



Unannounced Care Inspection Report 23 July 2018



Apple Blossom Lodge

Type of Service: Nursing Home
**Address: Apple Blossom Lodge, 62 Drumilly Road,
Armagh, BT61 8RH**
Tel no: 02838 891202
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 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: Christopher Walsh	Registered Manager: See below.
Person in charge at the time of inspection: Deputy Manager/Clinical Lead – Jolene Craig	Date manager registered: Marty McKee – acting manager from 19 July 2018
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 23 July 2018 from 10:25 to 17:10 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.

The inspection 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.

Evidence of good practice was found in relation to staffing and staff knowledge of their patients' needs and preferences; effective communication between patients, staff and other key stakeholders; care planning; the culture and ethos of the home, listening to and valuing patients and taking account of the views of patients. Also in relation to governance arrangements, management of complaints and incidents; and maintaining good working relationships.

Areas requiring improvement were identified in relation to infection prevention and control, fire safety and the management of patients' records and information.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	1

*The total number of areas for improvement includes one regulation, which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Marty McKee, manager, Jolene Craig, deputy manager, and Chris Walsh, responsible individual, 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 dated 12 March 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 12 March 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with five patients individually and with others in small groups and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster for staff was provided inviting them to provide feedback to RQIA on-line. The inspector also 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 in the entrance.

The following records were examined during the inspection:

- duty rota for all staff from 16 to 29 July 2018

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for 2018
- incident and accident records
- three staff recruitment files
- three patients' care records
- five patients' care charts. For example, food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 from 1 January 2018.

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 12 March 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last care inspection dated 18 July 2017

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 27(2)(d) Stated: First time To be completed by: 15 August 2017	The registered person shall ensure that the servery in the dementia unit is maintained to an acceptable level of cleanliness and standard of décor. Cleaning schedules must be put in place with staff identified to ensure they are completed. The décor must be brought up to an acceptable standard.	Met

	<p>Action taken as confirmed during the inspection: Observations and discussion with one member of the catering team evidenced that this area for improvement had been met.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 21(1)(b) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of the inspection.</p>	<p>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.</p>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection: Review of three staff recruitment files evidenced gaps in obtaining required information prior to the commencement of employment. Details of the findings were provided during feedback.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 6.3</p> <p>Stated: Second time</p> <p>To be completed by: 12 September 2017</p>	<p>The registered person shall ensure 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>Met</p>
	<p>Action taken as confirmed during the inspection: Observations and discussion with patients confirmed that this area for improvement has been met.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 41.10</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2017</p>	<p>The registered person shall ensure that the information held in the event of a fire or emergency evacuation of the home is checked regularly to ensure it is up to date.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Review of the returned QIP from the previous care inspection and discussion with staff confirmed that this area for improvement had been met.</p>	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The nurse in charge 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 rota from 16 to 29 July 2018 evidenced that the planned staffing levels were adhered to. There was evidence that short notice sick leave was managed appropriately. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. However, no responses were received before the issue of this report.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Apple Blossom Lodge. We also sought the opinion of patients on staffing via questionnaires. However, none were returned within the specified date.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of three staff recruitment files evidenced gaps in obtaining required information prior to the commencement of employment. Details were discussed during feedback and an area for improvement has been stated for a second time. Refer to section 6.2.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff mandatory training records for 2018. There was evidence that a system and process was in place to monitor compliance with mandatory training. Training was also provided in other areas of practice such as the management of distressed reactions and nutrition. One staff member said that the additional training provision could be improved and advice was given that they should discuss their concerns with the manager. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. During feedback it was confirmed that the staff training provision would be reviewed by the new manager and in particular the delivery of dementia awareness training was discussed. It was agreed that a training planner for the remainder of 2018 would be put in place once the manager completed his review.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager and nurse in charge confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 1 April 2018 to 20 July 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. From a review of records, observation of practices and discussion with the nurse in charge, nursing and care staff we evidenced that falls were managed proactively and appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and generally clean throughout. Patients spoken with were complimentary in respect of the home's environment.

A number of concerns regarding infection prevention and control (IPC) practices and measures were identified as follows:

- the integrity of washable surfaces in bathrooms/toilets was compromised. For example, wall tiles coming away from wall, chipped painted and metal surfaces which could not be effectively cleaned
- personal protective equipment such as aprons and gloves were stored inside bathrooms where there was a toilet
- items such as incontinence pads and wipes were stored openly where there was a toilet
- the floor around one identified toilet needed to be thoroughly cleaned and resealed to enable effective cleaning
- equipment such as toilet handrails and laundry bag frames were observed to be chipped and the surfaces compromised and could not be effectively cleaned
- a recliner chair, in use by a patient, was no longer fit for purpose as the surface was compromised and could not be effectively cleaned.

RQIA discussed the details of these findings with the manager, nurse in charge and the responsible individual. An area for improvement was made.

In addition, we observed that the floor covering at a door threshold required to be repaired to enable the floor to be effectively cleaned and to prevent a potential trip hazard for patients. Temporary repairs had been undertaken in the interim. It was good to note that the concerns regarding the flooring and some of the IPC issues we identified had already been identified for action, by the responsible person, as part of the quality monitoring visit undertaken in June 2018.

We observed, during the initial walk around with the nurse in charge, that one fire exit door leading to the stairway on the first floor was blocked with beanbags. In addition the landing at the top of this staircase was being used to store various items such as boxes of files and a desk which compromised the fire escape route. From discussion with the nurse in charge it was evident that this area had been used as a store for some time. The nurse in charge did address

this immediately with staff. An area for improvement was made and the information was shared with the home's aligned estates inspector.

A review of records evidenced that appropriate risk assessments and deprivation of liberty safeguards had been considered/completed prior to the use of restrictive practices, for example bed rails, alarm mats.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing levels and skill mix and staff knowledge of their patients' needs and preferences.

Areas for improvement

The following areas were identified for improvement in relation to infection prevention and control and fire safety.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, and the management of infections, pressure area care and falls. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed when recommendations from other healthcare professionals changed.

Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. We asked that staff be reminded to record dates, fluid totals and frequency of repositioning consistently as required by the charts.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

All staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Patients confirmed that they attended regular meetings in the home to plan their day and/or outings/attendance at appointments. This was also confirmed through discussion with the home's occupational therapist (OT). Patients spoken with expressed their confidence in raising concerns with the home's staff/management. Patients were aware of who was in charge of the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to effective communication between patients, staff and other key stakeholders and care planning.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10:25 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality. However, a whiteboard containing patient names and details was observed in the first floor corridor, the nurse in charge did cover the information with a screen when noted and patient charts such as food and fluid intake or repositioning charts were observed to be left unattended in lounges. An area for improvement was made.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

We observed the serving of the lunchtime meal in the dementia unit. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse or senior care assistant was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thank 'use' all from the bottom of our hearts for looking after...and making his last few days as comfortable as possible."

"I would like to thank you for everything you do for me."

There were systems in place to obtain the views of patients and their representatives on the running of the home. For example, a daily morning meeting was held with patients and the home's OT to plan their day.

Consultation with five patients individually, and with others in smaller groups, confirmed that while some patients would prefer to be at home, living in Apple Blossom Lodge was a positive experience. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Ten patient questionnaires were provided; none were returned within the specified timescale.

Ten relative questionnaires were provided; none were returned within the specified timescale.

Comments made by staff during the inspection are included throughout this report. Staff were invited to complete an on line survey; we had no responses within the specified timescale.

Any comments from patients, patient representatives/relatives and staff in returned questionnaires/on-line responses received after the return date or issue of this report will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to patient records and information the culture and ethos of the home, listening to and valuing patients and taking account of the views of patients.

Areas for improvement

The following areas were identified for improvement in relation to the management of patient records and information.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in management arrangements. RQIA were informed notified appropriately. Discussion with Marty McKee, manager, during feedback confirmed that his planned working patterns would support effective engagement with patients, their representatives and the multi-professional team. Staff expressed confidence in the appointment of the new manager. Staff were able to identify the person in charge of the home in the absence of the manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice and staff received training in equality and diversity.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the nurse in charge and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, patient weights records.

Discussion with the manager and responsible person and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/ The Care Standards for Nursing Homes.

Discussion with the nurse in charge and the manager; and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified within this domain.

	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 Marty McKee, manager, Jolene Craig, deputy manager, and Chris Walsh, responsible person, 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 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.

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 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 21(1)(b) Schedule 2</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required.</p>	<p>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.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: An acting Home Administrator is in post from the week after inspection and the process for recruitment of a permanent appointment is nearly completed. The Home Administrator has spent time with the Head of Human Resources to understand the necessary processes for the recruitment of staff within the Home. A new checklist for personnel files was generated following an inspection in a sister Home and the process is considerably completed to ensure that this is embedded in Apple Blossom Lodge</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2018</p>	<p>The registered person shall ensure that the infection prevention and control issues identified in section 6.4 of this report are addressed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Home Manager (acting) has commenced an environmental audit within the Home to continue to identify areas for improvement. A maintenance schedule is now in place for ongoing restoration of any defects. Some of the areas have already been remedied. All handrails are now powdercoated. Recliner chair has now been removed. The flooring have been commissioned to a third party for repair. All PPE and continence products have been removed from bathrooms. This is now a part of the HM daily walkround. A staff meeting was convened to discuss the areas for improvement in this regard.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The items referred to in the report were removed on the day of inspection and staff were made aware of the findings. This check forms a part of the HM daily walkround</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 5 Stated: First time	<p>The registered person shall ensure that patient records and information is securely maintained in keeping with regulations and patients' right to privacy</p> <p>Ref: 6.6</p>
To be completed by: Immediate action required.	<p>Response by registered person detailing the actions taken: The whiteboard referred to in the report was erased and the HM is directing a declutter of the nursing station and providing secure storage for care files. In addition, storage options are under review for the storage of the supplementary charts used by the care staff.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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