



Unannounced Follow-up Care Inspection Report 2 April 2019



Apple Blossom Lodge

Type of Service: Nursing Home
Address: 62 Drumilly Road, Armagh BT61 8RH
Tel No: 02838891202
Inspector: Lyn Buckley

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 provider 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 nursing home registered to provide nursing care for up to 37 persons.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd Responsible Individual(s): Christopher Walsh	Registered Manager: See box below.
Person in charge at the time of inspection: Marty McKee - manager	Date manager registered: Marty McKee, Acting – no application required
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 care inspection took place on 2 April 2019 from 10:15 to 13:15 hours.

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 the areas for improvement identified during the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were no areas for improvement identified as a result of this inspection.

Patients were seen to be relaxed and comfortable in their surroundings and in their interactions with other patients and with staff. Patients able to communicate indicated that they felt well and safe and that they enjoyed their meals. We also saw that care had been taken with patients' personal hygiene and clothing.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Marty McKee, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 3 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 3 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 January 2019.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection we met and spoke with patients and staff. Questionnaires and 'Have We Missed You' cards were provided to give patients 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 electronic questionnaire.

The following records were examined during the inspection:

- staff training records
- records pertaining to the management of patients diets
- records regarding recent residents meeting.

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 3 January 2019

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

6.2 Review of areas for improvement from the last care inspection dated 3 January 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p>	<p>The registered person shall review the home’s approach caring for patients with dementia.</p> <p>This should include, but is not limited to, a review of areas such as the environment, the mealtime experience, the unit’s culture and ethos and the knowledge and skill of the staff working in the dementia unit.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>We saw patients who were relaxed and comfortable in their interactions with staff. Patients could choose to remain in their bedroom for the morning and some had enjoyed breakfast in bed and staff provided support to get up when the patient was ready.</p> <p>We saw staff use good practice to support dementia patients. For example, when a patient refused care staff gently coaxed them; but if the patient became upset or agitated they stopped coaxing and attempted the same task later. It was clear that staff knew their patients’ needs in detail and how to provide comfort should the patient need it.</p> <p>We saw that the dining room and lounge had been improved to enhance the homeliness of these rooms. For example, the dining room</p>	

	<p>had been refurbished and the tables were set using tablecloths and condiments. Pictures and small items of furniture added to the overall homeliness of the dining room.</p> <p>We saw, during the lunch time meal, that patients were enjoying their lunch in the dining room, the lounge or their bedroom as they wished. Staff said that more patients had chosen to eat their meals in the dining room since it had been refurbished.</p> <p>In addition to the lounge and dining room, corridor seating had been provided and we saw patients making use of this. Staff also confirmed that further redecorating plans were in place.</p> <p>Staff spoken with confirmed they had been enabled to attend dementia awareness training and that this training had assisted in improving the ethos and culture of the unit and the delivery of dementia care.</p> <p>The manager confirmed how this area for improvement had been managed so far; and he confirmed the plans for further improvements.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that terminology used to record modified diets is consistently recorded to avoid confusion.</p> <p>Action taken as confirmed during the inspection: Review of nutritional records and discussion with staff evidenced that this area for improvement had been met.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Regulation 15(1)(e)</p> <p>Stated: First/ time</p>	<p>The registered person shall ensure that the home does not provide accommodation to a patient unless it is registered for the category of nursing appropriate to the patient's need.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager demonstrated that this area for improvement had been met.</p>	Met

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 25 Stated: First time	The registered person shall ensure that staff working within the dementia unit receive dementia awareness training.	Met
	Action taken as confirmed during the inspection: Staff demonstrated clearly that the delivery of dementia awareness training, since the last care inspection, had improved their ability to care for the patients within the unit. Staff described their training with enthusiasm and those who not yet attend the training were looking forward to it because of their colleagues' experience. Review of staff training records confirmed the number of staff who had attended the training so far and a planner was in place to ensure the remaining staff received their training.	

6.3 Inspection findings

6.3.1 Consultation with stakeholders

We provided the manager with 10 patient and family members' questionnaires; none were returned within the timescale specified. We also invited staff to provide online comments; none were received before the issuing of this report.

Any comments received from patients or family members after this report is issued will be discussed with the manager, for their information or if any action is required.

Areas for improvement

No areas for improvement were identified during the inspection in relation to the outcome of consultation with stakeholders.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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