

Inspection Report

2 August 2022



Apple Blossom Lodge

Type of service: Nursing
Address: 62 Drumilly Road, Armagh, BT61 8RH
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organization/Registered Provider: Larchwood Care Homes Ltd	Registered Manager: Mr Martin Anthony McKee
Responsible Individual: Mr Christopher Walsh	Date registered: 11 February 2022
Person in charge at the time of inspection: Ms Larissa Crowe, staff nurse, then joined by Manager from 10.35am	Number of registered places: 37
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 patients accommodated in the nursing home on the day of this inspection: 34
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 37 patients. The home is divided in three units over two floors. Each unit has communal sitting and dining rooms.	

2.0 Inspection summary

This unannounced inspection was conducted on 2 August 2022, from 10.00 am to 2.55 pm by two care inspectors.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led.

It was established that staff promoted the dignity and well-being of patients.

Two areas requiring improvement were identified. These were in relation to staff training in the management of distressed behaviours and increasing the managerial oversight with the management risk of patients' smoking.

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

RQIA were assured that the delivery of care and service provided in Apple Blossom Lodge was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, 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 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 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 Mr Christopher Walsh, Responsible Individual and Mr Martin McKee, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke warmly about the provision of care, their relationship with staff, the provision of meals and the atmosphere in the home.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Apple Blossom Lodge was undertaken on 22 June 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of two staff members' recruitment records confirmed that there was a robust system in place to ensure staff were recruited correctly to protect patients. Staff receive a comprehensive programme of induction on appointment.

The staff duty rota 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.

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. Review of two staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

Staff said there was good team work and that they felt well supported in their role and the level of communication between staff and the Manager. Staff said that they were satisfied with the staffing levels.

There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis. An area of improvement was made for all staff to receive up-to-date training in the management of distressed behaviours, which the Manager was able to give assurances that this would be acted on without delay. Further assurances were received from the Responsible Individual after this inspection to confirm that a training plan was being put in place and the current levels of support already in place for staff to address this area of care.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NICSS). These checks were maintained appropriately.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs

Patients' care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

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

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily.

Patients' 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 patients' needs; and included any advice or recommendations made by other healthcare professionals.

Patients' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

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

Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were maintained safely and securely.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were well maintained with up-to-date fire safety checks of the environment and fire safety drills. The home's most recent fire safety risk assessment was dated 6 October 2021. This assessment had corresponding evidence of actions taken in response to the 17 recommendations made.

Smoking risk assessments were in place for all individual patients who smoke. However an area of improvement was made to increase the overall managerial oversight of this, given the high numbers of patients who smoke. Advice was given in relation to this. In increasing this managerial oversight the Manager needs to be assured that any increases of risk are subsequently appropriately managed. Assurances were received from the Manager during this feedback and the Responsible Individual after this inspection, that this issue will be acted upon without delay.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of 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 Patients

Patients were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. It was observed that staff offered choices to patients throughout the day which included food and drink options, and where and how they wished to spend their time. The genre of music and television channels played was appropriate to patients' age group and tastes. One patient described a recent trip out they had and was keen to show photographs of this event.

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and interactions with staff. Two patients made the following comments; "It's very good here. They (the staff) are very kind." and "I like it here. I am very happy."

The environment suitably facilitated to support patients with social needs and comfort.

The grounds of the home were well maintained with good accessibility for patients to avail of.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Martin McKee has been the Registered Manager in this home since 11 February 2022. Mr Christopher Walsh, Responsible Individual was available during this inspection and for feedback of inspection findings.

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, such as environmental audits, restrictive practices, care records, wound care and falls.

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. The Responsible Individual was identified as the appointed safeguarding champion for the home.

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 patients, care practices or the environment. Staff said that the Manager was very supportive and they would have no hesitation in reporting any concerns and felt that these would be dealt with appropriately. Discussions with the Manager confirmed that he had good knowledge and understanding of patients' needs and care delivery.

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

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the Responsible Individual to consult with patients, 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 are available for review by patients, 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 Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Chris Walsh, Responsible Individual and Mr Martin McKee, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20(1)(c) (i) Stated: First time To be completed by: 3 September 2022	<p>The registered person shall ensure all nursing and care staff are in receipt of up-to-date training in the management of distressed behaviours.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: From inspection there has been a number of level 2 safety intervention training days completed within Apple Blossom Lodge. During these training days the participants have been educated on the four different crisis levels a resident can go through by identifying a change in the resident behaviours. The staff have been educated on how their behaviour can influence a resident's behaviour and how the importance of how the staff's approach can lead to a positive outcome in allowing the resident in crisis to reach the tension reduction level at the earliest possible time. This training also incorporates trauma informed care and how trauma can be a trigger for some of the resident's distressed reactions. Within this training staff have been educated on various disengagement skills in the event that the level of crisis reaches the risk behaviour level. This training educates the staff on the importance of post crisis meetings where the staff can reflect on the situation as a team and discuss what the situation was, what the approach was from the staff to manage the crisis situation and what they could reflect on to improve their approach if the situation was to occur again. This training will consolidate the knowledge the staff have already gained in their mandatory training of safeguarding of vulnerable adults and health and safety and the induction programme they undertake. The home trainer is devising a training module to educate staff on distressed reactions in particular that is person centred for Apple Blossom Lodge and all staff will be offered training in this department.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 47(5) Stated: First time To be completed by:	<p>The registered person shall ensure there is an increased managerial oversight into the numbers of patients who smoke in the home and their individual associated risks, with subsequent appropriate action(s).</p> <p>Ref: 5.2.3</p>

10 August 2022	<p>Response by registered person detailing the actions taken:</p> <p>From inspection all smokers risk assessments have been removed from the individual residents files and centralised along with the smoking prescriptions of care into one file in each unit. At the front of each file there is an index of the contents of what is contained in the file . These are regularly reviewed by the primary nurse who carried out the risk assessment on a one to three monthly basis as deemed by the risk associated with that resident or if any changes of presentation occur. A smokers risk register has been formulated that is under management review on regular basis to support the staff with changing presentation and the use of any further control measures required to reduce the risk. At the front of each of these centralised risk assessment files there is a copy of the rqia smoking guidance. .</p>
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