The Regulation and Quality Improvement Authority

Inspection Report

22 June 2021

Apple Blossom Lodge

Type of Service: Nursing Home
Address: 62 Drumill Road, Armagh, BT61 8RH
Tel no: 028 3889 1202

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd **Responsible Individual:** Mr Christopher Walsh	**Registered Manager:** Mr Marty McKee – not registered
Person in charge at the time of inspection: Mr Marty McKee	**Number of registered places:** 37
Categories of care: Nursing Home (NH) NH-DE, NH-MP, NH-MP(E) 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 the 14 bedded unit on the ground floor caters for patients with a mental illness. Patients have access to a range of communal lounges and dining rooms as well as a smoke room, an enclosed court yard and open garden area.	

2.0 Inspection summary

An unannounced inspection took place on 22 June 2021, from 9.15 am to 4.00 pm, and was conducted by a care inspector.

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

No areas for improvement were identified on this inspection. It was observed that improvements made in the environment such as redecorating and replacement and/or repair of equipment such as the air conditioning would enhance patients' experience of living in the home. This was discussed with the manager who provided evidence to show that the requirement for environmental improvements had already been identified. The home provided RQIA with a detailed refurbishment plan of works within an agreed timeframe. And following the inspection the manager provided RQIA with photographic evidence that these works were completed.

Areas of good practice were identified in relation to person centred care. It was positive to note that patients' wishes and preferences were considered in many aspects of the service, from collaborating in their own care planning, to leading on ideas and suggestions for activities or social events.

Patients described living in the home as a positive experience and told us that they were looked after well by staff. Patients told us that they had choices in relation to their personal space and how they spent their time, and said that they could raise any concerns if required. Patients knew the manager by name and were seen to approach the manager or other staff with ease if they wished to talk.

Staff said that they loved working in Apple Blossom Lodge and were able to demonstrate a good understanding of their roles and responsibilities.

Comments received from patients and staff, are included in the main body of this report.

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 further improve 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.

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 patients and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. 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.

Questionnaires and 'Tell Us' 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 on-line questionnaire.

At the end of the inspection the Manager was provided with details of the findings.

4.0 What people told us about the service

During the inspection five patients and nine staff were spoken with. No questionnaires or survey responses were received within the allocated timeframe.

Patients said that they were happy living in the home and that staff were pleasant in manner and provided assistance when required. Patients spoke about things that were important to them like personal items or how their bedrooms were kept and said that they were able to maintain hobbies and activities that they liked. Patients described the food as good.

Staff said that they were supported to conduct their jobs through induction, training and supervision. They described good teamwork and a positive working relationship with management and said that there were always enough staff on shift. Staff conveyed an ethos of patient centred care and talked about how patient choice and experience was a priority and said that they were happy working in Apple Blossom Lodge.

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 29 September 2020 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 sample of staff recruitment files were reviewed and showed that robust systems were in place to ensure staff were recruited correctly to protect patients as far as possible.

All staff were provided with a comprehensive induction programme to prepare them for working with the patients. This initial induction phase was ongoing for several staff at the time of inspection and several staff who had completed this programme within the last year shared their experience with the inspector. They described how they were “buddied” up with other staff for two weeks and used this time to shadow and learn from those more experienced staff. This was viewed as good practice. Staff also confirmed that they did not engage in interventions such as moving and handling of patients until they were fully trained.

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 mandatory courses relevant to each role, such as safeguarding, Infection Prevention and Control (IPC), moving and handling, medication management, Control of Substances Hazardous to Health (COSHH), and fire safety. The manager had oversight of training compliance and reviewed this monthly.

New care staff were supported in relation to applying for registration with the Northern Ireland Social Care Council (NISCC) as appropriate. It was positive to note that there was a particularly robust system in place to ensure staff remained current with NISCC.

The duty rotas were reviewed and reflected the staff working in the home over a 24 hour period. It was noted that the manager’s name and capacity of work was not consistently stated on the duty rota. This was discussed with the manager who explained that this was an oversight and would be amended on the next duty rota and going forward. This will be reviewed at the next

inspection. The nurse in charge of the home in the absence of the manager was clearly highlighted on the duty rotas.

The manager explained how safe staffing was determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients in the home. It was noted that there was enough staff in the home to respond to the needs of patients and to provide a good level of support and supervision where required.

Staff said that there was good team work and that they always had enough staff on duty. They described good communication between management and staff and between teams and departments. One staff member talked about how they can attend a monthly meeting during which they get an update on the findings from the provider monthly monitoring visit and that this not only ensures that everyone is up to date with how the home is performing but they get clear instruction on how to further drive improvement.

Staff told us that there was a clear team structure with the nurse leading the shifts. Staff said that they were supported to learn and progress within their roles with ongoing training and learning on the job; one staff said “there are no silly questions here”. Staff also spoke with pride about the care provided in the home and described how important it was to ensure patients’ choice and individual preferences were respected. Staff said, “the men decide what they are doing”. Several staff said they “loved” and “enjoyed” working in Apple Blossom Lodge.

Patients described staff as “first class” and “lovely”, and said that staff were always available when needed. Patients were seen to voice their wishes and staff were seen to regularly check on those patients who had difficulty communicating their needs verbally.

In summary, staffing arrangements were found to be safe and effective. Care was delivered in a compassionate way and patients’ needs were being met.

5.2.2 Care Delivery and Record keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of patients and to prioritise duties for that day, such as patient appointments, outings, or medical requests such as blood samples to be obtained. Staff said that they had adequate time for these handover meetings and that it ensured everyone was well informed of patients’ needs, for example one staff member told us that they are informed of additional duties such as recording patients’ fluid intake during warmer weather.

Patients’ needs were assessed at the time of admission to the home. Following this initial assessment care plans were developed to direct staff how to meet patients’ needs, and included any advice or recommendations made by other healthcare professionals. Patients’ care records were held confidentially.

Staff were seen to provide prompt response to patients’ needs and demonstrated an awareness of individual patient preferences, for example staff described how one patient’s waking times varied widely each day. They would sometimes waken at 8am and or could sleep soundly until 12pm and then want breakfast at that time. Staff said that they went along with the patient’s routine and wishes. This was confirmed when that patient was seen to have a late breakfast of their choice that day.

Patients who are less able to mobilise require special attention to their skin. A tool to measure the risk of skin breakdown was completed at least monthly for these patients and care plans were

developed to instruct staff on how to reduce this risk and to provide assistance with mobilising and changing position.

Where a patient was at risk of falling, measures to reduce this risk were put in place, for example, aids such as alarm mats were used, patient areas were free from clutter as much as possible and staff were seen to support patients with limited mobility. Staff also conducted regular checks on patients throughout the day and night. Staff were seen to frequently check in on patients who chose to stay in their bedrooms.

Records confirmed that in the event of a patient falling, a post falls pathway was followed and there was evidence that staff took appropriate action, such as neurological observations being monitored following an actual or suspected head injury. There was evidence of appropriate onward referral where required, such as to Occupational Therapy. Following a fall relevant parties such as next of kin, Trust key worker and where required RQIA were informed.

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 scope can range from simple encouragement and verbal prompts through to full assistance from staff.

Breakfast and lunch servings were observed and found to be pleasant, social and unhurried experiences for patients. There was a choice of at least two meals at lunch, the food looked appetising and portion sizes were generous. There was also a range of drinks available at meal times and throughout the day. Staff were seen to offer choice to patients and to provide the required level of support or assistance. Patients said that the food was good and there was evidence of patients likes and dislikes being documented in care records. Staff said that they felt there was a good variety of meals available and made every effort to cater for individual patients' tastes.

Patients' weights were monitored at least monthly or more often if recommended by dietetics. Care records showed that regular nutritional and oral assessments were carried out and care plans reflected any needs identified.

At times some patients may be required to use equipment that can be considered restrictive, for example alarm mats, low positioned beds or bedrails. A review of a selection of patients' records showed that the relevant risk assessments were in place, there had been best interest discussions involving, where appropriate, the patient, next of kin and relevant professionals such as Trust key worker. Restrictive practices were reviewed monthly by the manager to ensure that any measures in place were still required and documented correctly.

Some patients who would not have the capacity to make certain decisions to maintain their safety or welfare may require measures that would be considered a deprivation of liberty, such as being restricted from leaving the home unsupervised. A review of records showed that Deprivation of Liberty Safeguards (DoLS) were in place and that all required assessments and care plans were maintained. The manager had good oversight of all DoLS on a matrix system to monitor when reviews were required.

Daily records were kept of how patients spent their day and the care and support provided by staff. There was evidence of good multidisciplinary communications with other healthcare professionals and the outcomes of any communications or visits from other professionals were recorded.

Patients spoke positively about the care provided and staff told us how record keeping was important to provide the right care and ensure good communication.

In summary, expected assessments were completed and helped form individual care plans. It was positive to note that records showed involvement from patients and/or next of kin. Care delivery was found to be effective and compassionate and patients' records were well maintained and stored securely.

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, external grounds and storage areas. The home was found to be generally clean, well-lit and free from malodours.

Corridors were free from clutter or inappropriate storage. Fire doors were seen to be free from obstruction. The most recent fire risk assessment was undertaken on 21 September 2020 and records showed that any recommendations made had been addressed.

Patients' bedrooms were clean and personalised with items of importance to each patient, such a photographs, music collections, artwork, and holiday memorabilia. Some patients took delight in presenting their rooms and talking about items of significance to them. One patient said they were very happy with the new large smart television which had recently been installed in their bedroom and was appreciative to the home for arranging this.

The enclosed courtyard and open garden areas were found to be clean and tidy. Outdoor seating was provided, and patients were seen to move between inside and outside areas.

The weather was sunny and dry on the day of inspection and it was noted that the temperature inside the home was very warm. Some of the patients chose to wear shorts and t-shirts due to the heat and staff were seen to try to provide some relief by opening windows, working with the air conditioning system and encouraging fluid intake. The manager confirmed that a new air conditioning system was being purchased for the home. In addition to the high temperatures, there was noticeable amount of flies in the home. One patient commented that this was "annoying". The manager informed us that some pest control equipment had broken down and that this would be replaced or repaired as soon as possible. RQIA received confirmation that these works were completed prior to this report being issued.

The standard of décor and furnishings varied throughout the home. Some walls and doors were seen to be scuffed and some furnishings and surfaces were worn. It was noted that a maintenance person was in the home at the time of the inspection and had started some minor repairs on walls. This was discussed with the manager who acknowledged that some improvements were required in the environment and that the organisation's senior team were aware and had some plans to address this. Given the scope of the works required it was agreed that a detailed refurbishment plan was required to ensure equity of improvements throughout the home and that this would be completed in a timely manner. RQIA received a refurbishment plan within the agreed timeframe and the manager later provided photographic evidence that these works have been completed.

Measures were in place to manage the risk of COVID-19. There was signage at the entrance of the home reflecting the current guidance and everyone entering the building had their temperature checked and a health declaration completed on arrival. Details of all visitors were maintained for track and trace purposes.

Hand hygiene facilities were available and Personal Protective Equipment (PPE) such as masks were available for all visitors before proceeding further into the home. Visiting arrangements

were in place in keeping with the current guidance and it was positive to note some patients availing of trips out of the home.

Staff were seen to practice hand hygiene at key moments and to use PPE correctly. Governance records showed that Infection Prevention and Control (IPC) audits were conducted regularly and monitored staffs' practice and compliance with the guidance and standards.

Apart from the one patient who commented about the flies, patients did not express any concerns or dissatisfaction with the levels of cleanliness in the home or the facilities available.

In summary, the home was generally clean and IPC practices were maintained. Work was required to improve the standard to décor and facilities within the home and RQIA were assured that these works were completed prior to the issue of this report.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day, for example patients could get up when they wished or spend time in their rooms instead of communal areas. Patients were seen to exercise their choice to move freely around communal areas and to choose what clothes they wanted to wear that day.

There was a wide range of social and recreational activities on offer, both onsite and offsite, and these were facilitated by the activity coordinator and drama therapist. Activities catered to individual hobbies and interests and took into consideration the patients' abilities and age ranges. One patient spent the day of inspection on a day trip with the activities coordinator and expressed that they had an enjoyable time.

Some activities availed of external resources, which again promoted a community connection, for example some patients had recently completed a six week music programme through a Live Music Now pilot, which involved participating in music sessions with a professional musician via video calls.

It was positive to note that there was an extensive summer programme planned which included weekly sessions with a personal fitness trainer and day trips every Tuesday and Thursday. Conversation with staff and patients confirmed that activities were very much patient led.

Some patients told us how they participated in activities around the home from looking after the pet pigs to doing some gardening on the grounds or in the greenhouse. Other patients said that they preferred their own company, with one patient spending their day watching old movies in their bedroom and another spending their time reminiscing with staff about fond memories.

Staff acknowledged the importance of bringing meaning to the patients' day and not just following a task oriented routine. They talked with pride about the recent barbeque where staff and patients enjoyed the food and live music outdoors and described how some patients just "lay on the grass" and were "so relaxed and enjoying it". Staff confirmed that providing these social aspects to the day were very much patient led, with one staff saying "we go with the men's routines and wishes…if someone wants to go for a walk that's what we do".

Patients, staff and relatives were kept informed of activities, outings and significant events through a monthly newsletter.

Visiting arrangements were in place and reflective of current Department of Health (DoH) guidance. Written information was sent to all patients' next of kin explaining the DoH Care Partner initiative and one person had availed of this offer. Relevant risk assessments and documentation were in place.

In summary, there were systems in place to support patients to have meaning and purpose to their day and a patient centred approach was advocated.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was at any given time. Discussions with staff evidenced that they understood their roles and responsibilities in reporting concerns or worries about patient care, staffs' practices or the environment.

There had been no changes to the management arrangements of the home since the last inspection. Mr Marty McKee had been appointment as manager in July 2018 and has applied to RQIA to become registered manager.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The manager completed regular audits of aspects of the home's operation.

Review of records of accidents and incidents which had occurred in the home showed that these were managed correctly and reported appropriately.

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 aspects of the running of the home. The written reports of these visits were completed in detail, and where action plans for improvement were put in place; these were followed up to ensure that actions were addressed. The reports were available for review by patients, their representatives, the Trust and RQIA. Staff confirmed that monitoring visit findings were shared with them and any actions required were allocated out to the appropriate staff or departments.

Patients and relatives were provided with information on the complaints process on admission which explained what to do in the event of being dissatisfied with any part of the service. Records showed that there had been no recent complaints made but there was a system in place to manage any expression of dissatisfaction if required.

A record of compliments received about the home was kept and shared with the staff team. Some recent thank you cards read, "to all the staff…we really appreciate all you do and at this very crazy time…", "…for all your caring ways and kindness towards…especially in his last few months…", "…was treated with great dignity and respect…during difficult times of his illness…".

Patients referred to the manager by name and said that they knew how to raise any concerns. It was positive to see patients using the manager's open door policy and expressing themselves freely.

Staff commented positively about the management of the home and described the manager as "very approachable". Staff were conversant in relation to safeguarding patients and said they would feel comfortable raising concerns or issues and were confident that things would be addressed accordingly by management. Staff said that they were well informed through regular

meetings and daily conversations with the manager and expectations were clearly communicated.

In summary, there were systems in place to monitor all aspects of the running of the home and to address any deficits found. There was a clear line of accountability from senior management through the wider team and staff were aware of the management structure and described this as supportive.

6.0 Conclusion

Based on the inspection findings no areas for improvement were identified.

It was acknowledged that the management team had identified a need for some refurbishment. Given the scope of the improvements required it was agreed that a detailed refurbishment plan and schedule of works was required. Following the inspection RQIA were provided with assurances that these works had been completed.

Patients looked well cared for in that personal care needs were met. Patients were seen to express their right to make choices throughout the day, from what time they got up to how and where they spent their time. It was positive to note that there was a wide range of activities on offer and that patients took an active role in the home.

Staff spoke positively about working in the home and demonstrated a good understanding of their roles and responsibilities. Staff were seen to respond appropriately to patients' needs and to be warm and polite during interactions with patients and each other.

As a result of the inspection RQIA were satisfied that the home provided safe, effective and compassionate care and that the service was well managed.

7.0 Quality Improvement Plan/Areas for Improvement

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

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