

Unannounced Care Inspection Report 18 July 2017



Apple Blossom Lodge

Type of Service: Nursing Home

Address: Apple Blossom Lodge, 62 Drumilly Road, Armagh, BT61 8RH

Tel no: 02838891202

Inspector: Sharon Mc Knight

www.rgia.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 registered nursing home which is registered to provide nursing care for up to 37 persons.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd Responsible Individual: Christopher Walsh	Registered manager: Heather Maxwell
Person in charge at the time of inspection: Heather Maxwell	Date manager registered: 29 January 2015
Categories of care: Nursing Home (NH) DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of registered places: 37

4.0 Inspection summary

An unannounced inspection took place on 18 July 2017 from 10:15 hours to 17:30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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

Areas for improvement under regulation were identified with regard to the cleanliness and décor of the servery in the dementia unit and with the information obtained for staff recruitment.

The following areas were identified for improvement under the standards; the provision of catering staffing and the updating of information held for the purposes of responding to fire or emergency evacuation of the home.

Evidence of good practice was found in relation to staff training, supervision and appraisal, adult safeguarding and the recent improvements made to the general environment of the home.

We observed examples of good practice in relation to record keeping and communication with patients. We assured that the culture and ethos of the home promoted listening to and valuing patients; there was a particular a focus to empower patients to make decisions collectively about the day to day tasks in the home and also on an individual level.

Patients confirmed that staff supported and encouraged them to express their preference. Staff demonstrated a detailed knowledge of patients' likes and dislikes for those patients who were unable to express their opinion.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	*3

*The total number of areas for improvement under the standards include one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with 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.

4.2 Action/enforcement taken following the most recent inspection dated 1 February 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 1 February 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with five patients individually and with the majority of patients generally and with nine staff. There were no patients' visitors/representatives visiting during the inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 17 – 23 July 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction file
- three patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 01 February 2017

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

6.2 Review of areas for improvement from the last care inspection dated 01 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35.6 Stated: Second time	It is recommended that the date staff are due to renew their registration with the NISCC, and pay their annual fee, should be maintained in the home.	Met
	Action taken as confirmed during the inspection: A review of the records held to confirm registration of staff with Northern Ireland Social Care Council (NISCC) evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 4.9 Stated: First time	It is recommended that contemporaneous records are maintained of all nursing interventions: <ul style="list-style-type: none"> • The recording of wound care should be reviewed to ensure information is consistently recorded. • Repositioning charts should be completed to evidence that patients are being repositioned regularly. 	Met
	Action taken as confirmed during the inspection: We reviewed the wound care of one patient. Records evidenced that care was recorded in accordance with best practice. A review of two patients' repositioning charts evidenced that patients were being repositioned regularly. This area for improvement has been met.	

<p>Area for improvement 3</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p>	<p>It is recommended that patients are enabled to exercise choice with regard to their preference for how their personal cares needs are met. The registered person should ensure that equipment is provided to allow all patients to access a bath, if this is their preference.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The responsible person confirmed that discussion has taken place regarding the provision of equipment to allow all patients to access a bath. Confirmation was received from the responsible person on 25 July 2017 that equipment has been ordered. This area for improvement is assessed as partially met and is stated for a second time.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 21</p> <p>Stated: First time</p>	<p>It is recommended that the registered manager contact the patient's care manager and request a multi-disciplinary meeting to ensure that the patient's health and well-being are promoted and that they have access to health and social care services to meet their assessed needs.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>RQIA have been informed of the events with regard to the identified patient since the previous inspection. This area for improvement has been met.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 12.11</p> <p>Stated: First time</p>	<p>It is recommended that the deployment of staff to serve meals on the first floor is reviewed to ensure that care staff have sufficient time to focus on the dining and dietary needs of the patients at mealtimes.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Staff confirmed that a review of staff and working practices was undertaken and changes made to the routine. Observation of the serving of lunch on the first floor and discussion with a registered nurse and care staff confirmed that currently staff have sufficient time to focus on the dining and dietary needs of the patients at mealtimes. This area for improvement has been met.</p>		

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 registered manager confirmed the planned daily staffing levels for the home and that staffing was subject to review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 17 July 2017 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care and discussion with patients evidenced that their needs were met by the levels and skill mix of staff on duty. Patients spoken with were satisfied with the assistance provided by staff. Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. Staff in the dementia unit discussed proposed changes to the morning routine and were concerned how this change to the existing routine may impact on the patients. With staff agreement we shared their comments with the registered manager who was aware of staff opinion and explained that the proposed change to the routine was to support patients to engage in the activity programme to meet their psychological and social needs. The registered manager agreed to discuss the issue further with the staff.

Rotas confirmed that catering and housekeeping staff were on duty daily. We discussed the provision of catering staff as there is only one member of staff on duty in the afternoons. The registered manager confirmed that the staffing had recently been reviewed but no changes had been made. We visited the servery in the dementia unit; it was not maintained to an acceptable standard of cleanliness. There was food debris and stains on the walls below the food lift and at the serving hatch, the box containing teabags was dusty and needed cleaned, items of food were stored in the fridge but were not labelled with the date they were opened. There was no cleaning schedule in place and no one knew who had responsibility for ensuring the servery was cleaned daily and kept tidy. We asked that the servery be deep cleaned as a matter of urgency; cleaning commenced prior to the conclusion of the inspection. Confirmation was received on the day after the inspection that the deep clean was complete and cleaning schedules were in place to ensure that the servery was maintained to an acceptable level of cleanliness. The environment was generally cluttered, the flooring was stained and the décor required to be brought up to an acceptable standard. An area for improvement was identified under regulation to ensure that the servery is kept clean and reasonably decorated;

We were concerned that the current provision of catering staff was not sufficient to ensure the servery in the dementia unit was maintained to an acceptable standard of cleanliness. This was discussed with the responsible person and registered manager and identified as an area for improvement under the standards.

We visited the main kitchen which was well organised and clean. Staff confirmed there were cleaning schedules in place for daily and weekly duties.

A nurse was identified to take charge of the home when the registered manager was off duty. A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the manager. The assessments were signed to confirm that the assessment process has been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home.

A review of two personnel files evidenced the following:

- The first personal file did not contain a reference from the candidate's present or most recent employer as listed on their CV . One reference obtained was from an employer which was not included in the candidates employment history.
- There was no evidence to confirm if one applicant's registration with the Nursing and Midwifery Council (NMC) had been checked as part of the recruitment process.
- The second file did not contain a full employment history and there was no written explanation of gaps in employment.

All information required in regard to the selection and recruitment of staff must be obtained prior to the commencement of employment. This was identified as an area for improvement under regulation.

Records confirmed that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

The registered manager confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A review of two completed induction programmes evidenced that these were completed within a meaningful timeframe.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the registered manager. A review of records evidenced that these arrangements were appropriately managed.

We discussed the provision of mandatory training with staff and reviewed the training records for 2016/2017. Training records evidenced good compliance; for example in the past twelve months 72% of staff had completed fire safety training and 80% adult safeguarding. The registered manager confirmed that they had systems in place to facilitate compliance monitoring.

The registered manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since January 2017 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be appropriately heated, fresh smelling and, as previously discussed, with the exception of the servery in the dementia unit, was clean throughout. The registered manager explained that some refurbishment has taken place since the previous inspection with further planned. The lounge in the dementia unit has been redecorated. The colour schemes and décor were bright, fresh and tastefully completed. Three toilet/shower rooms have also been refurbished with plans to redecorate more toilet areas. As previously discussed the provision of bathing facilities that all patients can access, irrespective of their level of mobility was identified as an area for improvement under the standards during the previous inspection and is now stated for a second time.

We discussed the management of fire safety with the registered manager who confirmed that fire checks were completed weekly. Fire exits and corridors were observed to be clear of clutter and obstruction. The registered manager explained that essential information required in the event of a fire or an emergency evacuation of the building was held in a metal box in the nurses station on the ground floor. The box contained a copy of the business continuity plan, patients' details including next of kin and GP, copies of the patients' kardex, staff contact numbers and local taxi phone numbers. The provision of the box and the nature of the information it contained was identified as an area of good practice. However the patient information was not up to date and was not reflective of the patients who were accommodated in the home. This was identified as an area for improvement under the standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding and the home's general environment.

Areas for improvement

The following areas were identified for improvement under regulation; the cleanliness and décor of the servery in the dementia unit and staff recruitment.

The following areas were identified for improvement under the standards; the provision of catering staffing and the updating of information held for the purposes of responding to fire or emergency evacuation of the home.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

There were a number of examples of good practice found throughout the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), consultant psychiatrists, community psychiatric nurse (CPN) and speech and language therapists (SALT). Discussion with registered nurses and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Care records contained good detail of the patients' psychological needs and associated behaviours and any known triggers to episodes of aggression. A number of patients were observed throughout the day at 15 minute intervals. Records were maintained to evidence that these checks were completed in accordance with the care plans.

A review of wound care records for one patient evidenced that wound care was managed in line with best practice. A review of the daily progress notes of one patient evidenced that the dressing had been changed according to the care plan.

We reviewed the management of catheter care for one patient. Care plans were in place which detailed the type of catheter and how frequently it was required to be changed. Systems were in place to alert staff to when the next change was due.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

Patient meetings continue to be held each morning in the home. The purpose of this meeting is to discuss the planned activities for that day, including any patients who require assistance to undertake day to day tasks such as laundry. Allocation of tasks, such as attending to the animals, was also agreed at this meeting. Patients are also encouraged to discuss any issues or concerns they may. Staff spoken with explained that their role was to prompt and encourage the patients to make the decisions for themselves. Patients spoken with confirmed that if they had any concerns, they could raise these with the staff and/or the registered manager.

The registered manager confirmed that staff meetings were held regularly and records were maintained of the staff who attended, the issues discussed and actions agreed. The most recent staff meeting held was with all staff on 20 May 2017.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was held in a patient register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication with patients and in particular a focus to empower patients to make decision collectively about the day to day tasks in the home and also on an individual personal level.

Areas for improvement

No areas for improvement were identified during the inspection with the delivery of effective care.

	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.

We arrived in the home at 10:15. There was a busy atmosphere and staff were attending to the needs of the patients and supporting patients in their daily routine. Patients were observed either in the reception hall, the lounges, the smoking room or in their bedrooms in keeping with their personal preference and safety needs. A number of patients were relaxing in the enclosed garden at the front of the home enjoying the warm weather. Staff interaction with patients was observed to be supportive and timely. Patients were generally observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There was evidence that patients were involved in decision making about their care. As previously discussed a morning meeting continues to be held each day in the home with patients being supported and enabled by staff to make decisions regarding the day to day routine of the home. A record of who attends the meetings and decisions made was maintained. Throughout the inspection patients were consulted regarding meal choices and were offered a choice of meals, snacks and drinks throughout the day. Staff supported and encouraged patients who could express their preference to do so and demonstrated a detailed knowledge of patients’ likes and dislikes for those patients who were unable to express their opinion.

Numerous compliments had been received and were displayed in the home in the form of thank you cards.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients' representatives/relatives on the quality of the service provided. Relatives were provided with the opportunity to complete a satisfaction survey annually. The most recent was sent in June 2017; the registered manager confirmed that when they were returned the results would be analysed and responded to as required.

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 patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection with the delivery of compassionate care.

	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 certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were available in the home.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with patients and staff evidenced that the registered manager's working patterns provided good opportunity to allow them to have contact as required. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions made. All those spoken with described the management within the home in positive terms.

Discussion with the registered manager and review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

A review of records evidenced that monthly audits were completed, for example care records. The records of audits evidenced that any identified areas for improvement had been reviewed to check compliance and drive improvement.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Review of records evidenced that the registered manager completed a monthly report to review the quality of the services delivered. The monthly reported included discussion with patients, relatives and staff and a summary of their opinions on the service delivered. A copy of the monthly reports was available in the home.

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection with regard to the management of the home in accordance with the categories of care registered.

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 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 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 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 to Nursing.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27(2)(d)</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2017</p>	<p>The registered person shall ensure that the servery in the dementia unit is maintained to an acceptable level of cleanliness and standard of décor.</p> <p>Cleaning schedules must be put in place with staff identified to ensure they are completed.</p> <p>The décor must be brought up to an acceptable standard.</p> <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: Arrangements have been put in place to decorate the servery and the area has been deep cleaned. A new cleaning schedule is in place.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 21(1)(b) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of the inspection.</p>	<p>The registered person shall ensure that all information required in regard to the selection and recruitment of staff is obtained prior to the commencement of employment.</p> <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: All information required prior to a newly recruited staff member taking up employment is in place and is now recorded as such. New check lists are in operation to ensure compliance.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 6.3</p> <p>Stated: Second time</p> <p>To be completed by: 12 September 2017</p>	<p>The registered person shall ensure that patients are enabled to exercise choice with regard to their preference for how their personal cares needs are met. The registered person should ensure that equipment is provided to allow all patients to access a bath, if this is their preference.</p> <p>Ref: Section 6.2</p>
	<p>Response by registered person detailing the actions taken: A new bath hoist has been purchased and is in use.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 41.10</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2017</p>	<p>The registered person shall review the number of catering staff rostered daily to ensure that there is adequate staff to maintained the server in the dementia unit to an acceptable level of hygiene.</p> <p>Ref: Section 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Arrangements are in place to ensure the cleanliness of the servery upstairs. The catering staff contingent will be reviewed to ascertain if additionality of staff will positively impact upon the cleaning schedules in the satelite kitchen</p>
<p>Area for improvement 3</p> <p>Ref: Standard 47.2</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2017</p>	<p>The registered person shall ensure that the information held in the event of a fire or emergency evacuation of the home is checked regularly to ensure it is up to date.</p> <p>Ref: Section 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The fire box is checked monthly and new fire lists are in place.</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk



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