

**Unannounced Care Inspection
of
Apple Blossom Lodge**

28 January 2016

1. Summary of Inspection

An unannounced care inspection took place on 28 January 2016 from 10 05 to 16 05 hours.

The focus of this inspection was to determine what progress had been made in addressing the recommendations made during the previous care inspection on 2 June 2015.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 2 June 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection

1.3 Inspection Outcome

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

*The total number of recommendations includes one stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Registered Manager, Heather Maxwell and Clinical Lead, Jolene Craig as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Larchwood Care Homes (NI) Ltd	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
Number of Patients Accommodated on Day of Inspection: 34	Weekly Tariff at Time of Inspection: £830.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with staff
- discussion with patients
- discussion with a relative
- discussion with a visiting care manager
- review of records
- observations during a tour of the premises
- evaluation and feedback

Prior to inspection the following records were analysed:

- 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 all of the patients generally, two registered nurses, five care staff, a visiting care manager, and one patient's relative.

The following records were examined during the inspection:

- six patient care records
- staff duty rosters
- patient guide
- staff training records
- incident and accident records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Apple Blossom Lodge was an unannounced care inspection dated 2 June 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 12(1)(a) Stated: First time	The registered person must ensure that services are provided to meet the individual needs of the patient. All allegations of theft must be viewed as serious and records maintained of the details of the allegation, action taken and outcome of the investigation.	Met
	All allegations of theft must be reported to the relevant authorities.	
	Action taken as confirmed during the inspection: A review of records and discussion with the registered manager evidenced that the alleged theft was reported to the relevant authorities. There were no further reports of theft since the previous inspection. Staff spoken with, were aware of the action taken if they received an allegation of theft. This requirement has been met.	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 3.1 Stated: Second time	The Patient Guide should be updated to include the options available for transporting patients to hospital appointments.	Met
	Action taken as confirmed during the inspection: A review of the patient guide evidenced that the options available for transporting patients to hospital appointments were included.	
Recommendation 2 Ref: Standard 32.8 Stated: Second time	Patient weighing scales should be calibrated regularly and records maintained.	Met
	Action taken as confirmed during the inspection: Records were available to evidence that the weighing scales were calibrated regularly.	
Recommendation 3 Ref: Standard 36.1 Stated: First time	It is recommended that the working practices within the home are reviewed to ensure that they are compliant with internal policies.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that training had been provided to ensure that the policy entitled Breaking Bad News was complied with.	
Recommendation 4 Ref: Standard 32 Stated: First time	It is recommended that the policy on end of life care is reviewed and updated to ensure that it is reflective of best practice guidance such as Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013.	Met
	Action taken as confirmed during the inspection: The End of Life Policy was reviewed on 5 August 2015 and referenced the GAIN Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013.	

Recommendation 5 Ref: Standard 32.1 Stated: First time	It is recommended that end of life arrangements for patients are discussed and documented as appropriate, and include patients' wishes in relation to their religious, spiritual and cultural needs.	Partially Met
	Action taken as confirmed during the inspection: Of the six patients care records reviewed only one evidenced that opportunities to discuss and identify end of life care had been created. This recommendation is stated for a second time.	

5.3 Is Care Safe? (Quality of Life)

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 25 January 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, a relative and staff evidenced that there were no concerns regarding staffing levels.

A range of mandatory training, for example the Prevention and Management of Violence and Aggression (PMVA), fire safety and safeguarding vulnerable adults was provided to staff. The registered manager had systems in place to monitor staff attendance and compliance with training.

A review 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. The registered manager completed a monthly analysis to identify any trends or patterns.

Following a recent incident of a patient smoking in their bedroom we reviewed the management of smoking. The home's smoking policy permitted smoking in the designated smoking room or in the grounds of the home. A risk assessment was in place for all patients who smoked. Those patients who were identified as high risk of non-compliance with the smoking policy and of smoking in their bedrooms were asked to enter into a contract with the home. The written contract stated that the patient agreed to leave their smoking material and lighter/matches in the staff office when they retired to their bedroom. Staff spoken with recognised that this was a restrictive practice and that patients must enter into the contract on a voluntary basis; patients had the right to withdraw from the contract at any given time. The relevant health and social care trust were informed of any patient who was subject to this restrictive practice.

A high percentage of patients in the home smoke, resulting in many patients using the designated smoking room at one time. It is good practice that smoking rooms are adequately ventilated to avoid contamination of adjacent areas and rooms by smoke. Smoke was visible in the smoking room and fumes from the smoke emanated out into the hall area and staff offices, adjacent to the smoke room, resulting in a strong smell of cigarette smoke in these communal areas. An extractor fan was in place in the smoking room however, due to the volume of smoke, it was not providing adequate ventilation. It is recommended that arrangements for ventilation are reviewed, and upgraded if necessary, to ensure there is adequate ventilation in the smoking room to prevent contamination of adjacent areas and rooms with smoke.

A general inspection of the home was undertaken to examine a number of patients' bedrooms, lounges, bathrooms and toilets at random. The home was clean throughout and appropriately heated. The environment of the dining rooms are further discussed in the next below.

Is Care Effective? (Quality of Management)

A review of patients care records evidenced that assessments and initial plans of care were in place within 24 hours of patients being admitted to the home; care plans and assessments were subject to regular review.

Discussion took place with the registered manager, clinical lead and a registered nurse regarding the management of patients who were non-compliant with prescribed care on an ongoing basis; this included refusal of assistance with personal care, refusal to engage with assessments by healthcare professionals and compliance with prescribed medication. Following discussion with staff it was recommended that any patient who continually refused nursing or medical intervention should have a capacity assessment undertaken by a relevant healthcare professional. This will ensure that the patient's capacity to understand the consequences of their refusal is determined.

Care records clearly identified when care had been offered but refused. This included the refusal of medication. There was some evidence of consultant with healthcare professional regarding non-compliance of care. However it was recommended that when prescribed care is refused on an ongoing basis, for example, medications, that the registered nurses regularly update the relevant healthcare professional of the patient's continued non-compliance.

On arrival to the home we met a number of patients going out to feed and attend to the pigs, goats and hens. This was a daily activity that all patients, who wished to, had an opportunity to participate in. Patients and staff spoken with commented positively with regard to the outdoor activity provided by the animals.

A tour of the home was undertaken mid-morning. There was a calm atmosphere in the home and staff were quietly attending to the patients' needs. Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference.

There were three dining rooms located throughout the home. The serving of lunch was observed in the two large dining rooms. The following areas for improvement were identified:

- the tables in the dining room on the first floor were not set prior to the serving of lunch and there were no condiments available to patients
- the menu was not displayed in a meaningful manner for patients in either dining room
- the menu reflected that there were two choices of meals available, however only one dish was served. Staff confirmed that generally only one dish was served
- there were a number of items of furniture stored inappropriately in the dining room
- the décor in the dining rooms did not define the rooms as dining areas

It was recommended that the dining experience is reviewed to ensure that it is a positive experience for patients. This review should include the environment of the dining rooms.

Is Care Compassionate? (Quality of Care)

Patients spoken with were satisfied with the care they were receiving. One patient was dissatisfied with his financial position; this was shared with the clinical lead who was aware of the patient's dissatisfaction and inability to understand the connection between their reduced income and payment for their stay in the home. Staff were observed supporting the patient to manage his finance more effectively. Another patient was dissatisfied with how long he had been in the home. Staff were aware of the patient's feelings and confirmed that were working with the relevant health and social care trust to resolve the issue. Those patients who were unable to verbally express their views were observed to be appropriately dressed and comfortable in their surroundings.

We met with one relative who commented that the continued support and guidance provided by staff were key to the improvements in their relative's mental health. They confirmed that they were very satisfied with communication with staff and that their relative had access to relevant healthcare professionals when required.

Staff commented positively with regard to the delivery of care. Staff were knowledgeable regarding their patient's needs, wishes and preferences. Staff and patient interaction and communication demonstrated that patients were treated courteously, with dignity and respect. Good relationships were evident between staff and patients.

We met with one visiting care manager who commented positively with regard to communication between staff within the home and with the Trust. The individual was confident that staff knew their patients and that the outcome of care management reviews was generally positive.

6. Quality Improvement Plan

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

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 32.1</p> <p>Stated: Second time</p> <p>To be Completed by: 10 March 2016</p>	<p>It is recommended that end of life arrangements for patients are discussed and documented as appropriate, and includes patients' wishes in relation to their religious, spiritual and cultural needs.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A Palliative Care Register has been put in place and all residents listed within this register now have advanced care plans which includes their wishes in relation to their religious, spiritual and cultural needs.</p>
<p>Recommendation 2</p> <p>Ref: Standard 44.14</p> <p>Stated: First time</p> <p>To be Completed by: 10 March 2016</p>	<p>It is recommended that arrangements for ventilation in the smoking room are reviewed, and upgraded if necessary, to ensure there is adequate ventilation in the smoking room and to prevent contamination of adjacent communal areas and rooms with smoke.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Arrangements for ventilation in the smoking room have been reviewed and contamination of the communal areas is still being monitored. A working extraction fan remains in place however some residents switch it off. This is currently being monitored as is the contamination of adjacent communal areas. The installation of this fan is under review.</p>
<p>Recommendation 3</p> <p>Ref: Standard 3.2</p> <p>Stated: First time</p> <p>To be Completed by: 25 February 2016</p>	<p>It is recommended that for any patient, who continually refuse nursing or medical intervention staff in the home should request a capacity assessment to be completed by a relevant healthcare professional.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Where any patient within the home refuses nursing or medical intervention, a capacity assessment is sought.</p>
<p>Recommendation 4</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be Completed by: 25 February 2016</p>	<p>It is recommended that when prescribed care is refused on an ongoing basis, for example, medications, that the registered nurses regularly update the relevant healthcare professional of the patient's continued non-compliance.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The relevant health care professional is updated where non-compliance with medication is an issue and this is now evidenced within the Nursing notes.</p>
<p>Recommendation 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>It is recommended that the dining experience is reviewed to ensure that it is a positive experience for patients. This review should include the environment of the dining rooms.</p>

To be Completed by: 25 February 2016	Response by Registered Person(s) Detailing the Actions Taken: The dining experience has been reviewed and the quality of the environment within the dining rooms has been improved.		
Registered Manager Completing QIP	H Maxwell	Date Completed	22/03/16
Registered Person Approving QIP	Chris Walsh RNA	Date Approved	24/03/16
RQIA Inspector Assessing Response	Sharon McKnight	Date Approved	4-04-16

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address