

Inspection Report

3 August 2021



Apple Mews

Type of service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual: Mrs Nicola Cooper	Registered Manager: Mrs Kayleigh Hunniford Date registered: 08 November 2019
Person in charge at the time of inspection: Dawn Rhodie	Number of registered places: 24 3 named patients in category – NH- PH A maximum of 6 patients to be accommodated in each of the 4 bungalows.
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 24
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 with a learning disability. The home comprises of four six bedded bungalows on the same site.	

2.0 Inspection summary

An unannounced inspection took place on 3 August 2021 from 10:00 am to 18:00 pm 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.

The home consists of four separate bungalows on one site. Inspection of the bungalows found them to be clean, tidy and fresh smelling throughout. Interactions between patients and staff were observed to be warm and friendly, with time taken to engage with patients on an individual level.

For those patients spoken with that could share their views with regards to living in the home comments received were positive about their experience. For patients that were not able to share their views they were observed to be clean and tidy in appearance and appeared relaxed within the home environment.

Staff showed good knowledge of the individual needs of patients and were aware of their likes and dislikes. Staff were observed engaging in conversation with patients about topics they were interested in including for example football and music.

There were systems in place to ensure regular monitoring of the quality of the service provided. Arrangements were in place to support a period of managerial change.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care and provided care in a compassionate manner.

Areas requiring improvement were identified in relation to the mealtime experience, care records and fire safety checks.

RQIA were satisfied that the delivery of care and service provided in Apple Mews was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

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 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.

Questionnaires and 'Tell Us' cards 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 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 Dawn Rhodie Person in Charge and the regional manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we met with 20 patients and eight staff. In accordance with their capabilities patients spoke positively about the care they received and their life in the home. For patients who were not able to express their views they were found to be clean and tidy in appearance and relaxed within the home environment and in their interactions with staff.

There were systems in place to ensure staff received regular training, and staff explained how they would raise concerns if they felt the need to do so. Staff confirmed there was good teamwork in the home though at times staffing cover was stretched due to the ongoing impact of the Covid 19 pandemic.

Staff told us the needs and wishes of the patients were very important to them. It was noted that staff responded to patients in a caring and compassionate manner. One patient said “I love it here, the staff are very good to me they help me a lot.”

There were no questionnaires returned within the identified timescale and no responses were received from the staff online survey.

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 5 November 2020		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for Improvement 1 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 taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. Staff completed an induction upon commencement of employment within the home. Competency and capability assessments had been completed for all nurses that were left in charge of the home in the manager's absence. In addition regular checks were maintained to ensure staff remained registered with their professional body including the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

Staff said there was good team work and that they felt well supported in their role. Staff said planned staffing levels were usually maintained but that they could be stretched on occasions. Staff said if there was short notice absence every effort would be made to get cover.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge within each bungalow.

The Person in Charge told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. It was noted during the inspection that there was enough staff 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.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful and understanding to patients' needs. Staff were observed engaging with patients by chatting about their personal interests including favourite football teams and pass times.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

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.

Observations and discussion with staff during the inspection showed one patient required a specific routine and level of assistance at mealtimes. The need to ensure the mealtime experience was reviewed and improved upon for the identified individual including the provision of appropriate equipment and the promotion of a person centred experience was discussed. An area for improvement was identified.

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 largely well maintained and regularly reviewed and updated to ensure they continued to meet the patients' needs. However it was noted from two of the care records reviewed one did not accurately reflect the nutritional needs of the patient, whilst another contained conflicting Speech and Language Therapy (SALT) guidance. The need to ensure current guidance was clearly available and outdated information removed to avoid causing confusion was discussed. An area for improvement was identified in relation to clear nutritional and SALT information being maintained in patients care records.

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.

Each patient had an annual review of their care, arranged by their care manager or Trust representative.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that each bungalow was clean, tidy and well maintained.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Discussion with the senior manager confirmed plans were in place for general improvement to paintwork within the bungalows. Progress with this work shall be followed up during the next inspection.

Corridors were kept clear and free from obstruction within each bungalow. Review of fire safety checks showed these had not been maintained on an up to date basis. An area for improvement was identified.

There was evidence that there were systems and processes 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 personal protective equipment (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 management and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Patients

Discussion with patients and staff confirmed that patients were encouraged to choose how they spent their day. One patient shared how they enjoyed receiving the daily newspaper and watching football on TV. For patients that were less able to express their preferences activity planners were in place to ensure patients had the opportunity to participate in activities they were known to enjoy for example musical or sensory experiences as well as being supported to access local community events.

The activities coordinator outlined how events were planned according to the interests and preferences of patients. Patients had access to an activities area that was bright and engaging that consisted of a number of themed areas, including music, cooking and reminiscence. Staff stated with regards to working in the home and providing activities "it's a good place staff are very proactive they do a lot of planned activities, and schedule regular bus outings."

It was observed that patients were offered choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear food and drink options, and where and how they wished to spend their time. For example some spent time in their bedrooms during the day whilst others relaxed in communal areas.

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 arrangements were in place with positive benefits to the physical and mental wellbeing of patients reported.

5.2.5 Management and Governance Arrangements

Prior to the inspection RQIA had been informed of pending managerial change, a senior manager who was present during the inspection advised arrangements were in place to ensure a smooth transition. The senior manager also advised there was an increased senior management presence in the home to help oversee the change.

There was evidence of a regular system of auditing 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.

There was an identified safeguarding champion for the home. It was established that there was clear systems and processes in place to manage the safeguarding and protection of vulnerable adults.

Review of the home’s record of complaints confirmed that there was a system in place to manage complaints. The person in charge confirmed complaints were used as a learning opportunity to improve practice or the quality of services provided by the home. This is good practice.

Staff 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.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

It was established that there was a system in place to monitor/ audit accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients’ next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider 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.

6.0 Conclusion

Based on the inspection findings three new areas for improvement were identified in relation to the mealtime experience, care records and completion of fire safety checks. One area for improvement has been carried forward from a previous inspection.

Patients were observed to be well presented with obvious time and attention given to their personal care. Interactions between patients and staff were warm and friendly. Each bungalow was clean, tidy and fresh smelling. The staff were aware of how to raise any issues or concerns. The senior manager outlined the arrangements in place to ensure stability during a period of managerial change.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	2	*2

Areas for improvement and details of the Quality Improvement Plan were discussed with Dawn Rhodie, Person in Charge, as part of the inspection process. The senior regional manager was also present for feedback at the conclusion of the inspection. The timescales for completion commence from the date of inspection. *One area for improvement has been carried forward from a previous inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27.(2) (d) Stated: First time To be completed by: 4 August 2021	The registered person shall ensure all fire safety checks are maintained on an up to date basis. Ref: 5.2.3 Response by registered person detailing the actions taken: Fire risk assessment has been completed by external inspector. Maintenance personnel completes weekly and monthly fire checks, this is reflected in the maintenance files. As requested Bramley Cottage has their separate fire risk assessment completed.
Area for improvement 2 Ref: Regulation 19.(1) (a) Schedule 3 - 3. (m) Stated: First time To be completed by: 4 August 2021	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. Ref: 5.2.2 Response by registered person detailing the actions taken: Residents care plans have been updated to reflect up to date SALT Guidance. All staff have been made aware to update all care plans and documentation to reflect accurate information. Staff were reminded to use correct terminology and refer to the IDDSI framework for guidance.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: 5 August 2021	The registered person shall ensure the individual mealtime experience is reviewed and improved upon for the identified patient. Ref: 5.2.2 Response by registered person detailing the actions taken: Staff have been educated on the importance of meal time experience. A small dining table has been ordered and received on site for the identified patient. Monthly meal time and dining experience audits are completed in each bungalow.

<p>Area for improvement 2</p> <p>Ref: Standard 14.31</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients' comfort fund monies are held in a separate bank account from patients' personal allowance monies.</p> <p>Ref: 5.1</p>
<p>To be completed by: 15 November 2019</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>

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