manager stated that there was a refurbishment programme planned, and upgrade works would be progressing.

Refer to Quality Improvement Plan recommendation 2.

Number of requirements	0	Number of recommendations:	2
-------------------------------	---	-----------------------------------	---

4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

The service users consulted expressed satisfaction with the standard of the environment within the home.

This supports the delivery of compassionate care.

Number of requirements	0	Number of recommendations:	0
-------------------------------	---	-----------------------------------	---

4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant persons.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

Number of requirements	0	Number of recommendations:	0
-------------------------------	---	-----------------------------------	---

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Heather Maxwell, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 Nursing 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to estates.team@rqia.org.uk for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 44.8</p> <p>Stated: First time</p> <p>To be completed by: 02 August 2016</p>	<p>The registered provider should confirm implementation of the LOLER thorough examination inspection report action plan recommendations in respect of the `Trixie` hoist.</p> <p>Response by registered provider detailing the actions taken: This hoist was was condemned. Two hoists are in operation for 16 residents in the EMI unit.</p>
<p>Recommendation 2</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 13 September 2016</p>	<p>The registered provider should continue with the planned replacement of floor coverings at the following locations: Bedrooms 28, 35,36,37,38 and kitchen.</p> <p>Response by registered provider detailing the actions taken: Six bedroom floors and kitchen and store area all are refloored and repainted.</p>

Please ensure this document is completed in full and returned to estates.team@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)