

# Unannounced Care Inspection Report 5 November 2020



## Apple Mews

**Type of Service: Nursing Home (NH)**  
**Address: 95 Cathedral Road, Armagh, BT61 8AB**  
**Tel No: 028 3751 7840**  
**Inspector: Bronagh Duggan**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

**1.0 What we look for**



**2.0 Profile of service**

This is a nursing home registered to provide nursing care for up to 30 persons living with a learning disability. The home comprises of five six bedroom bungalows on one site.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Armore (Watton) Limited  <b>Responsible Individual(s):</b> Nicola Cooper	<b>Registered Manager and date registered:</b> Kayleigh Hunniford
<b>Person in charge at the time of inspection:</b> Kayleigh Hunniford	<b>Number of registered places:</b> 30
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability LD(E) – Learning disability – over 65 years	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 23

### 4.0 Inspection summary

An unannounced inspection took place on 5 November 2020 from 09.45 to 16.45. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	*1

One area for improvement has been carried forward for review from a previous inspection. Findings of the inspection were discussed with Kayleigh Hunniford, manager, as part of the inspection process and can be found in the main body of the report.

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

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 11 patients, 10 staff and the manager. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with "Tell Us" cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. There were no completed questionnaires returned within the identified timescale.

The following records were examined during the inspection:

- Duty rotas
- Three care records
- A sample of daily handover records and allocations
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records
- Staff registration information for Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- Certificate of registration

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 14 January 2020.

Areas for improvement from the last care inspection		
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
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.31  <b>Stated:</b> First time	The registered person shall ensure that patients' comfort fund monies are held in a separate bank account from patients' personal allowance monies.	<b>Carried forward to the next care inspection</b>
	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 care inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 22  <b>Stated:</b> Second time	The registered person shall ensure that, in the event of a fall, neurological observations are carried out for 24 hours and that the relevant risk assessments and care plans are updated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of records showed neurological observations were completed for 24 hours following a patient having a fall and relevant risk assessments and care plans were updated.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time	The registered person shall ensure that the stained flooring in the hallway of bungalow two is replaced with suitable alternative flooring.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager during the inspection confirmed there was a plan in place to replace the identified flooring within 48 hours. The manager advised the work had been delayed due to Covid 19 restrictions. Following the inspection the manager provided confirmation to RQIA that the work had been completed.	

## 6.2 Inspection findings

We arrived at the home at 09:45; the manager was in charge of the home. Staffing levels were discussed with the manager. The manager advised differing staffing levels were allocated to each bungalow. Staffing levels were determined according to the dependencies of patients

living in each bungalow. Staff duty rotas for the period of 12 October 2020 until 8 November 2020 were reviewed. The duty rota accurately reflected the staff on duty on the day of inspection; and where they were working.

During discussion staff confirmed there were stable staffing arrangements in place. No concerns were raised by staff regarding staffing levels in the home. Staff stated they were allocated to an identified bungalow, with an identified nurse taking charge within each bungalow for the duration of each shift. Records available showed daily handover information, allocation of duties to identified staff was also recorded. Observations made during the inspection showed patients' needs were being met, there were no concerns observed with regards to staffing levels on the day.

Staff spoke positively about their experiences of working in the home. Staff confirmed they were aware of the reporting arrangements in the home and who to speak with if they had any concerns. Staff spoken with confirmed there was good team working and they were aware of the individual needs of patients.

Comments received from staff included:

- "I think the staffing is very good, the management are great, so approachable. Good team work, ... (there is) really good communication here, we are kept well up to date with changes."
- "Staffing levels are very good, no issues."
- "Staffing levels are really good, with Covid if anything it has strengthened the team. Staff work very well together, they know the residents well."
- "I really enjoy it; it's a lovely place to work."

### **6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)**

Information was displayed at the entrance to the home regarding the current guidance on Covid 19; signage was also displayed throughout the bungalows regarding the seven step handwashing technique.

The manager confirmed all visitors' temperatures were checked and information recorded prior to admission to the home. The manager advised all patients and staff had temperatures recorded twice daily. Records were available in the home to reflect this. PPE supplies and hand sanitization were available throughout the home. Discussion with staff confirmed there was a good supply of PPE available.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required. Up to date information including the most recent Covid 19 guidance was available for staff to access within each bungalow.

### 6.2.3 Environment

The home consists of five six bedded bungalows on the same site. Each bungalow was modern bright and spacious. Each bungalow was found to be warm, clean and tidy. A sample of bedrooms was inspected. Bedrooms were nicely decorated with individual styles reflected each bedroom also included an ensuite. Other areas inspected included communal living areas, kitchen, bathrooms, and toilet areas. Secure outdoor garden areas were also accessible from each bungalow.

During the previous inspection the condition of flooring in bungalow two was identified as an area for improvement. The manager advised due to the Covid 19 restrictions the identified work had been put on hold. The manager provided the date when the work was scheduled to be done. Following the inspection the manager provided confirmation to RQIA that the improvement work to the floor had been completed.

### 6.2.4 Care delivery

Staff practice was observed in the home; interactions between staff and patients were warm and friendly. Staff showed good knowledge of patient's individual needs. We observed individual picture communication schedules on display for some of the residents using the service. Staff spoken with shared that they were aware of patient's individual communication strategies and were aware of the need to interpret patient's non-verbal communications also.

Patients were well presented with obvious time and attention given to their personal care. Patients were observed interacting and participating in activities, these included table top games and arts and crafts. Other residents relaxed watching TV. In keeping with their level of understanding and communication abilities patients spoken with confirmed they were happy with their life in the home.

Comments from patients included:

- "I love it here."
- "I love it here so I do, all very good, food is lovey."

### 6.2.5 Care records

A sample of three care records was reviewed; they included personal profiles, an assessment of needs, care plans and risk assessments to reflect the patient's needs. Daily evaluation records were also completed and maintained on an up to date basis.

Records reflected the individual preferences of patients including, for example, food and activity preferences, communication strategies used, they also reflected any restrictive practices. The records showed input from other professionals including for example Speech and Language Therapists (SALT) and physiotherapy as required.

Records were regularly reviewed and updated, however, an inconsistency was noted in a record which had not been updated following an incident. The record was updated during the inspection. The manager confirmed she would reiterate with staff the importance of ensuring regular review and updating of records as necessary.

## 6.2.6 Governance and management arrangements

The manager retains oversight of the home and confirmed she felt well supported in recent months by senior management. Staff spoken with advised that they were kept informed of changes as they happened and information was readily available regarding Covid 19 guidance in each bungalow.

There was a system in place which showed staff NMC and NISCC registrations were monitored and reviewed on a regular basis. Records showed evidence of the managers daily walk around which included on going monitoring of the home environment and staff engagement.

There was a system in place regarding the reporting of notifiable events. Review of the records showed these were managed appropriately.

A process was in place regarding the management of complaints. We discussed with the manager the recording of expressions of dissatisfaction as a complaint. The home had received a number of compliments and thank you cards in recent months which included words of thanks and appreciation from relatives and representatives.

We reviewed a sample of audits that were completed on a regular basis to ensure standards were maintained. Audits were completed in relation to care records, monthly falls analysis, accidents and incidents, IPC procedures, the environment, tissue viability and medication. There was evidence of actions being identified and addressed as necessary.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. We reviewed the reports for August, September and October 2020, they included an overview of the quality of services within the home. The reports included an action plan to address any issues identified, as well as completion date for the person responsible.

Staff confirmed there were good working relationships with external stakeholders. The homes certificate of registration was up to date and displayed appropriately

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to team work, interactions between patients and staff, promoting individual interests of residents, and IPC practices.

### Areas for Improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



### 6.3 Conclusion

Patients looked well cared for and were comfortable and relaxed in the home. Interactions between patients and staff were warm and friendly. Staff showed good knowledge of the individual needs of patients.

There were systems in place which demonstrated stable managerial oversight in the home.

We appreciate the additional challenges faced by staff and management in their efforts during the Covid 19 pandemic and recognise the commitment shown to maintain standards.

### 7.0 Quality improvement plan

Areas for improvement identified during a previous inspection are detailed in the QIP. Details of the QIP were discussed with Kayleigh Hunniford, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

### 7.1 Areas for improvement

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

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>	The registered person shall ensure that patients' comfort fund monies are held in a separate bank account from patients' personal allowance monies.
<b>Ref:</b> Standard 14.31	
<b>Stated:</b> First time	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 care inspection.
<b>To be completed by:</b> 15 November 2019	Ref: 6.1

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



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