



Unannounced Follow Up Care Inspection Report 14 January 2020



Apple Mews

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

www.rqia.org.uk

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 patients within five bungalows.

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual(s): Nicola Cooper	Registered Manager and date registered: Kayleigh Hunniford 8 November 2019
Person in charge at the time of inspection: Kayleigh Hunniford	Number of registered places: 30
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: 28 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.

4.0 Inspection summary

An unannounced care inspection took place on 14 January 2020 from 10.00 hours to 16.05 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection.

The following areas were examined during the inspection:

- staffing – including deployment
- training
- environment
- care records
- management of falls
- culture and ethos
- governance arrangements

Patients described living in the home as being a positive experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

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
Total number of areas for improvement	0	*3

*The total number of areas for improvement includes one under the standards which has been stated for a second time and one under the standards which has been carried forward for review at the next inspection.

Areas for improvement and 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 8 & 10 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 8 and 10 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

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 14 patients and 13 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line.

A poster informing visitors to the home that an inspection was being conducted was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 6 to 19 January 2020
- staff training records
- incident and accident records
- four patients' care records including food and fluid charts
- a sample of governance audits/records

- a sample of monthly monitoring reports from October 2019
- a sample of individual written agreements
- record of monies held in the patients' comfort fund
- RQIA registration certificate

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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that the identified shower hoses are replaced in order to ensure that effective cleaning of these can be maintained.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that the identified shower hoses had been replaced.	
Area for improvement 2 Ref: Standard 22 Stated: First 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.	Not met
	Action taken as confirmed during the inspection: Review of the care records for a patient who had suffered a potential head injury evidenced that neurological observations had not been completed for the 24 hour period of time following this and no rationale for non-completion had been recorded. This area for improvement will be stated for the second time.	

Area for improvement 3 Ref: Standard 2.8 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of a sample of patients’ finance files evidenced that that an updated individual agreement to reflect the current fee paid had been sent to all patients’ representatives along with a letter asking them to sign and return the agreement. The patients’ finance files reviewed contained a copy of the letter that had been sent and an updated signed agreement.	
Area for improvement 4 Ref: Standard 14.31 Stated: First time	The registered person shall ensure that patients’ comfort fund monies are held in a separate bank account from patients’ personal allowance monies.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this area for improvement was not reviewed at this inspection and will be carried forward to the next care inspection.	

6.2 Inspection findings

Staffing

The manager confirmed the planned daily staffing levels for the home and that these were subject to regular review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. Staff spoken with were mostly satisfied with staffing levels and told us that the manager was responsive if they expressed any concerns about staffing levels. Staff also commented positively about teamwork, communication and care provided in the home. Comments made by staff included:

- “The care staff are amazing, they know the patients inside out.”
- “The manager is excellent, puts patients first.”
- “We all know what’s going on in the home.”
- “I love working here.”
- “Teamwork is excellent.”
- “The meals are very good.”
- “Kayleigh (the manager) is very approachable.”

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

Training

Review of staff training records and discussion with the manager confirmed that all staff had received the appropriate level of mandatory training in deprivation of liberty safeguards (DoLS). Staff spoken with demonstrated their awareness of DoLS and how they would ensure the appropriate safeguards were in place for those patients who required them.

Environment

We reviewed the home's environment and entered a selection of bedrooms, bathrooms, lounges, dining rooms, sluice rooms, storage areas and treatment rooms throughout the five bungalows. The home was found to be warm, clean and fresh smelling throughout. Patients' bedrooms were attractively decorated and personalised. Corridors and fire exits were observed to be clear and unobstructed. The maintenance person confirmed that there was an ongoing repair/re-decoration plan in progress.

Identified shower hoses had been replaced; this area for improvement had been met. However, we observed that other identified shower hoses showed signs of wear and tear. Following the inspection the manager confirmed that these identified shower hoses had also been replaced and that, in future, they would consider ordering an alternative, more robust, type of shower hose.

We observed that equipment, such as a specialist chair and a wheelchair, was inappropriately stored in two identified communal bathrooms. We brought this to the attention of the manager who explained there had been extenuating circumstances for this in one of the bungalows. Following the inspection the manager confirmed that both bathrooms had been cleared and staff had been reminded to store equipment in appropriate areas.

In bungalow two we observed that the flooring in the hallway was stained in areas; the housekeeper and maintenance person told us that various measures had been taken to remove the stains without success; the manager was aware of the issue. The flooring required to be replaced as cleaning had been ineffectual; an area for improvement was made.

Care records

We reviewed the care records for four patients and found these to contain a range of validated risk assessments which informed care planning for individual patients. There was evidence of referral to and recommendations from relevant health care professionals, such as the speech and language therapist (SALT), where required. Care records reviewed were individualised and regularly reviewed and evaluated to determine the effectiveness of care delivered. The care records for one patient who had a wound evidenced that wound care was provided according to the recommendations of the care plan and recording was up to date. Food and fluid intake charts were maintained and the records reviewed were up to date.

Management of falls

Staff spoken with demonstrated their knowledge of how to care for a patient who had a fall. A monthly falls analysis was completed to determine if there were any trends or patterns emerging and an action plan was devised if necessary. However, in the care record reviewed for a

patient who had required neurological observations to be completed following a recent fall, we observed that these had not been completed for the 24 hour post fall period of time. Staff spoken with provided a rationale for non-completion but this had not been recorded on either the neurological observation chart or in the care record. An area for improvement regarding completion of neurological observations had not been met and will be stated for the second time.

Culture and ethos

Patients who were unable to voice their opinions appeared to be content and settled. Patients who were able to express their views told us that they liked living in the home; comments included:

- “It’s very good.”
- “They feed me well.”
- “I’m happy to stay here for ever and ever. “

Patients were well presented in clean clothes; attention had been paid to all aspects of their personal care. We observed that staff spoke kindly to patients and took time to ensure their individual needs were met. There was a pleasant and friendly atmosphere throughout the home. Staff were seen to effectively communicate with patients and to treat them with dignity and respect. Staff obviously knew the patients well and were aware of their individual likes and dislikes.

There were no patients’ visitors in the home during the inspection. We left questionnaires for patients and visitors to provide feedback; however, no responses were received.

Governance arrangements

Systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, care records and wounds.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

We spoke to the home’s administrator who told us that an updated individual agreement to reflect the current fee paid had been sent to all patients’ representatives along with a letter asking them to sign and return the agreement. Review of a sample of patients’ finance files evidenced that a copy of the letter that had been sent and updated signed agreements were contained within the files viewed; this area for improvement had been met.

The home’s administrator also confirmed that a separate record of patients’ comfort fund monies was maintained and review of records evidenced this. However, comfort fund monies were not held within a separate bank account. RQIA had previously contacted Amore Limited regarding this matter and we are waiting on their response, therefore, action required to ensure compliance with this area for improvement was not reviewed and will be carried forward to the next care inspection.

Areas of good practice

Areas of good practice were identified in relation to staffing, training, ongoing repair/redecoration, care records, treating patients with dignity and respect, the culture and ethos and governance arrangements.

Areas for improvement

An additional area for improvement was identified during the inspection in relation to replacing flooring in the hallway of bungalow two.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: 14.31 Stated: First time To be completed by: 15 November 2019	The registered person shall ensure that patients' comfort fund monies are held in a separate bank account from patients' personal allowance monies. Ref: 6.1 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.
Area for improvement 2 Ref: Standard 22 Stated: Second time To be completed by: With immediate effect	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. Ref: 6.1 & 6.2 Response by registered person detailing the actions taken: Falls risk protocol displayed in each bungalow. Nurse development workshop rolling out to cover falls management. Staff are aware to detail reasoning for not obtaining CNS obs on chart.
Area for improvement 3 Ref: Standard 44 Stated: First time To be completed by: 14 June 2020	The registered person shall ensure that the stained flooring in the hallway of bungalow two is replaced with suitable alternative flooring. Ref: 6.2 Response by registered person detailing the actions taken: Replacement flooring is currently being sourced alongside quotations, flooring will be replaced as soon as a contractor is appointed.

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)