The Regulation and Quality Improvement Authority

Apple Mews
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Unannounced Care Inspection
of
Apple Mews

13 January 2016

1. Summary of Inspection

An unannounced care inspection took place on 13 January 2016 from 07.00 to 10.45 hours. The inspection was undertaken in response to information received by RQIA. The information was also shared with the adult safeguarding team of the Southern Health and Social Care Trust in keeping with regional protocols.

The purpose of this inspection was to seek assurances that the care and welfare of patients specifically in Blossom Cottage was in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes, July 2015.

On the day of the inspection, concerns and areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report. Refer also to section 1.2 below.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 02 July 2015.

1.2 Actions/Enforcement Resulting from this Inspection

An urgent actions record, regarding early morning rising and pressure/wound care management was issued to Dawn Rhodie, Manager at the end of the inspection. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home.

As a result of the inspection, RQIA were concerned that the quality of care and service within Apple Mews, specifically Blossom Cottage was below the minimum standard expected. The inspection findings were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting with Ms Sarah Hughes, Registered Person and Ms Dawn Rhodie, Manager, (registration pending). The inspection findings were communicated in a correspondence to the registered person, 14 January 2016 and a meeting took place at RQIA on 20 January 2016.

Management representatives of Parkcare Homes No2 Ltd, Ms Rosemary Dilworth, Operations Director for Northern Ireland, Ms Marlene Featherstone, Regional Quality Lead for Northern Ireland and Ms Dawn Rhodie, Manager attended the meeting.

At this meeting, RQIA outlined the concerns identified and referred to relevant evidence shared with Ms Dawn Rhodie on the day of inspection. Ms Dawn Rhodie, manager provided a full account of the actions that had already been taken by the home and the arrangements which have or will be implemented to ensure that the quality of care delivered within Blossom Cottage achieves compliance with legislative requirements. RQIA were provided with a preliminary action plan and it was agreed that the final action plan would be submitted by 21 January 2016. RQIA can confirm that the final action plan was received and has been reviewed and accepted. RQIA considered the assurances provided and a decision was made to give Parkcare Homes No2 Ltd a period of time to address the concerns raised.

RQIA will continue to monitor the quality of service provided in Apple Mews and will carry out a follow-up inspection to assess compliance with the legislative requirements and care standards.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3 *1	3

*The total number of requirements includes 1 requirement stated for the third time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Dawn Rhodie, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Parkcare Homes No2 Ltd / Mrs Sarah Hughes	**Registered Manager:**
Person in Charge of the Home at the Time of Inspection: Mary Kutty Matthews (Staff Nurse in Charge, Blossom Cottage) Dawn Rhodie (Manager)	**Date Manager Registered:** Ms Dawn Rhodie - application received - "registration pending".
Categories of Care: NH-LD, NH-LD (E)	**Number of Registered Places:** 30
Number of Patients Accommodated on Day of Inspection: Blossom Cottage – 5	**Weekly Tariff at Time of Inspection:** £1641 - £2806

3. Inspection Focus

In January 2016, RQIA received information from an ex-employee of Apple Mews, by email, expressing their concerns regarding the care and welfare of patients in Blossom Cottage.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Given the information received a decision was made by senior management at RQIA to bring forward the planned inspection of the home. It was decided that an unannounced early morning inspection would be undertaken and the following areas examined:

- early morning rising
- health and welfare of patients
- restrictive care practice
- dignity, privacy and patient choice
- care records
- training records in relation to manual handling & safeguarding of vulnerable adults
- complaints record
- compliance in relation to the requirement made during the previous care inspection on 2 July 2015.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- discussion with staff (Blossom Cottage)
- review of a sample of care records (Blossom Cottage)
- review of a sample of staff training records
- review of a sample of staff duty rota (Blossom Cottage)
- review of the complaints record
- observation of care practice and delivery
- evaluation and feedback.

During the inspection, the inspector observed all patients and spoke with three patients individually. Three registered nurses and five ancillary staff were consulted. No patient's visitors/representatives were available to speak with.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced finance inspection dated 25 August 2015. The completed QIP was returned.

5.2 Review of Requirements and Recommendations from the Last Care Inspection 02 July 2015.

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 15 (2) **Stated:** Second time	The registered person shall ensure that the patient's assessment of need is revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.	**Not Met**
	Action taken as confirmed during the inspection: A review of two care records evidenced that the patients' assessment of needs had not been reviewed for a period exceeding 12 months. Following discussions with RQIA senior management and the serious concerns meeting held 20 January 2016, it was decided that this requirement would be stated for a third and final time.	

5.3 Early morning rising

The inspection of Apple Mews, specifically Blossom Cottage commenced at 07.00am. At this time the nurse in charge advised that there were five patients none of whom were up. An inspection of all bedrooms was undertaken facilitated by the nurse in charge. All patients were asleep/lying resting; however one patient was observed to be asleep in bed and was dressed in day attire. The staff on duty advised that the patient had been assisted at 6.30am that morning with a shower, dressed and assisted back to bed. The rationale for these actions was discussed at length with staff on night duty and day duty and the explanations given for this varied. Staff advised that on occasions the patient would have to be wakened for this intervention. A sample of daily progress notes reviewed confirmed this practice. A review of assessments of need and care plans for the identified patient did not provide evidence to demonstrate the need or consent for this early morning intervention.

Staff spoken with stated that they had completed safeguarding and protection of vulnerable adults training, however it was concerning staff consulted did not recognise that this care delivery could be considered as poor practice.

This matter was discussed with the manager and the inspector reinforced the need for this practice to cease immediately stating that it could be considered as potential institutional abuse. An urgent actions record was issued to cease this practice immediately. A requirement has been made.

This information was shared with the adult safeguarding team of the Southern Health and Social Care Trust in keeping with regional protocols.

5.4 Health and welfare of patients

A sampling review of one patient's daily progress notes and repositioning records evidenced that the patient had pressure damage and /or a wound. Discussion with staff on duty confirmed this information. A review of the care records for the patient identified a number of concerns in relation to the management of wound care.

It could not be evidenced that care records in relation to pressure damage and wound care had been implemented. For example, no wound care assessment chart, body map and care plan were available to direct staff and to evidence the condition of the wound. Registered nurses spoken with were unable to demonstrate fully the knowledge of the wound care needs for the identified patient. The review of records and discussion with staff evidenced that pressure damage / wound care management was not in accordance with best practice guidelines. These shortfalls could have a direct impact on the delivery of safe effective care and were discussed with the manager. An urgent actions record was issued at time of inspection. A requirement has been made.

This information was shared with the adult safeguarding team of the Southern Health and Social Care Trust in keeping with regional protocols.

A review of repositioning records evidenced that these were not being recorded accurately. For example the charts did not reflect the actual position of the patient following repositioning and comments on the condition of the patient's skin were not consistently recorded. A discussion with care staff indicated a lack of knowledge in this area of practice.

Care records contained conflicting information on repositioning frequency. For example, in one patient's care record the care plan stated two – three hourly repositioning however, the repositioning record stated three – four hourly. A recommendation has been made.

An additional recommendation has been made in regards to the provision of training for staff to enhance their knowledge in this area of practice.

5.5 Restrictive Care Practices

Three patients were observed sitting in specialised chairs with lap belts fastened. A review of the patients care records evidenced that care plans for the use of restraint were available, recording the rationale for the type of restraint being used.

Discussion with a registered nurse and a review of minutes from one care review evidenced that the multi-disciplinary team, patients and/or their representatives as deemed appropriate had been consulted in relation to the use of restricted practice as outlined in best practice.

A log was available to record the times when restraint had been implemented for each patient. A review of records evidenced that these had been completed consistently. However, care plans reviewed indicated that checks should be completed half hourly and this was not reflective in the records examined. This intervention was discussed with registered nurses on duty and the manager who agreed to review and action accordingly.

A discussion with staff indicated that they were knowledgeable regarding the use of restraint and/or restrictive practices. The manager advised that training had been provided for staff which included restrictive practice and staff confirmed this information. No issues were identified.

5.6 Dignity, Privacy and Patient Choice

During the inspection, staff were observed during breakfast in regards to their engagement and actions with patients, and were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff. Those patients observed were well presented with their clothing suitable for the season and person centred. Staff offered patients choices for breakfast, responded to patient's requests promptly and provided assistance as and when required. The demeanour of patients indicated that they were relaxed and comfortable in their surroundings. Three patients were consulted during the inspection and one of the patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. Other patients consulted did not express their views verbally, however indicated by positive gestures that they were happy living in the home. No concerns were identified at time of inspection.

5.7 Training Records

A review of training records in relation to manual handling and safeguarding and protection of vulnerable adults was undertaken. Records examined evidenced that 20 staff had completed safe moving and handling training on 26 November 2015. During observation of care practice and delivery, no unsafe manual handling was evidenced. Training in relation to safe guarding and protection of vulnerable adults was completed online and face to face training was delivered in May 2015 with 98% compliance. Staff spoken with were knowledgeable of this area of practice however as previously stated did not recognise early morning rising as poor practice or that it could be considered as a potential institutional abuse. A recommendation has been made for staff to be provided with additional training in this area of practice. Staff consulted raised no concerns in this regard. Discussion with staff confirmed that they had attended training in these identified areas of practice.

5.8 Complaints record

A review of the complaints record evidenced only one complaint had been logged and this had been actioned in accordance with the complaints policy and procedure. The manager advised that no other concerns or complaints had been raised by patients, patient representatives, trust representatives and staff. No issues were raised by staff during the course of the inspection; all staff spoken with expressed their satisfaction with working in Apple Mews and advised that safe, effective, compassionate care was being delivered to patients. No concerns were raised.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Dawn Rhodie, Manager as part of the inspection process. The timescales commence from the date of inspection.

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

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref**: Regulation 15 (2)(b) **Stated:** Third time **To be Completed by:** 15 February 2016	The registered person shall ensure that the patient's assessment of need is revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually. **Ref Section: 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: The Assessment of Needs document has been changed to reflect Craegmoor documentation. The form CR Form 02 "Personal Development and Support Needs Assessment" has been completed and/or updated for each resident. The Home Manager has audited the completion of this document and followed up with checks to ensure they are reviewed monthly. Nursing staff have had a workshop on the completion of the company documentation.**R**equirement fully met.
Requirement 2 **Ref:** Regulation 14 (4) Stated: First time **To be Completed by:** 14 January 2016	The registered person shall ensure that patients who have made an active choice to rise early (prior to 7 am) 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. An urgent actions record was issued. **Ref Section: 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: This practice in relation to the identified resident ceased immediately. Her care plan reflects her needs in relation to sleep and personal care and they have been updated to reflect her choices and current practice. Staff recieved immediate supervision in relation to this practice. Safeguarding of Vulnerable Adults from abuse training took place on 15th and 17th February.
Requirement 3 **Ref:** Regulation 12 (1)(a)(b) **Stated:** First time **To be Completed by:** 13 January 2016	The registered person must ensure that any patients with pressure care /wound management needs, has a care plan for the treatment and care required and all records pertaining to pressure care / wound management are completed, up to date and reviewed as indicated. An urgent actions record was issued. **Ref Section: 5.4**
	Response by Registered Person(s) Detailing the Actions Taken: This residents care plan and wound assessment were completed on the day of the inspection.

	Her care file was audited by the Home Manager Staff recieved training by Health Matters on Wound Management and Pressure Area Care on 15th and 17th February Staff also recieved training on the incontinence products that we use on 22nd Feb

Recommendations	
Recommendation 1 **Ref**: Standard 23 **Stated:** First time **To be Completed by**: 29 February 2016	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. **Ref Section: 5.4**
	Response by Registered Person(s) Detailing the Actions Taken: Staff have had supervision in relation to the documentation being used and the completion of accurate records There is improvement in the recording of repositioning charts and this is being monitored daily by the nurse in charge
Recommendation 2 **Ref**: Standard 13 Criteria 11 **Stated:** First time **To be Completed by**: 29 February 2016	It is recommended that additional training in safeguarding and protection of vulnerable adults is provided for staff appropriate to their role and there is evidence of how the learning has been embedded into practice. **Ref Section: 5.7**
	Response by Registered Person(s) Detailing the Actions Taken: Health Matters provided training on 15th and 17th February.
Recommendation 3 **Ref:** Standard 39 **Stated:** First time **To be completed by:** 7 March 2016	It is recommended that training is provided for staff in relation to the prevention of pressure damage based on best practice guidelines. **Ref Section:5.4**
	Response by Registered Person(s) Detailing the Actions Taken: There has been training provided by Health Matters in relation to Wound Care and prevention of pressure damage on 15th and 17th February Attends Nurse Advisor provided training session on 22nd in relation to

	product selection and prevention of pressure damage.

Registered Manager Completing QIP	Dawn Rhodie	**Date Completed**	26.02.16
Registered Person Approving QIP		**Date Approved**	29.02.16
RQIA Inspector Assessing Response	Linda Thompson	**Date Approved**	21/3/16

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address