

Inspection Report

2 May 2024



Apple Blossom Lodge

Type of service: Nursing
Address: 62 Drumilly Road, Armagh, BT61 8RH
Telephone number: 028 3889 1202

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Ann's Care Homes Ltd Responsible Individual: Mrs Charmaine Hamilton	Registered Manager: Mr Martin Anthony McKee Date registered: 11 February 2022
Person in charge at the time of inspection: Mr Martin Anthony McKee	Number of registered places: 37
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 patients accommodated in the nursing home on the day of this inspection: 36
Brief description of the accommodation/how the service operates: This is a registered nursing home which provides nursing care for up to 37 male patients. The home is divided into three units, one on the ground floor and two on the first floor. Patients have access to a range of communal spaces including lounges, dining rooms, an enclosed courtyard and an open garden area.	

2.0 Inspection summary

An unannounced inspection took place on 2 May 2024 from 10 am until 5.40 pm. The inspection was carried out by a care inspector.

The purpose of the inspection was to assess progress with all areas for improvement identified in the home 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.

Patients told us that they felt well looked after. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are excellent", "I couldn't ask for better", "Plenty to do", "The manager is great" and "I am more than happy here". There were no questionnaires received from patients or relatives following the inspection.

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments included: "Great place to work", "This home has inspired me to do my nursing", "You couldn't get a better manager than Marty", "We are like a family here" and "Staffing levels are good". There was no response from the staff on-line survey.

During the inspection three visitors commented positively about the care provided. Comments included: "Very happy with the care here", "I feel my (relative) is getting well looked after", "The staff are very friendly and welcoming" and "No issues or concerns".

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 3 May 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered persons shall ensure that care plans are developed to address any assessed needs of patients.	Not met
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with management evidenced that this area for improvement had not been met and has been stated for a second time. This is discussed further in section 5.2.2	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered persons shall ensure that care plans are re-written in the event of significant changes in the needs of patients, and that out of date records are appropriately archived.	Not met
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with management evidenced that this area for improvement had not been met and has been stated for a second time. This is discussed further in section 5.2.2	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the patients.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Review of a sample of staff competency and capability assessments for the nurse in charge in the absence of the manager found these to be completed.

Monthly checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training both online and practical to enable them to carry out their roles and responsibilities effectively.

Review of a sample of staff recruitment and induction records evidenced that relevant pre-employment information had been obtained prior to staff commencing work in the home.

There was evidence that staff supervisions and appraisals were being completed.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of patients care records identified a number of entries within repositioning charts which exceeded the recommended frequency of repositioning as per their care plan. There were also inconsistencies within care records regarding the recommended frequency of repositioning. Details were discussed with the management team and an area for improvement was identified.

A patient requiring one to one supervision from staff was observed mobilising independently for a period of time unsupervised. This was brought to the attention of the manager who took immediately action to address this and agreed to have this reviewed. Following the inspection written confirmation was received that relevant action had been taken to address this.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them. However, the food was not covered on transport. This was discussed with the management team and following the inspection written confirmation was received that relevant action had been taken to address this.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available. Patients told us they very much enjoyed the food provided in the home.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required. Two staff members were observed standing when assisting patients with their meal. This was discussed with the management team and following the inspection written confirmation was received that relevant action had been taken to address this.

Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT). Whilst the majority of staff were providing the correct diet as recommended by SALT; one staff member did not fully adhere to the SALT recommendations for an identified patient. It was further identified that not all patients had a choking risk assessment completed. Details were discussed with the management team and following the inspection written confirmation was received that relevant action had been taken to address these issues.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

A sample of recording charts and care plans regarding patients daily fluid intake evidenced that the recommended daily fluid target was not consistently documented. It was further identified that care plans did not provide the action to take and at what stage if the recommended daily fluid target is not achieved. This was identified as an area for improvement.

Review of a sample of care records evidenced that a number of care plans had not been developed to address the assessed needs of the patient. It was further identified that one patient's care plan had not been re-written to state the updated changes in the recommended frequency of repositioning and a care plan that was no longer applicable, had not been appropriately archived for a further patient. Specific details were discussed with the management team and two areas for improvement have been stated for a second time.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Care records were held confidentially.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was neat and tidy with patient's bedrooms found to be personalised with items of memorabilia and special interests. A number of walls required painting and floor coverings

replaced. The management team advised that refurbishment work was ongoing within the home to ensure that it is well maintained.

Whilst most areas of the home were clean, a number of over sink light pull cords were stained and tiles in an identified shower required cleaning. A malodour was also evident within an identified shower room. Details were discussed with the management team and following the inspection written confirmation was received that relevant action had been taken to address these issues.

Review of the most recent fire risk assessment completed on 1 September 2023 evidenced that any actions required had been signed off by management as having been completed.

There was evidence that fire evacuation drills had been completed with the names of the staff members who took part in the drill and a system was in place to ensure that all staff participate in at least one fire evacuation drill yearly.

Personal protective equipment (PPE) and hand sanitising gel was available within the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

During the inspection live music was provided in the afternoon and a number of patients attended this accompanied by staff. Other patients were engaged in their own activities such as; watching TV, resting or chatting to staff. Patients were seen to be content and settled in their surroundings and in their interactions with staff. One patient commented: "Plenty of things to do" but further commented that: "There could be more activities such as cards or bowls". This was shared with the management team and following the inspection written confirmation was received that relevant action had been taken to address this.

Patients commented positively about the food provided within the home with comments such as: "The food is good here", "Different food every day" and "The food is lovely."

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection with Ann's Care Homes as the new provider and Mrs Charmaine Hamilton as the Responsible Individual on 18 October 2023. Mr Martin Anthony McKee remains as the manager. Staff said that the manager was very approachable and accessible.

Review of accidents/incidents records confirmed that relevant persons were notified and a record maintained.

There was evidence that a number of audits were being completed on a regular basis to review the quality of care and other services within the home. The audits completed included an action

plan, the person responsible for addressing the action, a time frame with a follow up to ensure that the necessary action had been taken.

The home was visited each month by a representative of the responsible person to consult with patients, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and were available within the home.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	0	4*

* The total number of areas for improvement includes two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 2 June 2024	The registered persons shall ensure that care plans are developed to address any assessed needs of patients. Ref: 5.1 and 5.2.2 Response by registered person detailing the actions taken: An audit of each resident was carried out by reflecting on the medication prescribed and the preadmission care plans medical history to determine what were the physical needs of each resident. An action plan was formulated for each primary nurse and a timescale given for each physical need to have a prescription of care formulated. Each patient's physical need has a prescription of care on how they are managed to maintain stability and what to do in the event there is a deterioration following review of each primary nurse's action plan.
Area for improvement 2 Ref: Standard 4 Stated: Second time	The registered persons shall ensure that care plans are re-written in the event of significant changes in the needs of patients, and that out of date records are appropriately archived.

<p>To be completed by: 2 June 2024</p>	<p>Ref: 5.1 and 5.2.2</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 2 June 2024</p>	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager has reviewed each patient's file and in doing so was able to oversee that all discontinued care plans were archived appropriately. Furthermore, the implementation of the goldcrest system of documentation that goes live on the 01st of July 2024 gives the manager a central database where they can have oversight of each patients care and what care plans are live and that there is no duplication</p> <p>The registered person shall ensure that where a patient requires pressure area care, a care plan is in place detailing the recommended frequency of repositioning; and that this is accurately reflected and recorded in the corresponding repositioning chart.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>The register manager has initially reviewed the prescriptions of care of each patient and cross referenced these with the care prescription sheets in the supplementary chart file. The supplementary charts are checked daily to see that all repositioning schedules for each patient that requires pressure care reflects the prescription. When the goldcrest system goes live on the 01st of July the manager and nurses from their central computers will have a daily oversight of the repositioning charts completed by the care staff to see that they are within the prescribed timeframe.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 2 June 2024</p>	<p>The registered person shall ensure that where a patient is at risk of dehydration a recommended daily fluid intake target is recorded within the patients care plan and daily fluid intake chart, with the action to take, and at what stage, if the recommended daily fluid target has not been achieved.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>All patients that are deemed at risk of dehydration have now a care prescription in place detailing the risk, what the recommended outcome should be , what each resident at risk daily fluid intake should be, cross referenced with the care prescription and fluid chart and what action should be taken</p>

	after a certain timeframe if the suitable recommended daily fluid target has not been achieved.
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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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