

Unannounced Care Inspection Report 1 February 2017



Apple Blossom Lodge

Type of Service: Nursing Home

Address: Apple Blossom Lodge, 62 Drumilly Road, Armagh, BT61 8RH

Tel no: 02838891202

Inspector: Sharon Mc Knight

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Apple Blossom Lodge took place on 1 February 2017 from 10:05 hours to 15:30 hours.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

The registered 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 roster for week commencing 30 January 2017 evidenced that the planned staffing levels were adhered to.

A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. A number of shower and bathrooms were located throughout the home; we did not observe any moving and handling equipment to assist patients, who had limited mobility, to use the baths. A recommendation was made that equipment is provided to allow all patients to access a bath, if this is their preference.

The home was fresh smelling, clean and appropriately heated. There were no issues identified with infection prevention and control practice.

Is care effective?

Review of one patient's care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. The assessment process was commenced on the day of admission and completed within five days. There was evidence that the completed assessments informed the care planning process.

Care records were regularly reviewed and updated, as required, in response to patient need. Care plans contained good detail of personal preferences, likes and dislikes.

We reviewed the general care of one patient and made a recommendation that the registered manager contact the patient's care manager and request a multi-disciplinary meeting to ensure that the patient's health and well-being are promoted and that they have access to health and social care services to meet their assessed needs.

We observed the serving of lunch in the three dining areas of the home. There was a choice of two dishes and all of the patients spoken with enjoyed their lunch and reported that the choice and standard of food was generally good. It was recommended that the deployment of staff to serve meals on the first floor was reviewed to ensure that care staff have sufficient time to focus on the dining needs of the patients at mealtimes.

Is care compassionate?

We arrived in the home at 10:05 hours. Patients in the dementia unit had all been assisted to wash and dress and were spending time in the lounge or in their bedroom as they preferred. Staff were present in the lounge to provide support and supervision as required. The patients on the ground floor were attending to their individual needs and were socialising in the lounge, entrance hall or smoking room; some chose to remain in their bedrooms.

Patients spoken with commented positively in regard to the care they received. Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings. We spoke with the relatives of two patients who commented positively with regard to the standard of care and communication in the home.

Ten questionnaires were issued to staff and relatives; none were returned prior to the issue of this report.

No areas for improvement were identified with the delivery of compassionate care.

Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

No areas for improvement were identified with the well led domain.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5*

*One of the recommendations was made as a result of the previous care inspection and is now stated for a second time, one previous recommendation was unable to be validated during this inspection and is carried forward for review at the next inspection.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Heather Maxwell, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection.

The most recent inspection of the home was an unannounced care inspection undertaken on 30 September 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Larchwood Care Homes (NI) Ltd Christopher Walsh	Registered manager: Heather Maxwell
Person in charge of the home at the time of inspection: Heather Maxwell	Date manager registered: 29 January 2015
Categories of care: NH-DE, NH-MP, NH-MP(E)	Number of registered places: 37

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection we met with the majority of patients, three registered nurses, four care staff and two patients' relatives.

The following information was examined during the inspection:

- six patient care records
- accident and incident reports
- records of audit
- reports of the monthly quality monitoring visits
- record of competency and capability assessment
- record of complaints.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 30 September 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and validated during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 30 September 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(4) Stated: First time	The registered provider must ensure that safe arrangements for the disposal of sharps are adhered to by staff.	Met
	Action taken as confirmed during the inspection: Boxes for the safe disposal of sharps were available in the home and were observed to be maintained and stored appropriately. This requirement has been met.	
Requirement 2 Ref: Regulation 12(1)(b) Stated: First time	The registered provider must ensure that regular audits are undertaken to ensure care records are maintained in accordance with best practice. The audit process must include a re-audit of the identified areas for improvement to check compliance has been achieved.	Met
	Action taken as confirmed during the inspection: A review of audit records confirmed that the registered manager had completed regular audits of the care records. Records evidenced that any identified areas for improvement had been re-audited to check compliance had been achieved. This requirement has been met.	

Requirement 3 Ref: Regulation 29(3) Stated: First time	<p>The registered provider must ensure that an unannounced visit is undertaken monthly to monitor the quality of services provided.</p> <p>Action taken as confirmed during the inspection: A review of the reports of completed monitoring visits confirmed that these had been undertaken monthly from September 2016 to January 2017. The registered manager confirmed that these visits were unannounced. This requirement has been met.</p>	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 41.7 Stated: First time	<p>It is recommended that the completed competency and capability assessment for any nurse who is given the responsibility of being in charge of the home in the absence of the registered manager should be signed by the registered manager to confirm that they are satisfied that the nurse is competent to take charge of the home.</p> <p>Action taken as confirmed during the inspection: The registered manager confirmed that they signed the record of competency and capability assessment for any nurse who is given the responsibility of being in charge of the home in their absence to confirm that they are satisfied that the nurse is competent to take charge of the home. A review of two completed assessments evidenced that this recommendation has been met.</p>	Met
Recommendation 2 Ref: Standard 38 Stated: First time	<p>It is recommended that written confirmation of the outcome of the Access NI check and the date received are provided to the registered manager and recorded in the recruitment records to evidence that the process has been completed prior to the candidate commencing employment.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that they receive notification of the Access NI check via electronic mail which is printed and stored as part of the recruitment records. A review of e mails received evidenced that this recommendation has been met.</p>	
<p>Recommendation 3</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be completed by: 29 October 2016</p>	<p>It is recommended that the date staff are due to renew their registration with the NISCC, and pay their annual fee, should be maintained in the home.</p> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager explained that, due to recent changes to the administration within Larchwood this recommendation has not been addressed. This recommendation is therefore assessed as not met and has been stated for a second time.</p>	Not Met
<p>Recommendation 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>It is recommended that where a patient is assessed as at risk of pressure damage, a documented pressure damage prevention and treatment care plan should be drawn up.</p> <p>Action taken as confirmed during the inspection:</p> <p>We reviewed three patients' care records which evidenced that for those patients assessed as at risk of pressure damage a care plan was in place. This recommendation has been met.</p>	
<p>Recommendation 5</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>It is recommended that contemporaneous records are maintained of all nursing interventions:</p> <ul style="list-style-type: none"> • The recording of wound care should be reviewed to ensure information is consistently recorded. • Repositioning charts should be completed to evidence that patients are being repositioned regularly. 	Carried forward for review at the next inspection

	Action taken as confirmed during the inspection: There were no patients with wounds resident or patients who required to be repositioned in the home at the time of this inspection. Therefore we were unable to validate what action has been taken to address this issue. The recommendation is carried forward for review at the next inspection.	
Recommendation 6 Ref: Standard 4 Stated: First time	It is recommended that review of prescribed care interventions should include a meaningful statement of the patient's condition since the previous review.	Met
	Action taken as confirmed during the inspection: A review of two patients care plans evidenced that the evaluation of care plans included a statement of the patients' condition since the previous review. This recommendation has been met.	
Recommendation 7 Ref: Standard 16.11 Stated: First time	It is recommended that records of all complaints are maintained in accordance with the DHSSPS Care Standards for Nursing Homes, April 2015, standard 16.	Met
	Action taken as confirmed during the inspection: A review of the complaints record evidenced that it was maintained in accordance with the DHSSPS Care Standards for Nursing Homes, April 2015, standard 16. This recommendation has been met.	

4.3 Is care safe?

The registered 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 roster for week commencing 30 January 2017 evidenced that the planned staffing levels were adhered to. We discussed staffing provision for patients who required one to one supervision; the registered manager confirmed that staffing was adjusted when any of these patients were not in the home, for example if they were admitted to hospital. Assurances were given that the one to one supervision would be reintroduced prior to them returning.

A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. A number of shower and bathrooms were located throughout the home; we did not observe any moving and handling equipment to assist patients, who had limited mobility, to use a bath. Staff confirmed that, whilst discussions had taken place with management regarding purchasing equipment; no definite decisions had been made. Currently, with no equipment available, only those patients who were independently mobile could avail of a bath. Patients should be enabled to exercise choice with regard to their preference for how their personal cares needs are met. It is therefore recommended that equipment is provided to allow all patients to access a bath, if this is their preference.

The home was fresh smelling, clean and appropriately heated. There were no issues identified with infection prevention and control practice.

Areas for improvement

Equipment should be provided to allow all patients to access a bath

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Review of one patient's care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. The assessment process was commenced on the day of admission and completed within five days. There was evidence that the completed assessments informed the care planning process.

Care records were regularly reviewed and updated, as required, in response to patient need. Care plans contained good detail of personal preferences, likes and dislikes.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as community psychiatric nurses (CPN), psychologists, speech and language therapist (SALT) and dieticians.

We reviewed the general care of one patient. Records reflected that the registered nurses had, on several occasions, contacted healthcare professionals in the relevant health and social care trust regarding concerns with the patient's healthcare needs and their reluctance to engage with recommendations made by health care professionals. Records also reflected a significant number of incidents between this patient, staff and fellow patients. Whilst staff were responding to this patient's needs on a day to day basis there was no clear pathway in place to manage this patient's complex physical and mental health needs. Following discussion with staff it was recommended that the registered manager contact the patient's care manager and request a multi-disciplinary meeting to ensure that the patient's health and well-being are promoted and that they have access to health and social care services to meet their assessed needs.

We observed the serving of lunch in the three dining areas of the home. There was a choice of two dishes and all of the patients spoken with enjoyed their lunch and reported that the choice and standard of food was generally good. Meals on the ground floor were served directly from the kitchen. Meals served on the first floor were transported from the kitchen in a lift and stored in a hot trolley until they were ready to be plated and served. Care staff were responsible for

serving the meals. We observed that as the meals were being served, a number of patients were constantly getting up to leave the dining room and needed to be encouraged to remain until their meal was served. It was recommended that the deployment of staff to serve meals on the first floor was reviewed to ensure that care staff have sufficient time to focus on the dining and dietary needs of the patients at mealtimes.

Staff advised that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with patients, relatives and their colleagues.

Areas for improvement

It was recommended that the registered manager contact the patient's care manager and request a multi-disciplinary meeting to ensure that the patient's health and well-being are promoted and that they have access to health and social care services to meet their assessed needs.

The deployment of staff to serve meals on the first floor should be reviewed to ensure that care staff have sufficient time to focus on the dining and dietary needs of the patients at mealtimes.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

We arrived in the home at 10:05 hours. Patients in the dementia unit had all been attended to, washed and dressed and were spending time in the lounge or in their bedroom as they preferred. Staff were present in the lounge to provide support and supervision as required.

The patients on the ground floor were attending to their individual needs and were socialising in the lounge, entrance hall or smoking room; some chose to remain in their bedrooms. Staff spoken with were knowledgeable regarding the supervision needs of patients and the need for diversional activities to minimise the risk of identified patients clashing.

Patients spoken with commented positively in regard to the care they received. Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings. Observation of care delivery confirmed that patients were assisted appropriately and in a timely manner.

We spoke with the relatives of two patients who commented positively with regard to the standard of care and communication in the home. They confirmed that they were made to feel welcome when visiting and were confident that if they raised a concern or query with the management or staff, their concern would be addressed appropriately.

Ten questionnaires were issued to staff and relatives; none were returned prior to the issue of this report.

Areas for improvement

No areas for improvement were identified with the delivery of compassionate care.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Review of reports and discussion with the registered manager evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement.

Areas for improvement

No areas for improvement were identified within the domain of well led during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Heather Maxwell, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements: No requirements were made as a result of this inspection.

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 35.6</p> <p>Stated: Second time</p> <p>To be completed by: 1 March 2017</p>	<p>It is recommended that the date staff are due to renew their registration with the NISCC, and pay their annual fee, should be maintained in the home.</p> <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken: The date staff are due to renew their registration with the NISCC is now maintained within the home.</p>
<p>Recommendation 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2017</p>	<p>Carried forward for review at the next inspection</p> <p>It is recommended that contemporaneous records are maintained of all nursing interventions:</p> <ul style="list-style-type: none"> • The recording of wound care should be reviewed to ensure information is consistently recorded. • Repositioning charts should be completed to evidence that patients are being repositioned regularly. <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken: A new wound prevention/care pack is in place for use.</p>
<p>Recommendation 3</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2017</p>	<p>It is recommended that patients are enabled to exercise choice with regard to their preference for how their personal cares needs are met. The registered person should ensure that equipment is provided to allow all patients to access a bath, if this is their preference.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: This request has been placed for approval.</p>

<p>Recommendation 4</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2017</p>	<p>It is recommended that the registered manager contact the patient's care manager and request a multi-disciplinary meeting to ensure that the patient's health and well-being are promoted and that they have access to health and social care services to meet their assessed needs.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: The Care Manager has met with various disciplines including the homes management both in Apple Blossom Lodge and in the Hospital setting. A more suitable placement is being actively pursued. Home staff, GP and Consultant Neurologist are in regular contact to ensure that this resident receives appropriate care.</p>
<p>Recommendation 5</p> <p>Ref: Standard 12.11</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2017</p>	<p>It is recommended that the deployment of staff to serve meals on the first floor is reviewed to ensure that care staff have sufficient time to focus on the dining and dietary needs of the patients at mealtimes.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: The balance of staff is currently under review and we hope to have a conclusion soon.</p>

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