



# Unannounced Care Inspection Report 10 January 2020



## Apple Blossom Lodge

**Type of Service: Nursing Home**  
**Address: 62 Drumilly Road, Armagh, BT61 8RH**  
**Tel No: 02838891202**  
**Inspector: Gerry Colgan**

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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.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 37 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Larchwood Care Homes (NI) Ltd  <b>Responsible Individual:</b> Christopher Walsh	<b>Registered Manager and date registered:</b> Marty McKee – acting no application required
<b>Person in charge at the time of inspection:</b> Marty McKee	<b>Number of registered places:</b> 37
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 36

### 4.0 Inspection summary

An unannounced inspection took place on 10 January 2020 from 08.30 hours to 15.00 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 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.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management, the home's environment. We identified good practice in record keeping, audits and reviews, and communication between patients, staff and other key stakeholders. There were further examples of good practice found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients. There were robust governance arrangements in place for the management of complaints and incidents, quality improvement and maintaining good working relationships.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with visitors and staff.

Comments received from patients 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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Christopher Walsh, responsible individual, and 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 6 November 2019

The most recent inspection of the home was an unannounced finance inspection undertaken on 6 November 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, pharmacy or finance issues, (if applicable) registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

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 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:

- duty rota for all staff from 6 January 2020 to 19 January 2020
- 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 files
- five patient care records
- ten patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 previous inspection(s)

There were no areas for improvement identified as a result of the last care inspection.

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.26  <b>Stated:</b> Second time	The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and a review of records confirmed that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is checked quarterly and signed by the staff member undertaking the inventory and countersigned by a senior member of staff.	

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 6 January 2020 to 19 January 2020 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No responses were received within the required timeframe. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Apple Blossom Lodge care home.

No relatives were present on the day of inspection, however we sought relatives' opinion on staffing via questionnaires. No questionnaires were returned within the required time frame.

Review of two staff recruitment files confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Review of five patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.



Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the staff and the manager, confirmed that the policies and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

A review of accidents/incidents records completed since the previous care inspection confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the manager and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit. From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients and staff spoken with were complimentary in respect of the home's environment. Fire exits and corridors were observed to be clear of clutter and obstruction. A stainless steel toilet in the seven bed mental health unit was found to be discoloured and scuffed. This was brought to the attention of the responsible individual who was present for the inspection. A confirmation was provided that this toilet will be replaced immediately.

Observation of care delivery, discussion with staff and review of records evidenced that infection prevention and control measures were consistently adhered to. The manager had an awareness of the importance to monitor the incidents of health care associated infections (HCAI) and/or when antibiotics were prescribed.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, bed rails and alarm mats. There was also evidence of consultation with relevant persons.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

### **Areas for improvement**

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.4 Is care effective?**

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

Review of five patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of challenging behaviour, nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician changed.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication between staff and patient representatives within the care records.

Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff confirmed that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The manager advised that patient and relatives meetings were held on a regular basis and minutes were available at inspection.

Patients confirmed that they attended meetings and were aware of the dates of the meetings in advance.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, communication between residents, staff and other key stakeholders.



## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 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 08.30 and were greeted by staff who were helpful and attentive. Some patients were enjoying breakfast whilst others were being assisted to wash and dress or attend to personal care as was their personal preference.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff were also aware of the requirements regarding patient information and patient confidentiality. Many of the patients have complex needs including challenging behaviour. Although staff have received the accredited training Management of Aggression Potential and Actual (MAPA) the manager and responsible individual confirmed that they have never had to use physical restraint. All challenging behaviour is dealt with using de-escalating techniques.

Discussion with patients, staff and review of the activity programme displayed evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The home employs an activity therapist and a drama therapist and the activities are specifically developed to meet the needs of the patients. It was pleasing to note that patients skills are nurtured within the home for example one patient attends a lunch club each month and sings for those present while another is encouraged to play the steel guitar which he had done when he was younger. Also each patient got a day out, to the place of their choice, over the summer months. There were outings to Benone beach, Bangor, Newcastle, Titanic Centre and the Ulster Aviation museum to name a few. One patient who has a great interest in football is accompanied to the local games.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of breakfast and the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtimes. Patients able to communicate indicated that they enjoyed their meal. One patient made a point of seeking us out at lunchtime and spoke glowingly about the chef and the quality of the food on offer. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home and systems were in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 15 patients individually, and with others in smaller groups, confirmed that living in Apple Blossom Lodge care home was a good experience. Patient comments included:

- "We are more than well looked after. I am here a year now and everyone has been so good to me. The staff in here are brilliant."
- "It's dead on. No complaints at all. They are all very good to us."
- "I am in here a while now. There is nothing wrong with it."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were asked to complete an on line survey; we had no responses within the timescale specified. Staff commented positively on the care delivered and the working relationships within Apple Blossom Lodge care home. Some of the comments included:

- "We get properly trained to do the job. It is a great place to work."
- "I love it here. The patients are great."
- "We are well supported by management to help us do the job right."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the manager for their information and actioned if 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, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 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 was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, infection prevention and control (IPC) practices, care records and the home's catering arrangements. In addition, robust measures were also in place to provide the manager with an overview of the management of infections and wounds occurring in the home.

We confirmed with the responsible individual that visits to check the quality of the services provided in the home were completed on a monthly basis. The reports of these visits were available in the home.

As previously discussed systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, and maintaining good working relationships.

**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**

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



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