

Inspection Report

3 May 2023



Apple Blossom Lodge

Type of service: Nursing
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organization/Registered Provider: Larchwood Care Homes (NI) 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: Mr Martin Anthony McKee	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: 36
Brief description of the accommodation/how the service operates: This is a registered nursing home which provides nursing care for up to 37 male patients. The home is divided into three units, one on the ground floor and two on the first floor. A 16 bedded unit on the first floor caters for patients with dementia. A seven bedded unit on the first floor and a 14 bedded unit on the ground floor caters for patients with a mental illness. Patients have access to a range of communal spaces including lounges, dining rooms, an enclosed courtyard and an open garden area. A smoking room is available for patient use.	

2.0 Inspection summary

An unannounced inspection took place on 3 May 2023, from 9.15 am to 3.45 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

The home was clean and there was a welcoming atmosphere with a bustle of activity as patients and staff were seen to go about the daily routines of home life.

There was evidence of good practice in relation to staff training and the home's social and recreational activities programme. Staff demonstrated that they promoted the dignity and well-being of patients.

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.

Areas for improvement identified at the last care inspection were reviewed and assessed as met. Two new areas for improvement were identified in relation to care records and this is detailed in section 5.2.2 of this report.

RQIA were assured that the delivery of care and service provided in Apple Blossom Lodge was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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 Martin Anthony McKee, Registered Manager, and Mr Christopher Walsh, Responsible Individual at the conclusion of the inspection.

4.0 What people told us about the service

Patients, staff, and one relative were consulted during the inspection. No questionnaire or survey responses were received within the allocated timeframe.

Patients spoke positively about their experience living in Apple Blossom Lodge; telling us that they were “well looked after”, that staff were kind and helpful, that they enjoyed the activities on offer, and knew how to raise any concerns they may have.

A relative told us that they were “very happy” with the care and services provided in the home. They described staff as welcoming and informative and said that visiting arrangements were in place and working well. The relative talked about the reassurance they felt when observing that their loved one was “comfortable and content.”

Staff told us that they enjoyed working in Apple Blossom Lodge; they were supported in their roles through regular training, there was good communication with the home manager, and that there was good team work.

A record of compliments received about the home via thank you cards and online reviews was kept and shared with the staff team, this is good practice.

5.0 The inspection

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

Areas for improvement from the last inspection on 15 September 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20(1)(c) (i) Stated: First time	The registered person shall ensure all nursing and care staff are in receipt of up-to-date training in the management of distressed behaviours.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 47(5) Stated: First time	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).	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

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.

Review of records and discussion with staff confirmed that a comprehensive induction programme was provided. New staff were afforded protected time to shadow more experienced members of the team to ensure that they became familiar with the home's policies and procedures.

There were systems in place to ensure staff were trained and supported to do their job. Review of training records showed that there was good compliance with essential courses such as, but not limited to, safeguarding, moving and handling, infection prevention and control (IPC), and fire safety. The manager had oversight of staff compliance with a training matrix which was reviewed monthly. The manager monitored staffs' training needs through annual appraisals and staff confirmed that they had "plenty" of training and were encouraged to suggest learning topics to the manager at any time. Discussions with staff and management evidenced that an ethos of continued learning and development was promoted. This is good practice.

There was a system in place to ensure monthly monitoring of staffs' professional registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NICSS). The importance of closely monitoring new care staffs' start dates within this system was stressed to ensure that new applications to NISCC were completed within the initial six-month grace period.

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

The staff duty rota accurately 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. To ensure that any nurse taking charge of the home was equipped with the necessary knowledge and skills, records showed that annual nurse in charge competencies were completed by the manager and a yearly planner was in place.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, patients were consulted with each morning to ascertain what they wished to do that day and arrangements were made to facilitate these wishes, such as trips to the shop or participation in the planned activities. A record was maintained of each morning meeting or one to one consultation. This is good practice and evidenced a person centred approach to daily life in the home.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients told us that staff were on hand when they needed anything and that staff were helpful and kind.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. For example, staff were seen to use distraction techniques to divert a patient from thoughts that were causing stress onto other topics of interest and with more positive meaning to the patient. This was seen to work with good effect.

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients' needs were assessed at the time of their admission to the home. A sample of patients' care records were reviewed, and while it was positive to note that, where possible, patients and/or next of kin were involved in the planning of care, some shortfalls were identified. For example, identified risks or conditions were not always clearly care planned; one patient's eating and drinking care plan did not reference a diagnosis of diabetes or indicate how this was being managed, and another patient who was assessed as being at risk of skin breakdown did not have a pressure prevention care plan in place. An area for improvement was identified.

In addition, it was noted that existing care plans were not routinely re-written when significant changes in a patient's needs had occurred. For example, one patient's risk of choking had increased resulting in speech and language therapy (SALT) making prescribed changes to the patient's food consistency in line with the International Dysphagia Diet Standardisation Initiative (IDDSI) framework. The opportunity to re-write this patient's care plan was overlooked with the existing care plan amended with a line through the old recommendations. In addition, the old

IDDSI prescription chart remained on file along with the new chart. While it was confirmed by staff that the patient was receiving the correct food consistency, the manner in which records were maintained had the potential to cause confusion about the most up to date recommendations. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. The serving of lunch was observed and found to be a pleasant and unhurried experience.

Menus were on display and tables were set in advance. 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. The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm.

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

Daily records were kept of how each patient spent their day and the care and support provided by staff. Records were held confidentially. The outcome of visits from any healthcare professional was recorded.

Patients spoke positively about the care they received.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included a sample of bedrooms, communal lounges, dining rooms, and bathrooms on all three units. The home was clean, well-lit, with good ventilation. No malodours were detected.

It was positive to note ongoing environmental improvements, with the flooring being replaced in the ground floor main lounge. While some minor defects were found in the environment, such as a loose toilet seat, or paint flaking off the wall behind another toilet, it was positive to note that these deficits were already identified by the home management during routine auditing and plans to address any deficits were underway. The overall cleanliness of the home was noted to have improved and the manager explained that the domestic hours had been increased with good effect.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. Fire exits were maintained free from obstruction and fire extinguishers were easily available at strategically placed points. The most recent fire risk assessment had been completed on 15 September 2022 and any recommendations made by the assessor had been actioned.

Patients' bedrooms were personalised with items of importance or interest to the patient. Communal rooms were seen to be well decorated, suitably furnished, and comfortable.

Orientation boards were available on each unit. It was noted that on two of the units the boards had not been updated by 10 am. This was discussed with the activities staff and the management team and it was agreed that the dates would be changed earlier in the day to avoid disorientation to time for patients. This will be reviewed at future inspections.

There were systems in place to manage the risk of infections. Observations of the environment and discussions with staff confirmed that there was a good supply of personal protective equipment (PPE). It was noted that a number of hand sanitising gel dispensers on one unit were either empty or not working correctly. This was highlighted to the management team and addressed immediately. Staff use of PPE and hand hygiene was regularly monitored by management and records were maintained. Monthly IPC audits showed that any deficits were addressed at the time.

Patients and relatives said that they were satisfied with the level of cleanliness in the home and the facilities in the environment.

5.2.4 Quality of Life for Patients

Discussion with patients and observations confirmed that patients were able to choose how they spent their day. For example, patients were seen to move freely between communal areas and the privacy of their bedrooms, and patients were consulted with at daily morning meetings to plan out their wishes and activities for that day.

Photo boards were on display showing recent social outings and activities. This added to the homely atmosphere.

An activities programme was available and included events such as bingo, movie sessions, card games, quizzes, gardening, exercise sessions, arts and crafts, and social outings.

Activities such as the morning meetings or one to one consultations, and a penalty shoot-out session were seen to take place during the inspection. Patients also told us about looking after the home's pet goats.

Records were maintained of each patients' interests and participated activities. It was evident that patients' needs were met through a range of individual and group activities which catered for social, community, religious, spiritual, and creative aspects of life.

Visiting arrangements were in place and relatives told us that these arrangements were working well and to the benefit of patient's physical and mental wellbeing.

5.2.5 Management and Governance Arrangements

There had been no change in the management of the home since the last inspection. Mr Martin McKee has been the Registered Manager in the 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 patients. There was evidence of auditing across various aspects of care and services provided by the home.

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.

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.

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained. Complaints were seen as an opportunity for the team to learn and improve.

Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. Patients knew the manager by name and often referred to him when talking about issues that had been resolved in the past.

Staff commented positively about the manager saying that "Marty is always about" and available to provide support or guidance.

The home was visited each month by a representative of the registered provider 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 Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Martin Anthony McKee, Registered Manager, and Mr Christopher Walsh, Responsible Individual, 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 Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 16 June 2023	The registered persons shall ensure that care plans are developed to address any assessed needs of patients. Ref: 5.2.2
	Response by registered person detailing the actions taken: A trained staff meeting was held on the 09 th may 2023 and the issue was highlighted that all patients assessed needs require a care plan formulated in particular for physical conditions and risks identified in the assessment of each patient ie diabetes.and how these conditions are managed. The shortfall in the requirement of a prescription of care for the assessed need of the particular patient that was identified during the inspection has now been formulated and a full audit of all care plans is currently ongoing to ensure that this issue does not occur in other care files throughout the 3 units
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 16 June 2023	The registered persons shall ensure that care plans are re-written in the event of significant changes in the needs of patients, and that out of date records are appropriately archived. Ref: 5.2.2
	Response by registered person detailing the actions taken: A trained staff meeting took place on the 09 th may 2023 and the issue that care plans are to be rewritten in the event of significant changes in the needs of patients and the importance of out of date prescriptions being was discussed. The care plans identified on the day of the inspection have now been rewritten under a new prescription of care detailing the changes and all out of date records have been archived appropriately.

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