

Inspection Report

1 March 2022



Apple Mews

Type of service: Nursing
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

<p>Organisation/Registered Provider: Amore (Watton) Ltd</p> <p>Registered Person/s OR Responsible Individual: Miss Sarah Elizabeth Perez (acting)</p>	<p>Registered Manager: Miss Dawn Elizabeth Rhodie</p> <p>Date registered: Acting capacity</p>
<p>Person in charge at the time of inspection: Miss Dawn Rhodie</p>	<p>Number of registered places: 24</p> <p>A maximum of 6 patients to be accommodated in each of the 4 bungalows. There shall be a maximum of 3 named patients in category NH-PH.</p>
<p>Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 24</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 24 patients.</p> <p>The home is divided in four bungalows, each bungalow accommodating six patients, with their own dedicated team of staff.</p>	

2.0 Inspection summary

This unannounced inspection took place on 1 March 2022 from 10.10am to 2.30pm by a care inspector.

The inspection assessed 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.

All areas of improvement from the previous inspection were reviewed and met.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

It was evident that staff promoted the dignity and well-being of patients, through kind, supportive interactions and attentive care practices.

Two areas requiring improvement were identified. These were in relation to a need for a planned programme of décor to be put in place and a need to review the confusion with the postal address of the home in respect of its actual location.

In accordance with their capabilities, 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.

RQIA were assured that the delivery of care and service provided in Apple Mews was safe, effective, and compassionate and that the home was well led.

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 RQIA will seek to speak with patients, their relatives or visitors and staff 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.

The findings of the inspection were discussed with Miss Dawn Rhodie, Manager at the conclusion of the inspection

4.0 What people told us about the service

We met with 18 patients and 12 staff on this occasion. In accordance with their capabilities all patients appeared comfortable, content and at ease in their environment and interactions with staff.

Staff spoke in positive terms about their roles and duties, staffing levels, training, teamwork and managerial support. Staff also said they felt a good standard of care was provided for and that person centred care was paramount in the home.

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 August 2021		
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	The registered person shall ensure all fire safety checks are maintained on an up to date basis.	Met
	Action taken as confirmed during the inspection: A review of fire safety records confirmed that fire safety checks were maintained on an up-to-date basis.	
Area for Improvement 2 Ref: Regulation 19 (1) (a) Schedule 3.3 (m) Stated: First time	The registered person shall ensure that the identified care records clearly reflect the nutritional needs of patients and the most current and up to date SALT guidance.	Met
	Action taken as confirmed during the inspection: A review of two patients' care records confirmed that these records reflected the nutritional needs and SALT guidance.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 12 Stated: First time	The registered person shall ensure the individual mealtime experience is reviewed and improved upon for the identified patient.	Met
	Action taken as confirmed during the inspection: Discussions with the manager and staff confirmed how the patients' meal time experience was reviewed and is delivered in a person centred basis.	

Area for improvement 2 Ref: Standard 14.31 Stated: First time	The registered person shall ensure that patients' comfort fund monies are held in a separate bank account from patients' personal allowance monies.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff told us that there was enough staff on duty to meet the needs of the patients.

Staff said that they would feel comfortable about reporting any issues of concerns to the manager and felt that either would act positively with any such disclosure. A review of staff training records confirmed that all staff were in receipt of up-to-date training in adult safeguarding.

It was noted that there was enough staff in each of the bungalows in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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.

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. Staff were seen to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Patients' needs were assessed 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. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy with no patient areas of clutter. Corridor and bedroom areas in two of the bungalows were in need of painting due being tired in appearance and scratched and marked. This was discussed with the manager in terms of securing additional workforce to address this. This has been identified as an area of improvement.

Patients' bedrooms were personalised with items important to the patient.

Fire safety measures were in place with regular and up-to-date fire safety checks in the environment. All staff had received up-to-date training in fire safety and fire safety drills.

An area of improvement was identified with an issue of confusion around the postal address of the home. The address of the home was not accurate in terms of its actual location. The address or the location of the home was not also accessible in a satellite navigation platform. This had a potential of a delay in the event of a response from emergency services. This was discussed with the manager. This situation needs to be reviewed with subsequent appropriate action(s) put in place.

There was evidence that Apple Mews had systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with the Department of Health (DoH) and IPC guidance.

5.2.4 Quality of Life for Patients

At the time of this inspection a small number of patients had enjoyed a bus outing with staff, other patients were seen to be engaged in pastimes of choice or relaxing. Staff interactions with patients were found to be polite, friendly, warm and supportive. Patients were dressed well in suitable attire. The atmosphere and ambience in the home was relaxed, pleasant and comfortable.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Staff said that they were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA. Review of a sample of two of these reports found these to be appropriately maintained.

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 (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	3*

* The total number of areas for improvement includes one which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Dawn Rhodie, Manager, 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 (April 2015)	
Area for improvement 1 Ref: Standard 14.31 Stated: First time To be completed by: 15 November 2019	The registered person shall ensure that patients' comfort fund monies are held in a separate bank account from patients' personal allowance monies. Ref: 5.1
	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.
Area for improvement 2 Ref: Standard 44 Stated: First time To be completed by: 8 April 2022	The registered person shall put in place a time bound plan to address the deficits in the paintwork particularly in two of the bungalows. Ref: 5.2.3
	Response by registered person detailing the actions taken: A refurbishment plan has been put in place alongside a timeline of redecoration. Quotes have been obtained for bungalows 3 and 4 which were identified during the Inspection process. Date of commencement to be confirmed.
Area for improvement 3 Ref: Standard 47.1 Stated: First time To be completed by: 1 May 2022	The registered person shall put in place a review of the inaccuracy of the home's postal address and associated risk pertaining to this with subsequent appropriate action. Ref: 5.2.3
	Response by registered person detailing the actions taken: This has been addressed to the local council and postal office unfortunately we are unable to change the address. As an alternative we are currently liasing with a local sign company to purchase adequate signage to identify the site whereabouts.

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



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