Announced Care Inspection Report
29 September 2020

Apple Blossom Lodge

Type of Service: Nursing Home (NH)
Address: 62 Drumilly Road, Armagh, BT61 8RH
Tel No: 028 3889 1202
Inspector: Nora Curran

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 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):** Mr Christopher Walsh	**Registered Manager and date registered:** Mr Marty McKee - 19 July 2018
Person in charge at the time of inspection: 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:** 37

4.0 Inspection summary

An announced inspection took place on 29 September 2020 from 11:00 to 16.35 hrs.
Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home.
The following areas were examined during the inspection:

- Staffing
- Management arrangements
- Governance systems
- Infection Prevention and Control (IPC)
- Quality of life for patients
- Quality improvement.

Patients said:

- “I’m very happy.”
- “Brilliant.”

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*1

The total number of areas for improvement includes one which has been carried forward from the previous finance inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Marty McKee, Manager and Chris Walsh, Responsible Individual, 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.

5.0 How we inspect

To reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Duty rotas from 24 August to 6 September 2020
- On call arrangements
- Organisational structure
- Statement of purpose
- Service User guide
- A selection of quality assurance audits from July and August 2020
- Regulation 29 monthly quality monitoring reports from July and August 2020
- Complaints and compliments records
- Incident and accident records
- Minutes of patients' and staff meetings
- Activity planner from August 2020
- Three patients' nutritional care records
- Menus from August 2020.

During the inspection RQIA were able to consult with patients/patients' representatives and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from patients and patients' representatives and staff. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to patients' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

We received no completed questionnaires within the allocated timeframe.

Following a review of the information submitted to RQIA, the inspection took place via teleconference with Marty McKee, Manager and Chris Walsh, Responsible Individual.

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)

The most recent inspection of the home was an unannounced care inspection undertaken on 10 January 2020.

One area for improvement on quality improvement plan from the previous finance inspection was not reviewed at this inspection. This will be reviewed at a future inspection.

There were no areas for improvement identified as a result of the last care inspection (10 January 2020).

<table>
<tr><th colspan="3">Areas for improvement from the last finance inspection (6 November 2019)</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 14.26

Stated: Second time</td><td>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.

Ref: 6.3</td><td rowspan="2">Carried forward to the next care inspection</td></tr>
<tr><td>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</td></tr>
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6.2 Inspection findings

6.2.1 Staffing

At the commencement of the inspection we established the staffing levels and skill mix over the 24 hr period. On discussion with the manager it was confirmed that current levels and skill mix could meet the assessed needs of the patients and this was determined following monthly dependency reviews. In addition to the individual patient monthly dependency reviews there was a system in place for operational oversight of staffing levels in the form of a review of key

performance indicators such as pressure ulcers, falls, weights and complaints. This formed part of the discussion between the manager and responsible individual during the monthly monitoring visits, whereby optimum staffing levels and skill mix were agreed. The responsible individual told us that they aimed to work slightly above optimum staffing levels as a buffer for unforeseen incidents or staff absences.

The manager confirmed that staffing arrangements had to date, not been affected by the COVID-19 pandemic, and that unplanned staff absences could generally be covered by permanent staff. There had been no recent need for agency or temporary staff employment.

There were systems in place for the safe recruitment and selection of staff and regular monitoring of the relevant professional registration bodies, Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC), where required.

Mandatory staff training was governed at managerial and operational level by review of a training matrix at the weekly operational meetings. While the pandemic had impacted on the availability of external face to face training, online and in-house training had continued. To ensure a variety of training resources the manager had accessed several different training organisations for online courses. In addition there were plans in place to create placements in the home for mental health nursing students. In preparation for this student programme four nurses had already completed the student nursing mentorship course and Queen's University had scheduled dates to complete an educational audit on the home. This educational ethos was evident in the current staff group, who described the learning environment of the home in positive terms. Staff reported that they had sufficient time to complete mandatory training and told us that they were actively encouraged to explore and utilise all learning opportunities, with the view that this ultimately leads to better quality care for the patients.

An organisational structure was in place and available for stakeholders in various locations. We did note that the statement of purpose stated the name of the previous clinical lead instead of the current one and contained a minor error in relation to the complaints process. These errors were rectified immediately and an amended version of the statement of purpose and patient guide was provided to RQIA as evidence.

In the absence of the manager the clinical lead or a staff nurse would assume charge of the home. An on call rota was in place which rotated between the manager and clinical lead over weekends and nights. This on call rota was available for staff in the off duty rota, on display in the nursing office and was issued to a nurses' WhatsApp group to ensure good communication.

Staff had competencies in place relevant to their role and responsibilities, such as nurse in charge or medication management. These competencies were reviewed yearly. Appraisals and supervisions were monitored on a yearly tracker to ensure all staff availed of the minimum required. Supervisions were planned around regular topics or changes to best practice, for example when the International Dysphagia Diet Standardised initiative (IDDSI) was implemented all required staff took part in a supervision session. Some supervision sessions were also reactive to learning opportunities in the daily activities of the home.

There was evidence of communications to, and consultation with staff in the form of regular staff meetings. We reviewed the minutes from three meetings and could see the attendance lists, the topics discussed and agreed actions going forward.

Patients told us:

- “There’s plenty of staff about…they’re very helpful.”
- (Talking about his diagnosis and symptoms) “Staff pick up on things quickly and advise me to rest.”
- “The nurses help me.”
- “Staff do a good job.”
- “Staff are ok.”

Staff said:

- “Staffing levels are good, there is always enough to cope with incidents.”
- “I get loads of learning experience here…I enjoy it, feel part of a team and supported.”
- “We are very supported…I completed my mental capacity act and deprivation of liberties training.”
- “We have a good team…I can express myself and problems get resolved…staff know what to do…every day is a new day and very varied.”
- “There are little to no staffing issues…no agency needed…I have time to take patients out with no issues.”
- (Training) “We are always reminded about it…the company keep an eye on it…I was even supported to do a course unique to my role which is not mandatory, they supported me no problem.”
- “I’ve worked in other homes…Apple Blossom Lodge does it well, keeping patients safe…it’s different from other care homes, it feels like family.”
- “The training is very good; we have mostly online at the minute but do have some small group face to face stuff too.”
- “I’m very happy here, it’s one big family…it’s the residents’ home and staff deliver good care…it’s also good craic with lots of natural laughs…we have built an ethos of relaxed atmosphere and also working within challenges.”

6.2.2 Management arrangements and governance systems

Since the last inspection there had been no changes to the management arrangements. As discussed in section 6.2.1 the organisational structure and on call arrangements were in place.

Prior to the inspection we requested a number of quality assurance documents, they consisted of; infection prevention and control (IPC) and hand hygiene audits, provider monthly monitoring reports, complaint analysis, accident and incident analysis, restrictive practice, mental capacity act compliance, care records audits, nutritional audits and wound care audits. IPC and hand hygiene audits will be discussed in section 6.2.3.

Provider monthly monitoring reports were reviewed for the months of July and August 2020. The monthly visits produced a written report which was used by the manager as an ongoing improvement plan. We could see that each visit looked at the progress made on the previous action plan, key performance indicators, environmental presentation and concluded with further actions for the coming month. It was evident that the monthly reports identified areas for improvement and informed the manager with a continued improvement programme.

The complaints records showed that two formal complaints had been received to date in 2020. We could see that the complaints procedure was followed and there was written record of investigations, outcomes and resolution/complainant satisfaction levels.

We looked at the analysis of accidents and incidents from July and August 2020. We could see that trends were monitored by the manager and any actions required were documented and communicated to the relevant people. The responsible individual confirmed that the analysis of accidents and incidents was reviewed at a senior level and assured good oversight and responsive action or learning where identified.

There was evidence of monthly review of care records and nutritional records. This gave oversight assurance by the manager and resulted in action plans for identified staff. Pressure area/wound care audits showed no current wounds in the home.

The manager confirmed that the home was engaging with the required processes in relation to the Mental Capacity Act (MCA) (NI) 2016 and deprivation of liberty safeguards (DoLS). There was a register in place which evidenced patient capacity assessments were ongoing with the relevant professionals. The register also included the status of any DoLS that were in place. This governance system worked in tandem with the restrictive practice records, which included the use of bed rails, alarm mats, low beds, crash mats, alcohol or smoking constraints and protection from physical harm. It was apparent from conversations with staff that there was a culture of proportionate response to behaviours that challenge, with the least restrictive measures attempted first. One staff member described it in these terms; “We always use talking therapy as a first response to patients’ distress…Marty (manager) has instilled this in us.”

Patients said:

- “…very good manager.”
- “Any problem Marty calls me in for a chat (manager).”

Staff said:

- “Any concerns I go to Marty (manager), he’s approachable and I trust him.”
- “Fantastic management who gets things done.”
- “Management is good…easy to talk to…active on the units…good respect…nothing is ever a problem…he’s hands on.”
- “Manager is responsive.”

6.2.3 Infection Prevention and Control (IPC)

As stated in section 6.2.2 we observed the governance of IPC by reviewing the IPC environmental and hand hygiene audits from July and August 2020. We could see that a total of seven IPC audits had been completed in those months. They showed detail of areas audited; any issues identified resulted in action plans which named the person responsible for addressing these and evidenced that the issues were addressed with a completion sign off. These audits gave a full picture of the IPC standards within the home and formed part of a continuing improvement programme. The hand hygiene audits for July and August evidenced covert observation of hand hygiene practices of ten staff per month. No issues or concerns were identified.

The COVID-19 pandemic prompted a revision of IPC training for staff. This included a face to face practical session on the correct use of personal protective equipment (PPE), delivered by the Public Health Agency (PHA). To ensure social distancing of staff this session took place in the home car park. There was a system in place for staff on commencement and end of each shift which included adherence to uniform policy which did not allow for uniforms to be worn outside of work. Changing facilities were available for staff and they used a difference entrance and exit to the main one. PPE donning and doffing stations were strategically located around the home. Professional visits were restricted to essential visits only and incorporated IPC measures such as hand sanitising and PPE. Professional visits, where possible, were also planned in advance to limit footfall through the home.

At the time of the inspection the home was closed to all non-essential indoor visiting. This decision was based on the manager's IPC risk assessment and was under regular review. A health and safety risk assessment was also completed on the outdoor grounds and a visiting area was identified at the back of the home. New outdoor furniture had been acquired for this purpose. Outdoor visits were arranged by appointment only, were limited to 20 minute visits, and entailed hand sanitising and PPE. The home was engaging in the regional covid-19 planned and regular testing programme.

During a virtual walk round and multiple one to one consultations we observed staff wearing PPE appropriately. Staff also reported that they had adequate supply of PPE and any other resources required to carry out their roles in a safe manner.

In relation to the pandemic patients told us:

- "I feel safe."
- "It's clean here…they wash the floors every day."
- "It's clean enough…no dirt."

Staff told us:

- "I very much feel safe in work…there is good contingency planning."
- (COVID-19 guidance) "We get notification as soon as there are any changes…as soon as Marty (manager) knows we know."
- "We are absolutely safe…we have remained COVID free down to the management of the service…we get hot in the PPE but they have arranged extra break times to cope with it."
- "We are kept up to date with the guidance…we also have a WhatsApp group for staff with alerts…donning and doffing of PPE is observed."

6.2.4 Quality of life of patients

We reviewed the care records for three patients, with a focus on nutrition. We found that relevant risk assessments such as malnutrition universal screening tool (MUST) and oral assessments were completed monthly for each patient. There was evidence of relevant multi-disciplinary involvement when required, such as speech and language therapy (SALT), dietetics, GP and dental. Patients' needs identified during assessment and recommendations from the specialised disciplines culminated in individual care plans, which also included likes and dislikes of the patients. Care plans were evaluated monthly. We noted that in one out of the three patient weight and diet documents, staff had used out of date terminology relating to modified diet. This was discussed with the manager and it was agreed that the service would be allowed time to complete a full audit on all nutritional documentation to ascertain if this

terminology was used in any other records. The manager later submitted evidence of the audit which included records for all 37 patients. There was no other out of date terminology found. It was agreed that this would be used as a learning exercise for nursing staff and recorded as a supervision session. This will be reviewed again at the next inspection.

We looked at the menus from August 2020 and could see that patients had a choice of at least two options per meal sitting. While not all options on the main menu were suitable for modification, there was one to one consultation with patients on modified diets with verbal choices offered. The manager confirmed that all patients had two options offered.

During the inspection we undertook a virtual walk round. The entrance was bright, clean and welcoming. Relevant information notices were neatly on display. The corridors appeared clean, freshly decorated and free of obstructions or hazards. We viewed some communal bathrooms which appeared clean and free or inappropriate storage. A small selection of patient bedrooms were viewed and appeared clean and individualised with some personal items. Access to materials that could be hazardous to health was secured with key padded doors and the linen store was clean and tidy. The communal lounge areas appeared clean and well maintained and there was a relaxed, quiet, yet social atmosphere with background music playing. During the afternoon we observed a social game of bowls being played. This was inclusive of patients from all units and we observed approximately ten patients taking part. The atmosphere was again relaxed and fun.

The home had a unique activities programme which included a full time activity coordinator and full time drama therapist. This appeared to offer a wide variety of imaginative activities for patients to partake in. One popular session was a day at the races which involved patients getting creative by making prop horses and jockeys, naming them, and creating race cards. The patients would then bet tokens on each race and use a dice to determine when the horses moved and how far. Other sessions included, fishing games, prayer services, arts and crafts and music sessions with instruments. Both the drama therapist and activity co-ordinator maintained individual records for each patient and could evidence benefits experienced by patients though “small victories” stories.

There was evidence of patient consultation through regular meetings. The records from five meetings were reviewed and they evidenced patient involvement in activities in the home.

Patients described life in Apple Blossom Lodge as follows:

- “I’m relaxed…I have a nice bedroom and comfy bed.”
- “Food is great, plenty of choice.”
- “It’s brilliant here.”
- “My bedroom is too warm but it’s better here than hospital.”
- “I like the music.”

Staff said:

- “I love it…it’s a forward thinking place.”
- “Everything is evidence based.”
- “Our creative contracts from drama therapy are patient led and impact on wellbeing.”
- “It’s a lovely place to work…homely feel.”

6.2.5 Quality improvement

The manager provided evidence of improvements as part of the inspection; namely, full audit of nutritional records and minor amendments to the statement of purpose and patient guide.

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Following review of governance and care records prior to the day of inspection, and remote inspection via video call, several areas of good practice were identified.

Areas of good practice were identified in relation to IPC standards and COVID-19 contingency, staffing provision and training. It was evident that learning and professional development was fostered in the staff group. Further areas of good practice were noted in the provision of social and emotional wellbeing, through the work being done by the drama therapist and activity co-ordinator.

Feedback was provided to the manager and responsible individual at the end of the inspection.

One area for improvement has been carried forward form the previous finance inspection.

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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