The Regulation and Quality Improvement Authority

Inspection Report

12 September 2023

Apple Mews

Type of service: Nursing Home
Address: 95 Cathedral Road, Armagh, BT61 8AB
Telephone number: 028 3751 7850

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Amore (Watton) Limited **Responsible Individual:** Miss Sarah Elizabeth Perez (Acting)	**Registered Manager:** Mrs Sara George-Kennedy – Not registered
Person in charge at the time of inspection: Mrs Sara George-Kennedy	**Number of registered places:** 24
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:** 23
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 who have a learning disability. Care is provided within four cottages; Callan Cottage, Orchard Cottage, Blossom Cottage and April Cottage. Each cottage has living, dining and garden spaces. There is a residential care home on the same site as the nursing home and the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 12 September 2023 from 9.50am to 5.45pm 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.

Patients were well presented in their appearance and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Staff promoted the dignity and well-being of patients and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management.

Areas for improvement were identified in relation to communication, monthly monitoring, record keeping and with training on the provision of activities. Addressing the areas for improvement will further enhance the quality of care and services in Apple Mews Nursing Home.

The findings of this report will provide the manager 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 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 the manager and deputy manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with patients and staff. Patients spoke positively on living in the home. Staff were confident that they worked well together and enjoyed working in the home and interacting with the patients.

There were no questionnaire responses and we received no feedback 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 19 July 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref: Regulation 27(4)(d)(l)** **Stated: First time**	The registered person shall ensure that no fire safety doors are wedged open and the door to any electrical switch room is kept locked, when not in use.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref: Regulation 27(4)(a)** **Stated: First time**	The registered person shall submit a time bound action plan to the home's aligned estates inspector detailing how the four recommendation made from the fire safety risk assessment, dated 20 September 2021, will be addressed.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

All staff were provided with a comprehensive induction programme to prepare them for working with the patients. An induction booklet was completed to capture the topics covered during the induction.

There were systems in place to ensure staff were trained and supported to do their job. Training was identified by management for completion each month. The training for October 2023 was on adult safeguarding, dysphagia, Proact SCIP and patient moving and handling. A system was in place to ensure staff completed their training and evidenced that the majority of staff had achieved compliance with this.

Staff confirmed that they were further supported through staff supervisions and appraisals. A system was in place to ensure that staff received, at minimum, two supervisions and an appraisal conducted annually.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Where agency staff were used, they were block booked to ensure continuity of care. Staff raised no concerns regarding the staffing levels and confirmed that patients' needs were met with the number and skill mix of staff on duty. The manager also confirmed that they had a meeting scheduled each Thursday to review the weekend staffing arrangements to ensure that these were satisfactory. Staff said there was good teamwork in the home. One told us, "We have a strong team in our bungalow".

The staff duty rota accurately reflected all of the staff working in the home on a daily basis including staff who were providing one to one care. The duty rota identified the nurse in charge of the home in the absence of the manager. The nurse in charge had access to a nurse in charge file which contained pertinent information such as emergency contact numbers, manager on call rota and agency contact numbers.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well and were comfortable in each other's company.

5.2.2 Care Delivery and Record Keeping

The majority of staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of the patients. However, some staff stated that they did not get a handover. This was discussed with the manager and identified as an area for improvement.

Regular 'Flash Meetings' were conducted during the day to identify any important information for sharing or changes to patients' care. This information was relayed back to staff on duty. Some staff identified that, if they were not on duty, then they may not be made aware of the information shared. This was discussed with the manager and identified as an area for improvement.

Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

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. Assessments and care plans were reviewed regularly to ensure that they were reflective of patients' needs. Patients care records were held confidentially.

All patients had a pressure management risk assessment completed monthly. Where a risk of skin breakdown was identified; a care plan was developed to guide staff in how to manage this risk. Some patients require staff to assist them in repositioning to maintain their skin integrity. Where this was required, records of repositioning had been maintained. We discussed ways of enhancing this recording and this will be reviewed at a subsequent care inspection. Repositioning records evidenced checks which had been made of the patient's skin to ensure that there was no obvious damage observed at the time.

Patients who had wounds had clear care plans in place to direct staff on how to treat the wound. Wound care plans were reflective of the recommendations of the tissue viability nurse. Evaluation assessments were completed at the time of wound dressing to monitor the progress of the treatment.

Several of the topical preparations in use in the home had not been dated when they had been opened. This is important when it comes to disposing of them in accordance with manufacturers guidelines. This was discussed with the manager and identified as an area for improvement.

Patients who may display self-injurious behaviours had personal development and support plans in place to identify how to support the patient at the time of these occurrences. The plans also identified what the risks of the behaviour were and the control measures in place to mitigate these.

An accident book was completed by staff to record any accidents or incidents which occurred in the home. Incident logs were completed to ensure that all appropriate persons were notified of the incident. Accidents were reviewed monthly for any patterns or trends which could be managed and prevent any further falls from occurring.

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 could include simple encouragement through to full assistance from staff.

Staff assisted patients throughout the day with food and fluids in an unhurried manner. Staff were knowledgeable in regards to patients' nutritional requirements. Records of patients' intake and outputs were recorded where this was required. There was good availability of food and fluids observed during the inspection.

The lunchtime meal was prepared in the main kitchen located in Blossom Cottage. The temperature of food transferred to the other cottages was tested prior to serving to ensure that they were warm. Patients were offered a choice of meals and those, who could, were able to select their meal choice with the aid of a pictorial menu. Drinks were served with meals and staff were observed to encourage patients and support them well during the mealtime.

A patient who was nil by mouth and required enteral feeding had a clear regime in place to ensure adequate nutrition and hydration. Additional care plans advised on how to monitor and care for the enteral feeding tube and the site of entry to the patient's body. Personal care records identified the need for regular oral care and supplementary care records were recorded to evidence when this care was delivered.

The majority of patients had nutritional risk assessments completed monthly to monitor for weight loss and weight gain. However, some did not. This was discussed with the manager and identified as an area for improvement.

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms within each of the cottages. The cottages were warm, clean and comfortable. There were no malodours detected. Doors leading to rooms containing potential hazards to patients had been appropriately locked.

Fire safety measures were in place. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. However, when we entered two of the cottages, a sign in book was not used appropriately to record all visitors to the home. The sign in books at reception had not been maintained and the last recorded visitor entries were on 31 May 2023 and 23 August 2023. This was identified as an area for improvement.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Review of records and observation of staffs' practice confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. There were good stocks and supplies of PPE and hand hygiene products. Environmental audits and spot checks were conducted frequently and records maintained.

5.2.4 Quality of Life for Patients

Patients were observed to be offered choice and assistance on how they spent their day. They could have a lie in and receive breakfast later in the day if they wanted. Patients could remain in their bedroom or go to a communal room when they requested.

An activities therapist was employed to oversee activity provision in the home. The main activities room was sited within Callan Cottage and there was a sensory shed located behind April Cottage. A programme of activities was available for review, although, the activities therapist confirmed that activities were patient led and if patients wished to do a different activity; that would be respected. Patients from any bungalow could drop into the activity room at any time during allocated hours in the day. Five different activities were scheduled at specified times during the day. Activities included arts and crafts, exercise, games, pamper sessions, baking, sensory sessions and music sing-a-longs. Patients could enjoy regular bus outings to places of interest and a petting farm had recently visited the home.

Some patients did not want to go to the activity room. Carers were responsible for providing activities with these patients in the cottages or taking them out on bus runs or for a walk. Carers confirmed that they had not received any training on the provision of activities. This was discussed with the manager and identified as an area for improvement.

Staff provided care in a dignified manner. Personal care was delivered discreetly behind closed doors.

Visiting had returned to pre-covid arrangements. Visits could take place in the patients' preferred visiting areas including their bedrooms. Patients were free to leave the home with relatives if they wished.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been a change in the management arrangements. Mrs Sara George-Kennedy has been managing the home since 26 June 2023. Staff were aware of who the nurse in charge of the home was in the manager's absence. The nurse in charge of the home completed a competency and capability assessment on taking charge of the home prior to commencing the role.

Staff told us that they were aware of their own roles in the home and how to raise any concerns or worries about patients' safety, care practices or the environment. Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required. Staff demonstrated good knowledge of the home's whistleblowing policy.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Areas audited included patients' care records, food safety, wound care, mental capacity, medicines management, staff training and the environment.

Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home should be 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 and the reports were available for review by patients, their representatives, the Trust and RQIA. However, a review of the report completed on 7 September 2023 evidenced that they were not up to date and referring to care and management from July 2023. This was identified as an area for improvement.

A complaint's book was maintained and records included the nature of the complaint and any actions taken in response to the complaint. Cards and letters of compliments were maintained on file. The manager confirmed that any compliments received would be shared with staff.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	2	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Sara George-Kennedy, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 19 (2) (b) Schedule (4) (22) **Stated:** First time **To be completed by:** Immediate attention required	The registered person shall ensure that a record is maintained of all visitors, including professionals who visit, to the home. Ref: 5.2.2 **Response by registered person detailing the actions taken:** New visitors books are now in place with separate section for date of visit, time in and time out and visitors name. Signs have also been erected to ask all visitors to sign in and out.
Area for improvement 2 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** 31 October 2023	The registered person shall ensure that monthly monitoring reports are up to date and reflect the current running of the home. Ref: 5.2.5 **Response by registered person detailing the actions taken**: This area for improvement has been highlighted to the responsible person and rota system in place highlighting need for timely monthly monitoring.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 41 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that all staff in the home receive an appropriate handover at the commencement of their shift. Ref: 5.2.2 **Response by registered person detailing the actions taken:** Verbal handover continues and handover form is completed at the end of each shift. Staff must now sign the form to confirm they have read the handover information.

Area for improvement 2 **Ref:** Standard 35 Criteria (17) **Stated:** First time **To be completed by:** Immediate attention required	The registered person shall ensure that a robust system is in place to ensure that all staff are made aware of any corporate communications or relevant changes made in the home. Ref: 5.2.2
	Response by registered person detailing the actions taken: The daily flash meetings continue, each unit's flash book has now been replaced with a Flash Meeting File containing information on all corporate communication and changes within the site. Staff must read and sign to ensure they are up to date on all communication
Area for improvement 3 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 12 October 2023	The registered person shall ensure that topical preparations in the home are dated on opening and disposed of in accordance with manufacturer's guidelines. Ref: 5.2.2
	Response by registered person detailing the actions taken: 1:1 Supervision sessions have taken place with all nursing staff to advise of the above and medication policy re-issued. Signs have also been placed on the cupboard doors as a prompt.
Area for improvement 4 **Ref:** Standard 12 Criteria (4) **Stated:** First time **To be completed by:** 31 October 2023	The registered person shall ensure that nutritional screening is completed monthly and scored accurately. Ref: 5.2.2
	Response by registered person detailing the actions taken: Re-training in nutritional screening has taken place and importance of completion of forms has been emphasised. Monthly audit has been set up for good governance.
Area for improvement 5 **Ref:** Standard 11 Criteria (12) **Stated:** First time **To be completed by:** 31 October 2023	The registered person shall ensure that staff, allocated to provide activities for patients, receive training on the provision of activities. Ref: 5.2.4
	Response by registered person detailing the actions taken: SLO has completed activities training with support staff, this training will be rolled out to all support workers.

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

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care