

Announced Enforcement Compliance Inspection 4 October 2016



Apple Mews

Type of Service: Nursing Home
Address: 95 Cathedral Road, Armagh, BT61 8AB
Tel no: 028 3751 7840
Inspector: Sharon Loane & Linda Thompson

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced enforcement compliance inspection of Apple Mews took place on 4 October 2016 from 09.00 to 11.30 hours.

The purpose of the inspection was to assess the level of compliance achieved by the home regarding the two failure to comply notices issued on 6 July 2016. The areas for improvement and compliance with regulation were in relation to staffing arrangements (FTC/NH/12117/2016-17/01) and governance arrangements (FTC/NH/12117/2016-17/02). The date for compliance with the notices was 4 October 2016.

FTC Ref: FTC/NH/12117/2016-17/01

FTC Ref: FTC/NH/12117/2016-17/02

Evidence was available to validate full compliance with the above two failure to comply notices.

This inspection was underpinned by The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	*3	*5

The requirements and recommendations above have been carried forward from the last care inspection.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sarah Hughes, responsible person, Samuel Warren, home manager (acting), and Amanda Leitch recently appointed home manager as part of the inspection process.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced enforcement compliance inspection undertaken on 5 September 2016.

The purpose of the inspection was to assess the level of compliance achieved by the home regarding the two failure to comply notices issued on 6 July 2016.

Evidence was not available to validate full compliance with the above two failure to comply notices. However, there was evidence of some improvement and progress made to address the required actions within the notices. Following the inspection, RQIA senior management held a meeting on 6 September 2016 and a decision was made to extend the compliance date up to the legislative timeframe of 90 days to allow Apple Mews to address the breaches of regulation. Compliance with the notices must be achieved by 4 October 2016.

2.0 Service details

Registered organisation/registered person: Parkcare Homes No2 Ltd/Mrs Sarah Hughes	Registered manager: See below
Person in charge of the home at the time of inspection: Samuel Warren	Date manager registered: Acting – No application received
Categories of care: NH-LD, NH-LD(E)	Number of registered places: 30

3.0 Methods/processes

Prior to inspection we analysed the following records:

- The requirements as indicated in the failure to comply notices
FTC Ref: FTC/NH/12117/2016-17/01
FTC Ref: FTC/NH/12117/2016-17/02
- the written registration of the home
- written and verbal communication received by RQIA since the last care inspection
- the previous care inspection report
- notifications received since the last inspection.

The following information was examined during the inspection:

- a discussion with the home manager (acting), recently appointed manager and senior management representatives
- discussion with staff
- observation during an inspection of the five bungalows
- a review sample of duty rotas
- a review of training records
- a review of staff supervisions
- a review of staffing contingency information
- discussion regarding monthly unannounced monitoring reports for maintained in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of the homes environment was undertaken and included observations of a sample bedrooms, bathrooms, lounges, dining rooms, kitchen areas and storage areas within all five bungalows. Senior management accompanied the inspectors to discuss the improvements made in each bungalow since the last inspection and planned actions.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 05 September 2016

The most recent inspection of the home was an announced enforcement monitoring inspection. The report was issued on 28 September 2016 and the QIP is due for return by 26 October 2016. The QIP was not fully validated due to the enforcement compliance focus of this inspection. Whilst the deadline for return of the previous QIP has not yet been reached compliance has been demonstrated during this inspection in some areas. Other requirements and recommendations have been carried forward for validation at the next care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 05 September 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14 (4) Stated: Second time	The registered person shall ensure that patients who have made an active choice to rise early (prior to 07.00) are assisted to do so. These decisions must be in the patient’s best interest. Care plans should be detailed to include the rationale for this practice and be reviewed at regular intervals.	To be validated at the next care inspection
	Action taken as confirmed during the inspection: This requirement was not examined at this inspection and will be carried forward until the next care inspection.	

<p>Requirement 2</p> <p>Ref: Regulation 20 (1)(c)(iii)</p> <p>Stated: First time</p>	<p>The registered person must ensure that training is provided to all relevant staff in respect of cleaning practices and its documentation. This area should be closely monitored to ensure that the training is embedded into practice and that the kitchen is maintained clean. Records should be retained of the monitoring process.</p> <p>Action taken as confirmed during the inspection: This requirement was not examined at this inspection and will be carried forward until the next care inspection.</p>	<p>To be validated at the next care inspection</p>
<p>Requirement 3</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p>	<p>The registered person must ensure that suitable arrangements are put in place to ensure that meals are transported in a safe manner and appropriate checks are completed and recorded in keeping with food safety guidelines.</p> <p>Action taken as confirmed during the inspection: A discussion with management and catering staff evidenced that suitable arrangements have been sought and put into place to ensure that meals are transported safely. Staff advised that appropriate checks are completed and recorded accordingly. These records were not examined in detail.</p> <p>This requirement has been met.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 13 (8) (a)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the nursing home is conducted in a manner which respects the privacy and dignity of patients.</p> <p>This requirement is made specifically in relation to the areas identified in section 4.5.</p> <p>Action taken as confirmed during the inspection: Appropriate actions have been taken to ensure that the privacy and dignity of patients is maintained.</p> <p>Privacy screening in addition to suitable curtains have been installed in the identified bedrooms. A wardrobe has been installed in the identified bedroom. Storage arrangements for patients clothing was found to be satisfactory.</p> <p>This requirement has been met.</p>	<p>Met</p>

Requirement 5 Ref: Regulation 13 (1) (a)(b) Stated: First time	<p>The registered person must undertake a review of all accidents and incidents to include the incident identified at this inspection. Evidence should be retained of any actions taken to ensure the health and welfare of patients.</p> <p>Action taken as confirmed during the inspection: This requirement was not examined at this inspection and will be carried forward until the next care inspection.</p>	To be validated at the next care inspection
Last care inspection recommendations		
Recommendation 1 Ref: Standard 23 Stated: Second Time	<p>It is recommended that repositioning charts should contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning and the actual positional change is recorded. Records should reflect the care delivered/not delivered.</p> <p>Action taken as confirmed during the inspection: This recommendation was not examined at this inspection and will be carried forward until the next care inspection.</p>	To be validated at the next care inspection
Recommendation 2 Ref: Standard 4 Criteria 7 Stated: First Time	<p>It is recommended that registered nurses ensure that care plans are evaluated using meaningful statements and information and any changes in regards to the treatment and care are recorded accordingly.</p> <p>Action taken as confirmed during the inspection: This recommendation was not examined at this inspection and will be carried forward until the next care inspection.</p>	
Recommendation 3 Ref: Standard 4 Criteria 9 Stated: First Time	<p>It is recommended that a record is developed and maintained for any patient who requires additional levels of supervision and monitoring to ensure that the patients assessed need is met in accordance with their plan of care.</p> <p>Action taken as confirmed during the inspection:</p>	To be validated at the next care inspection

	This recommendation was not examined at this inspection and will be carried forward until the next care inspection.	
Recommendation 4 Ref: Standard 46 Criteria 4 Stated: First time	It is recommended that staff is provided with training in infection control that is commensurate with their work activities and responsibilities.	Met
	Action taken as confirmed during the inspection: A review of training records evidenced that this recommendation was met.	
Recommendation 5 Ref: Standard 12 Criteria 1 Stated: First time	The menu should be reviewed to ensure that patients are provided with a nutritious and varied diet, which meets their individual dietary needs and preferences. A record should be retained of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.	To be validated at the next care inspection
	Action taken as confirmed during the inspection: This recommendation was not examined at this inspection and will be carried forward until the next care inspection.	
Recommendation 6 Ref: Standard 5 Criteria 4 Stated: First Time	The registered person should ensure the reasons and decisions for restrictive practices in relation to the use of the key pads installed in Bramley Cottage are recorded in the patient's care plan.	Met
	Action taken as confirmed during the inspection: A discussion with staff and Trust representatives available at the time of inspection advised that care records reflected any decisions made in this regard. Staff as identified above was observed reviewing the care records in this regard. The care records were not reviewed by inspectors at this inspection. This recommendation was met.	
Recommendation 7 Ref: Standard 39 Criteria 4 Stated: First Time	The registered person should provide training for staff commensurate with their roles and responsibilities in the management of accidents and incidents to include head injuries. Records should be kept of training.	To be validated at the next care inspection
	Action taken as confirmed during the inspection:	

	This recommendation was not examined at this inspection and will be carried forward until the next care inspection.	
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4.3 Inspection findings

4.3.1 FTC Ref: FTC/NH/12117/2016-17/01

Notice of Failure to Comply with Regulation 20 (1) (a) and (c) (i) of the Nursing Homes Regulations (Northern Ireland) 2005

The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –

- (a) ensure that all at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients;
- (c) ensure that persons employed by the registered person to work at the nursing home receive –
 - (i) appraisal, mandatory training and other training appropriate to the work they are to perform;

Since the last inspection the home manager has reviewed the layout of the staffing duty rota. A sample review of the duty rota evidenced that it was maintained in accordance with DHSSPS Care Standards for Nursing Homes, 2015. Significant improvements have been made to the template used for recording the staffing duty, the template was easily understood, and the registered manager's hours were recorded on the rota for each bungalow. The rota also identified the members of staff that were trained in various specialised areas of practice. This action was met.

As discussed above the registered manager's hours and the capacity in which they worked were clearly identified in the duty rota available for each bungalow. A second record was available which included the identity of the registered nurse in charge of each bungalow and also the person in charge of the home in the absence of the registered manager. The record also included details of the person who was designated to provide regional cover for the home at weekends. This action was met.

Discussion and a review of information evidenced that 66 staff were trained in the administration of Buccal Midazolam. Additional dates were in place for October and December 2016 for the remaining staff to complete this training. As previously discussed, the duty rota identified the members of staff in each bungalow who were trained in this area of practice. This is good practice. This action has been met.

Discussion and a review of information evidenced that 98 per cent of registered nurses and 95 per cent of support staff had completed training in Food Hygiene and 91 per cent of registered nurses and 59 per cent of support workers had completed training in Emergency First Aid. Arrangements were in place for additional staff to complete training in these identified areas of practice. A review of information evidenced that the home had achieved 98 per cent compliance, with mandatory training requirements. This action was met.

Evidence was available at this inspection and the previous inspection to validate full compliance with the actions of the failure to comply notice.

4.3.2 FTC Ref: FTC/NH/12117/2016-17/02

Notice of Failure to Comply with Regulation 10 (1) (a) of the Nursing Homes Regulations (Northern Ireland) 2005

The registered person and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

A review sample of staff duty rotas' evidenced that whilst some staff were still continuing to work excessive hours this was being managed more effectively. Staff who are still working excessive hours are receiving additional supervision to ensure that there is no negative impact on their own health and welfare. The home manager advised that a staffing analysis has been completed and as an outcome three agency registered nurses have been blocked booked for a three month period and that this corrective action will mean that staff should not have to work excessive hours. This action was met.

Discussion with management and a review of information evidenced that robust systems have been developed to ensure that staff are suitably trained to deliver safe and effective care to patients. Competency and capability assessments have been completed for all registered nurses in charge of a bungalow and also for overall charge of the home. This action has been met.

The home manager advised that since the last inspection, the operational manager has met with them and discussed the purpose of the Regulation 29 visits and the reports generated as an outcome. The home manager demonstrated their knowledge in regards to their role and responsibilities in relation to same. The completed reports are now shared with staff in each bungalow and relevant others. This action was met.

Since the last inspection, an environmental audit has been carried out for all five bungalows and an action plan has been developed. At this inspection, all five bungalows were examined by the inspectors and it was acknowledged that considerable improvements have been made. All of the bungalows have been repainted and a number of furnishings replaced. There was evidenced of works in progress during the inspection process and a plan of works still to be completed. This action has been met.

Discussion with the home manager evidenced that a more robust system has been implemented to manage the submission of notifications in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. The home manager advised that they now complete a daily walk around of each bungalow and discuss any accidents and incidents that have occurred with the registered nurse in charge. The home manager peer reviews all notifications prior to them being submitted to RQIA to ensure that they have been completed accurately in accordance with guidance information. This action was met.

Evidence was available at this inspection and the previous inspection to validate full compliance with the actions of the failure to comply notice.

Areas for improvement

No new areas for improvement were identified at this inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 14 (4) Stated: Second time Carried forward until the next inspection	<p>The registered person shall ensure that patients who have made an active choice to rise early (prior to 07.00) are assisted to do so. These decisions must be in the patient's best interest. Care plans should be detailed to include the rationale for this practice and be reviewed at regular intervals.</p> <p>Ref: Section 4.2</p> <hr/> <p>Response by registered provider detailing the actions taken: Early rising information within care plans Template for all residents who request and need to be supported with an early rise</p>
Requirement 2 Ref: Regulation 20 (1)(c)(iii) Stated: First time Carried forward until the next inspection	<p>The registered person must ensure that training is provided to all relevant staff in respect of cleaning practices and its documentation. This area should be closely monitored to ensure that the training is embedded into practice and that the kitchen is maintained clean. Records should be retained of the monitoring process.</p> <p>Ref: Section 4.2</p> <hr/> <p>Response by registered provider detailing the actions taken: Kitchen Audits in place Food safety for food handling training (98.4% across the site) Infection control (90.7% across the site)</p>
Requirement 3 Ref: Regulation 13 (1) (a)(b) Stated: First time Carried forward until the next inspection	<p>The registered person must undertake a review of all accidents and incidents to include the incident identified at this inspection. Evidence should be retained of any actions taken to ensure the health and welfare of patients.</p> <p>Ref: Section 4.2</p> <hr/> <p>Response by registered provider detailing the actions taken: Supervision with the service user involved in relation to his care plan. Supervision with one nurse on head injury. Guidance on suspected head injury. Care plan review specific to one service user. First aid training stats - nurses 95.65%, support workers 59.37%, other support staff 66.66%.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 23</p> <p>Stated: Second Time</p> <p>Carried forward until the next inspection</p>	<p>It is recommended that repositioning charts should contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning and the actual positional change is recorded. Records should reflect the care delivered/not delivered.</p> <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken: Tissue viability records in place. Tissue viability training ongoing.</p>
<p>Recommendation 2</p> <p>Ref: Standard 4 Criteria 7</p> <p>Stated: First Time</p> <p>Carried forward until the next inspection</p>	<p>It is recommended that registered nurses ensure that care plans are evaluated using meaningful statements and information and any changes in regards to the treatment and care are recorded accordingly.</p> <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken: Evidence of training in legal aspects of accountability with regards to record keeping.</p>
<p>Recommendation 3</p> <p>Ref: Standard 4 Criteria 9</p> <p>Stated: First Time</p> <p>Carried forward until the next inspection</p>	<p>It is recommended that a record is developed and maintained for any patient who requires additional levels of supervision and monitoring to ensure that the patients assessed need is met in accordance with their plan of care.</p> <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken: Evidence on duty rota allocation.</p>
<p>Recommendation 4</p> <p>Ref: Standard 12 Criteria 1</p> <p>Stated: First time</p> <p>Carried forward until the next inspection</p>	<p>The menu should be reviewed to ensure that patients are provided with a nutritious and varied diet, which meets their individual dietary needs and preferences. A record should be retained of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.</p> <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken: Menus available. Nutrition files</p>

<p>Recommendation 5</p> <p>Ref: Standard 39 Criteria 4</p> <p>Stated: First Time</p>	<p>The registered person should provide training for staff commensurate with their roles and responsibilities in the management of accidents and incidents to include head injuries. Records should be kept of training.</p> <p>Ref: Section 4.2</p>
<p>Carried forward until the next inspection</p>	<p>Response by registered provider detailing the actions taken:</p> <p>Guidance on suspecting a head injury. First aid training stats - nurses 95.65%, support workers 59.37%, other support staff 66.66%.</p>

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