

Inspection Report

19 July 2022



Apple Mews

Type of service: Nursing
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Assurance, Challenge and Improvement in Health and Social Care

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	Registered Manager: Miss Dawn Elizabeth Rhodie
Responsible Individual: Miss Sarah Elizabeth Perez (Acting)	Date registered: Acting
Person in charge at the time of inspection: Miss Dawn Rhodie	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. The home is divided in four bungalows within the same site which are in close proximity to one another. Each bungalow has accommodation for six patients with shared communal areas and enclosed gardens. There is a Residential Care Home which occupies the same site and the manager for this home manages both services.	

2.0 Inspection summary

This unannounced inspection was conducted on 19 July 2022, from 9.40am to 2.35pm 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.

There was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

It was evident that staff promoted the dignity and well-being of patients.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Two areas requiring improvement were identified during this inspection. These were in relation to fire safety training and the fire safety risk assessment.

Patients said that living in the home was a good experience.

RQIA were assured that the delivery of care and service provided in Apple Mews was safe, effective, compassionate and that the home was well led.

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 Miss Dawn Rhodie, Manager at the conclusion of the inspection.

4.0 What people told us about the service

During this inspection all patients were met with. In accordance with their capabilities, all confirmed that they were happy with their life in the home, their relationship with staff, the provision of meals and the general atmosphere.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, training and the teamwork.

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 1 March 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 44 Stated: First time	The registered person shall put in place a time bound plan to address the deficits in the paintwork particularly in two of the bungalows.	Met
	Action taken as confirmed during the inspection: This time bound action plan is being put in place as explained and demonstrated by the Manager.	
Area for improvement 3 Ref: Standard 47.1 Stated: First time	The registered person shall put in place a review of the inaccuracy of the home's postal address and associated risk pertaining to this with subsequent appropriate action.	Met
	Action taken as confirmed during the inspection: The Manager's explained the steps they had taken and subsequent actions, including signage from the main and side roads.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of a staff member's recruitment records confirmed that the staff were recruited in accordance with Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005.

The staff duty rota reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty.

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. Review of two staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

Staff said there was good team work and that they felt well supported in their role and the level of communication between staff and the Manager. Staff said that they were satisfied with the staffing levels.

There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NICSS), as appropriate. These checks were maintained appropriately.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were seen to engage with patients' consent with statements such as "Would you like to..." and "Can I help you with...." when delivering personal care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were appropriately managed. Falls and incidents were audited on a monthly basis.

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 may include simple encouragement through to full assistance from staff.

There was a good provision of meal choices including those patients who needed specialist diets. Care for patients' dietary needs was delivered in an organised, unhurried manner.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily.

Patients care records were held confidentially. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic. The Manager explained the programme of redecoration and refurbishment currently being undertaken.

Cleaning chemicals were maintained safely and securely.

The doors to the kitchen and laundry in one of the bungalows were wedged open and an external door to an electrical switch room was unlocked. This was brought to the immediate attention of the nurse in charge and identified as an area of improvement.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were well maintained with up-to-date fire safety checks of the environment and fire safety drills. The home's most recent fire safety risk assessment was dated 29 September 2021. There was no corresponding evidence recorded that the four recommendations made as a result of this assessment had been addressed. An area of improvement was made for a time bound action plan to be submitted to RQIA detailing how these four recommendations will be addressed.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. One staff member was found to not adhering to

guidance with proper use of face covering, which was brought to the Manager's attention. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Patients were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. It was observed that staff offered choices to patients throughout the day which included food and drink options, and where and how they wished to spend their time.

Patients' needs were met through a range of individual and group activities, such as trips out, games and crafts.

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and interactions with staff. Two patients made the following comments; "It's a lovely home. The staff are very good and so is the food." and "All is well. I like it here."

The environment was suitably facilitated to support patients with social needs and comfort.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Miss Dawn Rhodie has applied to be registered with RQIA.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

Discussions with the Manager and a review of the record of complaints confirmed that expressions of dissatisfaction were taken serious and managed appropriately. The home was visited each month by the Regional Director on the behalf of the Responsible Individual 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 in detail; where action plans

for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	0

The two areas for improvement and details of the Quality Improvement Plan were discussed with Miss Dawn Rhodie, 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 27(4)(d)(i) Stated: First time To be completed by: 19 July 2022	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. Ref: 5.2.3 Response by registered person detailing the actions taken: This is monitored daily by the Home Manager Daily Quality walk rounds and the nurse in charge of each bungalow advised of area of improvement for monitoring.
Area for improvement 2 Ref: Regulation 27(4)(a) Stated: First time To be completed by: 19 August 2022	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. Ref: 5.2.3 Response by registered person detailing the actions taken: Fire Risk Assessment updated and recorded dates of actions completed, and signed by the Acting Service Manager. Copy of the updated Fire Risk Assessment forwarded to the Lead Inspector following inspection.

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



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