



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 8 & 10 October 2019



## Apple Mews

**Type of Service: Nursing Home**  
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**Tel No: 02837517840**  
**Inspectors: Julie Palmer and Joseph McRandle**

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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 registered nursing home which provides care for up to 30 patients within five bungalows.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Watton) Limited  <b>Responsible Individual(s):</b> Nicola Cooper	<b>Registered Manager and date registered:</b> Kayleigh Hunniford – Registration pending
<b>Person in charge at the time of inspection:</b> Kayleigh Hunniford	<b>Number of registered places:</b> 30  A maximum of 6 patients to be accommodated in each of the 5 bungalows. There shall be a maximum of 3 named patients in category NH-PH.
<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> 27

### 4.0 Inspection summary

An unannounced care inspection took place on 8 October 2019 from 09.50 hours to 18.00 hours. An unannounced finance inspection took place on 10 October 2019 from 11.15 hours to 15.45 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care and finance inspections and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of the previous premises inspection have also been reviewed.

Evidence of good practice was found in relation to staffing, recruitment, training, risk assessment, management of nutrition, activities on offer, communication, treating patients with dignity, the culture and ethos in the home, management arrangements, the management of patients' monies and the general financial arrangements.

Areas requiring improvement were identified in relation to replacing identified shower hoses, completing neurological observations and updating relevant risk assessments and care plans in the event of a fall, patients' written agreements and the management of patients' comfort fund monies.

Patients were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Kayleigh Hunniford, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 30 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 30 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous care, premises and finance inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to Bramley Cottage.

The following records were examined during the inspection:

- duty rota for all staff from 30 September to 13 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patients' care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints and compliments record
- a sample of monthly monitoring reports from January 2019
- staff supervision and appraisal schedule
- nurse competency and capability assessment records
- annual quality report
- RQIA registration certificate
- three patients' finance files including copies of written agreements
- a sample of financial records including patients' personal allowance monies, patients' fees, payments to the hairdresser and purchases undertaken on behalf of patients
- a sample of records of monies deposited on behalf of patients
- a sample of records from patients' comfort fund and reconciliations of patients' monies
- a sample of records of patients' personal property
- a sample of records of monies held in bank account and the safe register

Areas for improvement identified at the last 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 inspections

Areas for improvement identified at the last finance inspection have been reviewed and assessed as met.

Areas for improvement from the last care inspection dated 30 January 2019		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 46.2 <b>Stated:</b> First time	The registered person shall ensure that the identified shower chairs are replaced and are effectively cleaned between each use, in accordance with infection prevention and control guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a selection of shower chairs in use evidenced that these were in a clean and hygienic condition. Identified shower chairs had been replaced.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 30.1 <b>Stated:</b> First time	The registered person shall ensure an alternative, safe and secure storage area is made available for the prescribed nutritional supplements and thickeners.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of storage evidenced that nutritional supplements and thickeners were safely and securely stored.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 47.1 <b>Stated:</b> First time	The registered person shall ensure sluice and utility rooms are kept locked at all times when unsupervised to prevent patient access to the cleaning and laundry products stored within.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that sluice and utility rooms were locked when unsupervised.	

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

We discussed staffing levels in the home with staff. The majority of staff spoken with were satisfied with staffing levels; however, a minority felt that staffing levels could be improved. Staff told us:

- “Teamwork is really good.”
- “I like working here, it’s a good team.”
- “Not enough staff on duty at times or staff moved to cover other bungalows.”
- “I really like working here.”

Comments made by staff were brought to the attention of the manager for consideration and action as appropriate. The manager confirmed that planned staffing levels for the home were subject to at least monthly review to ensure the assessed needs of patients were met. The manager also told us that staff would be deployed throughout the home if necessary to ensure there was sufficient cover and that this was made clear during the induction period. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

We also sought staff opinion on staffing via the online survey; no responses were received.

Patients spoken with during the inspection were unable to express their views on staffing levels and we did not speak to any patients’ visitors on the day of the inspection. We also sought the opinion of patients and patients’ visitors on staffing levels via questionnaires; no responses were received.

We reviewed two staff recruitment and induction files and these evidenced that staff had been vetted prior to commencing employment to ensure they were suitable to work with patients in the home.

All staff spoken with stated they had completed a period of induction and review of records confirmed this. A staff appraisal and supervision schedule was in place and a record of supervisions and appraisals was maintained.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff spoken with demonstrated their knowledge of how to deal with a safeguarding issue; they were also aware of their duty to report concerns. Staff were knowledgeable regarding their own roles and responsibilities and were familiar with the home’s whistleblowing policy.



Review of care records evidenced that a range of validated risk assessments were completed and informed the care planning process for patients. Where practices were in use that could potentially restrict a patient's choice and control, for example, lap belts or alarm mats, the appropriate risk assessments and care plans had been completed. A rationale for use and consultation with the patient or their relative and/or key worker was recorded; consent was obtained where appropriate.

We looked at the home's environment throughout the five bungalows: Callan Cottage, Orchard Cottage, Blossom Cottage, April Cottage and Bramley Cottage. We reviewed a selection of bedrooms, bathrooms, shower rooms, storage rooms, sluices, utility rooms, dining rooms and lounges. The home was found to be warm, well decorated, clean and tidy throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Areas for improvement from the last care inspection had been met; identified shower chairs had been replaced and those reviewed were in a clean and hygienic condition; sluices and utility rooms were found to be locked; nutritional supplements and thickening agents were securely stored.

We observed that two identified bed tables showed signs of wear and tear; this was brought to the attention of the manager who assured us these would be replaced. An identified mattress was replaced during the inspection; the manager confirmed that an audit was regularly carried out to review mattresses in use and that these were routinely replaced as required. We also observed that identified shower hoses were damaged. These items could not be effectively cleaned and required to be replaced. An area for improvement was made.

A repainting/repair schedule was in place; the maintenance person confirmed that this was ongoing and a record was kept of works completed.

Staff were observed to wear personal protective equipment (PPE), for example aprons and gloves, when required and PPE was readily available throughout the home.

We observed that staff were responsive to patients' needs, assistance was provided in a timely manner and call bells were answered promptly.

The manager confirmed that staff compliance with mandatory training was monitored and that they were prompted when training was due. Staff told us they were satisfied their training needs were met; one staff member remarked that the training provided was "excellent".

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management.

### **Areas for improvement**

An area for improvement was identified during the inspection in relation to replacing identified shower hoses.

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



## 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

As previously mentioned patients spoken with were unable to express their views. However, we observed the daily routine and the care given to patients in the home and were satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients' care needs and any changes to these. Staff spoken with were knowledgeable about the patients' care needs and confirmed these were regularly reviewed to determine the effectiveness of care delivered and if the patients' needs had changed.

We reviewed the care records for four patients and evidenced that a range of validated risk assessments had been completed to inform care planning for the individual patients. Discussions with staff identified that none of the patients had a wound. Risk assessments and care plans were in place to direct care for the prevention of pressure ulceration.

Patients' weights were monitored on at least a monthly basis and their nutritional needs had been identified. There was evidence of referrals having been made to relevant health care professionals, such as the dietician or speech and language therapist (SALT), where necessary. Patients care plans included recommendations from the dietician and/or SALT if required and were regularly reviewed. In the care record for a patient who required nutrition to be administered via a nasogastric tube we observed that there was no specific care plan in place for care and changing of the nasogastric tube. We brought this to the attention of staff who demonstrated their knowledge of care for this patient and took immediate action to complete the required care plan.

A monthly falls analysis was completed to determine if there were any trends or patterns emerging and an action plan was devised if necessary. Staff were knowledgeable regarding the actions to take to help prevent falls and how to manage a patient who had a fall. However, we observed that the relevant risk assessments and care plans were not always updated in the event of a fall and neurological observations had not continued for 24 hours following a fall in one record reviewed; an area for improvement was made.

We observed the serving of lunch in the dining room of Callan Cottage. The menu was on display and a selection of drinks and condiments were available. Patients were offered clothing protectors and staff were wearing appropriate aprons. Staff demonstrated their knowledge of how to thicken fluids if necessary and which patients required a modified diet. The food smelled appetising and was well presented. It was obvious that staff knew the patients well and were aware of their likes and dislikes; alternative choices were available and offered if required. Staff were appropriately seated when assisting patients with eating and drinking. A registered nurse was overseeing the meal and the atmosphere was calm, unhurried and relaxed. Food and fluid intake charts were maintained and the records reviewed were up to date.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, risk assessment, management of nutritional needs and the meal time experience.

## Areas for improvement

An area for improvement was identified in relation to completing neurological observations and updating relevant risk assessments and care plans in the event of a fall.

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

### 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

During the inspection we engaged with 17 patients and observed them to be content and settled in their surroundings.

Observation of care delivery evidenced that staff treated patients with dignity and respect. We observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients' privacy. Some patients required one to one supervision from staff as per their assessed needs and we observed that staff were attentive and provided the appropriate care to these patients.

Staff spoke warmly about the patients in their care and told us that Apple Mews was a "very rewarding place to work". Patients were well presented in clean clothes and attention had obviously been paid to all aspects of their personal care.

A wide range of activities was on offer, for example, arts and crafts, coffee mornings, painting sessions, walks, story time and movie nights. The activity coordinator strived to ensure that the activities provided were varied, positive and meaningful; activities were audited and patients' engagement was recorded. The home has two mini buses available so staff arranged daily trips out for patients to, for example, shopping centres, coffee shops or local parks. One to one activities such as hand massage and hair and beauty treatments were also provided. The home held a summer fun day and invited the local community to join them. Patients were taken to religious services if they wished to attend and representatives from local churches were welcome to visit patients in the home.

Relatives' meetings were organised. The manager told us that she was available should relatives wish to meet with her on an individual basis. Patients' and relatives' views were sought through satisfaction surveys. The annual quality report was available to view and this included the views of patients and their relatives.

A record of compliments received from other professionals and relatives was maintained and included the following comments:

- "The transition has been a success and staff's positive attitude has contributed to this success."
- "The staff in bungalow two are excellent, always helpful and caring at all times."

We observed that staff treated patients with care and kindness; they knew when to provide comfort, there was a positive culture and ethos throughout the home.

Staff communicated effectively with patients; they were mindful of any barriers to communication and demonstrated their understanding of appropriate methods of communicating effectively with individual patients. Patients had an individualised communication dictionary and care plan in their care record. Staff also communicated effectively with each other to ensure patients' needs were met.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to dignity and privacy, activities provided, listening to and valuing patients and their relatives, taking account of the views of patients, the culture and ethos of the home and communication.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

There had been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked were clearly recorded. Staff spoken with were all on first name terms with the manager and told us that she was accessible and approachable, comments included:

- "It's great to have such an approachable manager."
- "Kayleigh is very approachable and supportive."
- "Good support, there is always someone in charge to ask advice from if necessary."

The certificate of registration issued by RQIA was displayed in the entrance hall of each bungalow. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

Discussion with the manager and review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home. Audits were completed to review areas such as accidents/incidents, use of restrictive practices, nutrition, complaints and care records.

Review of the complaints record evidenced that systems were in place to ensure complaints were appropriately managed.

We reviewed the system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. We discussed notifiable events with the manager in order to clarify what should or should not be reported. A record of any notifiable events reported to RQIA or other relevant bodies was maintained.

Monthly quality monitoring reports were available to view; we found these to be comprehensive, informative and to include an action plan.

Review of the home's fire risk assessment following the inspection confirmed that an area for improvement which had been identified during the last premises inspection had been met.

### **Findings of the Finance Inspection**

A review of a sample of patients' records was taken to validate compliance with the areas for improvement identified from the last finance inspection. These included copies of patients' written agreements, records of the reconciliations of patients' monies, records of patients' personal property and the safe register. Of the total number of areas for improvement all were assessed as met.

A review of three patients' files evidenced that copies of signed written agreements were retained within all three files. It was noticed that the agreements did not show the current weekly fee paid by, or on behalf of, the patients. This was discussed with the manager and identified as an area for improvement under the standards.

A review of a sample of purchases from the patients' comfort fund evidenced that in line with best practice the purchases were for the benefit of all patients. The details of the purchases were recorded and two signatures were recorded against each of the transactions. Discussion with staff confirmed that the comfort fund monies were held in the same bank account used to retain patients' personal allowance monies.

Discussion with staff also confirmed that the comfort fund monies were coded separately within the bank account. The inspector highlighted that in line with the Care Standards for Nursing Homes (April 2015) comfort fund monies should be retained within a separate bank account. This was discussed with the manager and identified as an area for improvement under the standards.

A review of a sample of purchases undertaken on behalf of patients showed that in line with the Care Standards for Nursing Homes (April 2015) details of the purchases were recorded, two signatures were recorded against each entry in the patients' transaction sheets and receipts were available from each of the purchases reviewed.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, the system for recording transactions undertaken on behalf of patients, the system for depositing monies on behalf of patients and the hairdresser signing records along with a member of staff to confirm that the treatments took place.

## Areas for improvement

Areas for improvement were identified in relation to patients' written agreements and the management of patients' comfort fund monies

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 7.0 Quality improvement plan

Areas for improvement identified during this 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 November 2019</p>	<p>The registered person shall ensure that the identified shower hoses are replaced in order to ensure that effective cleaning of these can be maintained.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The two shower hoses have been replaced.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 22</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Post falls protocol checklist now in every bungalow. Falls management workshops rolled out to all nursing staff.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 2.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2019</p>	<p>The registered person shall ensure that up to date copies of signed written agreements are retained within all patients' files. The agreements should show the current fee paid by, or on behalf of, patients.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> The original resident agreements are in file. We are currently reviewing each resident's agreement to ensure that the 2019/2020 fee uplift is reflected. Moving forward an addendum to the contract will be issued to family members on an annual basis reflecting the most recent fee.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 14.31</p> <p><b>Stated:</b> 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: 6.6</p>
<p><b>To be completed by:</b> 15 November 2019</p>	<p><b>Response by registered person detailing the actions taken:</b> There are clear financial systems to identify separate funding streams, these include income processing, resident fees, resident comfort fund and personal account. A single bank account is allocated to Apple Mews, this is very clearly baked up with our financial systems. Most recent internal audit by SHSCT did not identify any issues.</p>

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





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