

Inspection Report

Name of Service: Apple Blossom Lodge

Provider: Ann's Care Homes

Date of Inspection: 11 November 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Ann's Care Homes Ltd
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Mr Martin Anthony McKee
Service Profile: This is a registered nursing home which provides nursing care for up to 38 male patients with mental health over and under 65 years of age and up to 13 patients living with dementia. 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 11 November 2025, from 10 am to 6.40 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 2 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; care records, General Data Protection Regulation (GDPR), the environment, management of prescribed topical medication, secure storage of prescribed medication and Control of Substances Hazardous to Health (COSHH).

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. Two areas for improvement relating to medicines management have been carried forward for review at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 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: "This is a great place", "I am very happy here", "The staff are looking after me well", "I feel safe here" and "Everyone (staff) is very good".

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments included: "Marty (manager) is the best manager I have ever had", "I really enjoy working here", "I feel very included here" and "The manager's door is always open".

One relative spoken with during the inspection commented positively regarding the overall provision of care. Comments included: "I find the care in this home very good", "The staff are very friendly and welcoming" and "The care is very person centred".

There was no response to the online survey or questionnaires within the timeframe allocated.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. Review of a sample of patient care records evidenced that there were a number of entries within the recording charts which exceeded the recommended frequency of repositioning as stated within the care plan. An area for improvement was identified.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. A meal time co-ordinator was available

within one of the units to oversee the correct delivery of meals to patients, however, there was no meal time coordinator in the other two units. The manager agreed to have this reviewed 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 very good and lots of variety", "I like the variety of food" and "The food is very good".

The importance of engaging with patients was well understood by management and staff. A schedule of activities was on display within the home offering a range of individual and group activities such as board games, outings, quizzes and music.

Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: "There is plenty to do here and we go out on trips", "There is always activities which I like" and "The activities are very good".

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Confidential patient information was accessible in one area of the home. Details were discussed with the management team and an area for improvement was identified.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment

The home was neat and tidy and patients' bedrooms were personalised with items important to the patient. There was evidence that refurbishment works had been completed since the last care inspection. The management team confirmed that further refurbishment works were on the homes agenda including ongoing painting throughout the home and the replacement of identified furniture and floor coverings.

A malodour was identified in a small number of bedrooms; details were discussed with the management team who agreed to have these rooms reviewed. Following the inspection, written confirmation was received that relevant action had been taken to address this with ongoing monitoring by management.

Observation of a number of bedrooms evidenced that more attention was required to high and low dusting. An area for improvement was identified.

A number of other environmental findings were identified, such as; corrosion to some sanitary ware fixtures, surface damage to a small number of walls, vanity units and doors. These and any other findings were shared with the management team who agreed to have these reviewed. Following the inspection, written confirmation was received that relevant action had been taken to address these findings.

Prescribed topical creams were not securely stored in a number of patient’s bedrooms, some of which had no label or were labelled for another patient. It was further identified that the door to a treatment room was left open with access to prescribed medication. Details were discussed with the management team and areas for improvement were identified.

Corridors and fire exits were clear from clutter and obstruction. A fire risk assessment (FRA) had been completed on the 27 October 2025. Three actions were required following this assessment and these were signed by management as completed.

Cleaning chemicals were easily accessible on a trolley which was unattended outside one of the lounges. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Martin Anthony McKee has been the Manager in this home since 11 February 2022.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

There were systems in place to ensure that accidents and incidents were notified to patients’ next of kin, the Trust and to RQIA. Review of records and discussion with the manager evidenced that a notification had not been submitted for an identified patient and the manager agreed to have this reviewed. Following the inspection, the necessary notification was submitted.

A record of complaints was held within the home. Review of a sample of complaints evidenced that these were appropriately addressed.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	4*	4*

* The total number of areas for improvement includes one regulation and one standard that have been carried forward for review at the next inspection.

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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 23 September 2025</p>	<p>The registered person shall ensure that personal medication records are accurately maintained and up to date with the latest prescription.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2025</p>	<p>The registered person shall ensure that prescribed topical creams are appropriately labelled to denote ownership and are safely and securely stored at all times.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: All vanity unit cupboards have been assessed and safety locks are now in place on all vanity units . Supervision sessions were carried out with nursing and care staff in relation to the safety and storage of topical creams. This also included ensuring appropriate person specific labels in place, with dates of opening. Those found without labels have been replaced immediately with an appropriate label and a date of opening. This will be monitored during Home Managers walk around audits and during monitoring visits.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2025</p>	<p>The registered person shall ensure that prescribed medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.</p> <p>With specific reference to ensuring that the treatment room door is secure.</p> <p>Ref: 3.3.4</p>

	<p>Response by registered person detailing the actions taken: A supervision session has been carried out with all nursing staff in relation to the importance of ensuring that nurse station and treatment room doors are closed and secure when they are leaving/no one in attendance. A reflective account was carried out by the nurse on duty to enhance learning and to reduce the risk of this reoccurring.</p> <p>This will be monitored during Home Managers walk around audits and during monitoring visits</p>
<p>Area for improvement 4 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 11 November 2025</p>	<p>The registered person shall ensure that cleaning trolleys with chemicals are not left unattended in areas where patients have access.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: A supervision session has been carried out with all domestic staff within the home to outline the importance of COSHH and Health and Safety and ensuring their trolleys are within a safe distance when on the units and within their forward facing sight when in use and never left unattended in areas where patients have access. This will be monitored during HM walk arounds and monitoring visits.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 23 September 2025</p>	<p>The registered person should review the process for reconciling controlled drugs at shift handover to ensure that a physical count occurs on all occasions.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>
<p>Area for improvement 2 Ref: Standard 23 Stated: First time To be completed by: 11 November 2025</p>	<p>The registered person shall ensure that patients are repositioned within the recommended frequency as stated within their care plan and reflected within the corresponding repositioning charts.</p> <p>Ref: 3.3.2</p>
	<p>Response by registered person detailing the actions taken: Supervisions were carried out with care staff following the inspection on the importance of repositioning residents within the recommended frequency as stated in their care plans .</p>

	<p>The supervision included the importance of accurate record keeping, in relation to the actual time of the repositioning being reorded on Goldcrest. This will be monitored by the Home Manager/Deputy Manager during ongoing reviews of documentation.</p>
<p>Area for improvement 3 Ref: Standard 37 Stated: First time To be completed by: 11 November 2025</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation (GDPR) and best practice standards. Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: Supervisions were carried out with nurses advising that when they are not in attendance in their nurses station the door is closed and secured leaving no access to data by others . Carers received a supervision on the importance of closing down the laptops when not in use . This should uphold General data protection regulation and best standards expected in relation to records retained in the home which details patient information. This will be monitored during walk arounds by the HM and persons completing monitoring visits to the home.</p>
<p>Area for improvement 4 Ref: Standard 44.1 Stated: First time To be completed by: 11 November 2025</p>	<p>The registered person shall ensure that the home is kept clean and hygienic. With specific reference to high and low dusting within patients bedrooms. Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Following the inspection a supervision was carried out with all domestic staff highlighting the importance of high and low dusting concentrating on areas such as around lampshades, under radiators and behind opened fire doors. A plan was formulated to carry out cleaning duties in a specific bedroom whereby the service user refuses entrance to the domestics to clean when they are in their room. Cleaning schedules, documentation and observations will be carried out during the IPC and Housekeeping audits and during walkarounds by the HM as well as during monitoring visits.</p>

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