



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Apple Mews
2 July 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 02 July 2015 from 10:00 to 15.30.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall 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 28 April 2014.

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	1	0

The total number of requirements and recommendations above includes both new and those that have been 'restated'.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Priory (Watton) Ltd	Registered Manager: Dawn Elizabeth Rhodie (acting)
Person in Charge of the Home at the Time of Inspection: Dawn Elizabeth Rhodie	Date Manager Registered: 8 June 2015 (acting)
Categories of Care: NH-LD, NH-LD(E)	Number of Registered Places: 30
Number of Patients Accommodated on Day of Inspection: 30	Weekly Tariff at Time of Inspection: £1641 - £2806

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

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

Prior to inspection the following records were analysed:

- notifiable events submitted 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 plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with two patients, three care staff and four nursing staff.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- five patient care records
- staff training records
- complaints records
- policies for communication and end of life care
- policies for dying and death and palliative and end of life care.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 12 May 2015. The completed QIP was returned and approved by the pharmacy inspector.

Review of Requirements and Recommendations from the last care inspection on 29 April 2014.

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the patient's assessment of needs is revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of five care records identified that the assessment of needs had not been consistently revised. This was discussed with the manager who provided assurances that this matter would be addressed.</p> <p>This requirement is made for the second time.</p>	<p>Not Met</p>
<p>Requirement 2</p> <p>Ref: Regulation 12 (4) (d) (e)</p> <p>Stated: First time</p>	<p>The registered person shall provide choice for the patients; and that the menu is varied at suitable intervals.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that a four week cycle menu was in place. Patients were offered choice at meal times and an alternative meal provided, if required.</p>	<p>Met</p>

<p>Requirement 3</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p>	<p>It is required that staff, as appropriate, be trained in the following areas;</p> <p>Dysphagia awareness Fortification of foods Preparation and presentation of pureed meals Use of food/fluid thickening agents</p> <hr/> <p>Action taken as confirmed during the inspection: A review of training records confirmed that all staff had received training on dysphagia awareness; fortification of foods; preparation and presentation of pureed meals; and the use of thickening agents. Competency was also assessed on induction.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>It is required that an assistant cook be employed.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed that an assistant cook had been employed and was working in the home.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 13 (4) (b)</p> <p>Stated: First time</p>	<p>The registered person shall make suitable arrangements for any medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed, and to no other patient</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed that thickening agents were only used for patients for whom they were prescribed.</p>	<p>Met</p>

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 12 Stated: First time	It is recommended that the following be addressed; The use of pictures to enable patients to identify food The provision of table settings including condiments.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that picture menus were available and in use on the day of inspection. Condiments were observed on each table and were offered to the patients.	
Recommendation 2 Ref: Standard 12 Stated: First time	It is recommended that information in regard to each patient's nutritional needs including aids and equipment recommended to be used be held in each bungalow for easy access by staff.	Met
	Action taken as confirmed during the inspection: Placemats that detailed each patient's nutritional needs and recommended equipment were available in each bungalow.	
Recommendation 3 Ref: Standard E10 Stated: First time	It is recommended that appropriate ventilation be provided in the kitchen of each bungalow.	Met
	Action taken as confirmed during the inspection: Air conditioning units were in place in each kitchen. The temperature was comfortable.	
Recommendation 4 Ref: Standard 6.2 Stated: First time	It is recommended that all entries in care records be dated, timed and signed with the signature accompanied by the designation of the signatory.	Met
	Action taken as confirmed during the inspection: A review of care records identified that the majority of entries were signed and dated, accompanied by the designation of the signatory. However there was a small number identified where the designation of the signatory was not present. This was discussed with the manager who provided assurances that individual supervisions would take place to address this matter.	

Recommendation 5 Ref: Standard 13.5 Stated: First time	It is recommended that an additional activity therapist be employed. Action taken as confirmed during the inspection: There are five activity coordinators employed in the home.	Met
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5.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on breaking bad news. Discussion with two registered nursing staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of staff training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives. This training included the procedure for breaking bad news as relevant to staff roles and responsibilities. Four registered nurses spoken with were knowledgeable about the important aspects to consider when communicating sensitively with patients. Communication was included in all staff inductions to the home and in the competency and capability assessments of all registered nurses taking charge of the home in the manager's absence.

The care records reviewed evidenced that patients and/or their representatives were consulted regarding their care.

Is Care Effective? (Quality of Management)

A review of five care records evidenced that, patients' individual needs and wishes regarding end of life care had been addressed. The care plans included reference to the patient's specific communication needs, including learning disability, sensory impairment and cognitive ability. The records reviewed evidenced that the breaking of bad news was discussed with patients and/or their representatives; options and treatment plans were also discussed, where appropriate.

Four nursing staff consulted with demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by describing examples of how they would consider environmental factors, privacy, use of body language and tone of voice. All staff consulted acknowledged the patients cognitive ability and that they would take this into consideration in providing sufficient time to allow the patient to ask questions.

There was evidence within all of the care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

The manager confirmed that training in bereavement and end of life care was planned for all staff.

Is Care Compassionate? (Quality of Care)

Discussion with staff and the manager confirmed that communication regarding the theme of this inspection was of a high standard.

A number of staff interactions were observed. Patients were observed to be treated with respect and dignity. Staff were observed using a respectful tone of voice with patients and responded sensitively when patients required assistance.

One compliment letter was reviewed from a past family member. It reflected their appreciation that the staff sat with the patient as they were nearing end of life and the compassion shown by staff afterwards.

Areas for Improvement

There were no requirements or recommendations made regarding this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

The manager is currently undertaking a Care to Learn programme that is provided by the National Council for Palliative Care. When this is completed, the manager will be the nominated palliative care link nurse for the home.

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. It is intended that these documents are updated to reflect best practice guidance such as the GAIN Palliative Care Guidelines, November 2013. The current document included guidance on the management of the deceased person's belongings and personal effects. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the GAIN Palliative Care Guidelines, November 2013.

Training records evidenced that care staff had attended training on palliative care. This training included communication skills, the principles of palliative care, identifying when patients were entering the terminal phase of life, care of the dying patient and bereavement. Training is scheduled, in conjunction with Northern Ireland Hospice, for registered nurses and carers.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with two registered nursing staff confirmed their knowledge of the protocol.

Discussion with four nursing staff confirmed that:

- arrangements were in place for staff to make referrals to specialist palliative care services, if required.
- staff were proactive in identifying when a patient's condition was deteriorating.

There was no specialist equipment, in use in the home on the day of inspection. The training needs of registered nurses were discussed with the registered manager who provided assurances that training in the use of syringe drivers would be accessed through the local healthcare trust nurse.

Is Care Effective? (Quality of Management)

There were no patients considered as being at end of life in the home during the inspection and there were no patients recognised as requiring palliative care.

The inspector reviewed a new care plan template, entitled 'When I am sick or might die'. This included information on where patients would like to be cared for if they were dying, who they would like to be contacted, funeral arrangements, readings, music and floral arrangements. It is intended that patients will have this care plan completed, as appropriate. This innovative practice is to be commended.

A review of five care records evidenced that patients' needs were assessed and reviewed on an ongoing basis and documented in patient care plans. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

Discussion with the manager, four registered nurses, three care staff and a review of care records evidenced that environmental factors would be considered when a patient was at end of life. Management has made reasonable arrangements for relatives/representatives to be with patients who are ill or dying. Staff informed the inspector that meals and refreshments would be provided to family members during this time.

A review of notifications of death to RQIA during the previous inspection year evidenced that all had been appropriately reported.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of five care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences. Nursing staff were able to demonstrate an awareness of patient's expressed wishes and needs in respect of Do Not Attempt Resuscitation (DNAR) directives, as identified in their care plan. One registered nurse consulted with described that she was privileged to be involved in a patient's funeral plan.

Arrangements were in place in the home to facilitate, as far as possible, the patient's wishes for family/friends to spend as much time as they wish with the person.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. A remembrance ceremony had also been held in the home for a former patient. All staff consulted with described this as very helpful.

From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included 1:1 support from the manager and support through staff meetings. Information regarding bereavement support services was available and accessible for staff, patients and their relatives.

Areas for Improvement

There were no requirements or recommendations made regarding this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

Complaints

A review of the complaints in the previous inspection year confirmed that records were appropriately maintained.

Staffing

Staffing arrangements were reviewed and deemed to be appropriate to meet patients' assessed needs.

Comments by staff, patients and patient representatives

As part of the inspection process patients, their representatives and staff were consulted and questionnaires issued.

Questionnaire's issued to	Number issued	Number returned
Staff	10	10
Patients	2	2
Patients representatives	10	3

All comments on the returned questionnaires were positive. Some comments received are detailed below:

Staff

Staff spoken with were positive regarding the home and the management. They raised no concerns in discussion. Ten staff members completed questionnaires and all were satisfied with the training and services provided in the home, in relation to end of life and palliative care. The following comments were made:

'I can see how well treated and looked after the residents are'
 'Our support maximises potential of choice and independence'
 'Clients appear happy'

‘Staff have formed therapeutic relationships with the patients’
 ‘The quality of care is excellent’
 ‘Each patient is treated with the upmost care and respect they deserve’
 ‘Emphasis is on patient centred care and improving quality of life’
 ‘It is an honour to be on a patient’s funeral plan’
 ‘If the patients want something special, we will get it for them’

Patients’ representatives

The following comments were made by relatives/representatives in three returned questionnaires;

‘We are grateful for the care and attention (my relative) receives’
 ‘If (my relative) complains, the response is instant’
 ‘Since coming to live at Apple Mews, (my relative) seems happier’

Registered Manager Status

The deputy manager is currently managing the home in an ‘acting’ capacity, in the absence of the registered manager. The responsible person is reminded to submit an application form to RQIA in respect of the manager’s registration as soon as practicable.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the manager 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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 15 (2) (b) Stated: Second time To be Completed by: 30 August 2015	<p>The registered person shall ensure that the patient's assessment of needs is revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Assessment of Needs has been reviewed for all residents under the current documentation format. It is envisaged that this will also now change to reflect the Craegmoor documentation, which, I will oversee to ensure that this is reviewed as necessary by the Primary Nurses.</p>
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Registered Manager Completing QIP	Dawn Rhodie (acting)	Date Completed	28/08/15
Registered Person Approving QIP	Sarah Hughes	Date Approved	28/08/2015
RQIA Inspector Assessing Response	Aveen Donnelly	Date Approved	02/09/2015

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

Please provide any additional comments or observations you may wish to make below:

**Please complete in full and returned to RQIA nursing.team@rqia.org.uk **