



Unannounced Follow-up Care Inspection Report 3 January 2019



Apple Blossom Lodge

Type of Service: Nursing Home (NH)
Address: 62 Drumilly Road, Armagh BT61 8RH
Tel No: 02838891202
Inspector: Lyn Buckley

www.rqia.org.uk

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is 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): Christopher Walsh	Registered Manager: See box below.
Person in charge at the time of inspection: Marty McKee - manager	Date manager registered: Marty McKee, Acting – no application required
Categories of care: Nursing Home (NH) DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of registered places: 37

4.0 Inspection summary

An unannounced inspection took place on 3 January 2019 from 10.20 to 15.55 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.

This inspection focused on the nursing home's dementia unit and was conducted following receipt of information from a member of the public who had raised concerns with us in relation to staffing levels, the management of complaints, communication with relatives and delivery of care.

It is not the remit of RQIA to investigate complaints or adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care (Trust). However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing levels
- staff training
- management of complaints
- management of nutrition and mealtimes and delivery of care
- management of falls and the delivery of care
- communication with next of kin and other healthcare professionals

- the level of compliance with the previous quality improvement plan issued as a result of the previous unannounced care inspection conducted on 23 July 2018

The inspection also 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. We can confirm that all areas of improvement identified during the previous unannounced care inspection had been complied with.

Areas requiring improvement were identified in relation to: staff training in dementia awareness, the review of the home's approach to delivering dementia care, how modified food and fluids are recorded and adherence to the home's registered categories of care.

We spoke with five patients individually and with others in small groups. However, due to the patients' needs the majority of patients were unable to express their views and opinions. Observation of patients' interactions and reactions evidenced that they were relaxed and comfortable in their environment and in their interactions with staff. Staff were knowledgeable of patients' care needs and how to provide support and comfort if required.

As a consequence of the inspection we can confirm that none of the concerns raised with us, by the member of the public, have been validated during this inspection. However, the findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and improve the patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Chris Walsh, responsible individual, and Marty McKee, 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.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 October 2018. No further actions were required to be taken following this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- 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 QIP from the previous care inspection
- the previous care inspection report
- the previous medicines management inspection report

During the inspection the inspector met with five patients individually and with others in small groups, and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also provided inviting staff to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you' cards which were to be placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- nursing and care staff duty rota from 3 December 2018 to 6 January 2019
- staff training records
- two staff recruitment records
- complaints record
- three patients' care records
- governance records pertaining to the management of patients' weight and falls

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 22 October 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 23 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (b) Schedule 2 Stated: Second time	The registered person shall ensure that all information required in regard to the selection and recruitment of staff is obtained prior to the commencement of employment.	Met
	Action taken as confirmed during the inspection: Review of two staff recruitment records evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified in section 6.4 of this report are addressed.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager and staff evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Regulation 27 (4) Stated: First time	The registered person shall ensure that fire exit doors, routes and stairways are maintained free from obstruction and that all staff are aware of this fire safety requirement.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 5 Stated: First time	The registered person shall ensure that patient records and information is securely maintained in keeping with regulations and patients' right to privacy	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with staff evidenced that this area for improvement had been met.	

6.3 Inspection findings

6.3.1 Staffing

The manager confirmed the planned staffing levels for the home and confirmed that these were kept under review. The manager informed us that the planned staffing levels in the dementia unit had not been met that morning due to short notice leave. Contingency arrangements had been implemented with support from the other unit in the home. However, it was evident on the day that at times staff were unable to meet the immediate care needs of the patients, for example during the lunchtime meal. Details regarding the mealtime experience are discussed further in Section 6.3.4

Staff spoken with expressed concern in respect of staffing levels and stated that they regularly "worked short". We also sought staff opinion on staffing via an on line survey; we received no responses before the issuing of this report.

We reviewed the nursing and care staff duty rotas from 3 December 2018 to 6 January 2019. The duty rotas evidenced that the home was staffed as planned and that on the occasions where short notice leave was recorded, the shift had been covered. Only one shift, during the period examined, had been worked 'short' by one member of care staff. The manager confirmed that on this occasion he had provided support to the registered nurse. The responsible individual confirmed that staffing levels were reviewed regularly and any concerns were brought to his attention by the manager.

The manager confirmed that recently they had recruited a registered nurse (RN) and several care staff. This recruitment would greatly reduce the use of agency staff and would enable the clinical lead nurse to resume her substantive role. A new activity person had also been employed since the last care inspection to support to the home's occupational therapist and the overall activity programme.

Staff consulted also indicated that new care staff during their induction period worked as part of the planned staffing number. However, a review of the duty rota and discussion with the manager and a member of the care staff evidenced that this was not the case. New staff were required to complete a period of induction which included working supernumerary to shadow their more experienced colleague/mentor.

Areas for improvement

No areas for improvement were identified during the inspection in relation to staffing.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Staff training

The manager confirmed that following a review the staff training records further training sessions had been arranged as required. Whilst records evidenced that the manager and senior managers monitored staff attendance at training sessions, records also indicated that full compliance with mandatory training had not been achieved in 2018. The manager has, with advice and support from the home's trainer, set up a new training planner and compliance monitoring for 2019.

In the staff room we observed information displayed which detailed dates of mandatory training sessions and the names of staff who were allocated attend.

The manager confirmed that dementia awareness training was delivered three yearly; records evidenced that not all staff had completed this training. This was identified as an area for improvement.

We discussed the importance of staff, who worked within the dementia unit, receiving specific dementia awareness training to enable them to meet the needs of the patients in the unit. The delivery of dementia focused care is further discussed in Section 6.3.3.

Areas for improvement

An area for improvement was made in relation to staff receiving dementia awareness training

	Regulations	Standards
Total number of areas for improvement	0	1

6.3.3 Delivery of dementia focused care

Review of the environment evidenced that this had not been adapted to enable patients living with dementia to make independent decisions or choices; for example creating a dementia friendly environment with the use of memory prompts, the use of signage or visual cues to enable patients to make independent decisions, the use of colour to identify where the bathroom/toilet was, and the provision of 'rummage boxes' or individualised activities which could be provided as and when patients needed them.

Details regarding the patients' mealtime experience can be found in Section 6.3.4.

Details of the inspection findings relating to the dementia unit's culture, ethos and general atmosphere were discussed with the manager and responsible individual and an area for improvement was made.

Areas for improvement

An area for improvement was made in relation to the review of the delivery of dementia care.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3.4 Management of Complaints

Review of the complaints record and discussion with the manager and responsible individual evidenced that complaints were managed in accordance with the Care Homes Standards and The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement

No areas for improvement were identified during the inspection in relation to the management of complaints.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.4 Management of Nutrition and Mealtimes

The manager and nursing staff confirmed that patients were weighed as part of the admission procedure in order to establish a baseline. A review of records evidenced that patients were weighed on at least a monthly basis and others more frequently as required by their assessed needs. The manager had systems in place to provide of an overview of patients' weight loss/gain. Records confirmed that referrals had been made to other healthcare professionals such as the dietician and the speech and language therapist (SALT) as required.

Staff were aware of the national changes regarding the descriptors for modified diets and fluids. Posters providing guidance were displayed and training had been planned.

In the servery staff had access to a diet folder which provided specific dietary or SALT recommendations for patients. Review of one patient's care records confirmed that the information in the folder accurately reflected the SALT recommendations. However, patients' dietary requirements were not consistently recorded in keeping with the national descriptors on a white board in the servery. An area for improvement was made.

We observed the serving of the lunchtime meal. The meal looked and smelt appealing. Catering staff served the meal from the servery which enabled care staff to focus on the delivery of care over the mealtime period. Staff were aware of which patients required which therapeutic diets, how to modify fluids and how to support a patient with their meal.

Staff were observed assisting patients with their meal in the lounge. Staff were seated facing the patients at eye level but they were observed to chat to each other across the patients they were assisting. In the dining room patients who required supervision or some assistance were left unattended, which resulted in patients leaving the dining room before their meal was finished.

An area for improvement has been made previously in Section 6.3.2 regarding the review of the delivery of dementia care, and this includes the mealtime experience. Details of the inspection findings regarding the mealtime experience were provided to the manager and responsible individual.

Areas for improvement

An area for improvement was identified during the inspection in relation to describing modified diets and fluids.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3.5 Management of Falls

Review of governance records pertaining to falls evidenced that the manager reviewed the incidences of falls occurring in the home on at least a monthly basis. Records confirmed that the review included analysing the data for any patterns or trends emerging and any actions taken to address any areas of concern.

We reviewed three patients' care records in relation to the management of falls. Risk assessments and care plans were in place. Records evidenced that falls, including head injuries were managed in accordance with best practice guidance. For example, nursing staff reviewed patients' falls risk assessments and care plans when a fall occurred as part of the post fall review; and referrals were made to other healthcare professionals such as GP or care manager as required. Staff spoken with were aware of the home's procedure for managing falls and head injuries and when to contact the patient's GP.

Areas for improvement

No areas for improvement were identified during the inspection in relation to the management of falls.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.6 Communication with next of kin and other healthcare professionals

Discussion with the manager and nursing staff, review of three patients' care records and the nurses' desk diary evidenced that patients' next of kin were kept informed of changes in their loved one's care.

As stated previously patients' care records also confirmed that nursing staff made referrals to other healthcare professionals such as GPs, care manager, SALT and dieticians, as required.

Areas for improvement

No areas for improvement were identified during the inspection in relation to communication with other healthcare professionals or relatives.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.7 Other Areas Examined

Registered Categories of Care

Discussion with the manager and staff and observations of the care delivered confirmed that the home was operating within its registered categories of care.

However, following discussion with the manager and responsible individual it was evident that, since the last care inspection in July 2018, a patient had been admitted to the home and their assessed needs were outside of the home's registered categories of care.

While we acknowledged, that the home was no longer in breach of its registered categories of care, an area for improvement was made that the home must not provide accommodation to a patient unless it is registered for the category of nursing appropriate to the patient's need.

Areas for improvement

An area for improvement was made in relation to the home's registered categories of care.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3.8 Consultation with stakeholders

We provided the manager with 10 patient and 10 relatives' questionnaires: none were returned within the timescale specified. We also invited staff to provide online comments; none were received before the issuing of this report.

Any comments received from patients or relatives after this report is issued will be discussed with the manager, for their information or if any action is required.

Areas for improvement

No areas for improvement were identified during the inspection in relation to the outcome of consultation with stakeholders.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Chris Walsh, responsible individual, and Marty McKee, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall review the home's approach caring for patients with dementia.</p> <p>This should include, but is not limited to, a review of areas such as the environment, the mealtime experience, the unit's culture and ethos and the knowledge and skill of the staff working in the dementia unit.</p> <p>Ref: 6.3.2, 6.3.3 and 6.3.4</p> <p>Response by registered person detailing the actions taken: The environment in the dementia unit was audited using the Kings Fund Tool and significant improvements have been made. The environment has been updated to include a new dining room experience, a new communal/cinema room and personalisation of the rooms. The culture has been challenged and revised to encourage homeliness, care and compassion within the care team. Training on dementia awareness has been completed and further training by the Alzheimers society and the dementia bus is planned in coming weeks.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that terminology used to record modified diets is consistently recorded to avoid confusion.</p> <p>Ref: 6.3.4</p> <p>Response by registered person detailing the actions taken: The new IDDSI guidelines are in operation within the Home and all documentation has transferred to reflect these guidelines. These process have also revised the communication between nursing and kitchen staff.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15(1)(e)</p> <p>Stated: First/ time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the home does not provide accommodation to a patient unless it is registered for the category of nursing appropriate to the patient's need.</p> <p>Ref: 6.3.7</p> <p>Response by registered person detailing the actions taken: All admissions to the care home will take into account the Registered Categories of care.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2019</p>	<p>The registered person shall ensure that staff working within the dementia unit receive dementia awareness training.</p> <p>Ref: 6.3.2 and 6.3.3</p>
	<p>Response by registered person detailing the actions taken: Dementia awareness training was completed in the last quarter of 2018 and there is further training planned on the 6 March with the Alzheimers Society and 20 places retained for staff to attend the dementia bus training within the SHSCT. The outworking of this training will be reviewed within ongoing monitoring by the management of the Home.</p>

Please ensure this document is completed in full and returned via Web Porta



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