



# Unannounced Care Inspection Report 30 January 2019



## Apple Mews

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

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 30 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Watton) Limited  <b>Responsible Individual(s):</b> Nicola Cooper	<b>Registered Manager:</b> See box below
<b>Person in charge at the time of inspection:</b> Kayleigh Hunniford	<b>Date manager registered:</b> Kayleigh Hunniford– temporary manager
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of registered places:</b> 30  A maximum of 6 patients to be accommodated in each of the five bungalows.

### 4.0 Inspection summary

An unannounced inspection took place on 30 January 2019 from 09.30 to 16.30 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff interactions with patients, teamwork, communication, the meal time experience, respecting patients' privacy and the nursing process.

Areas requiring improvement were identified in relation to replacing identified equipment, medicines storage and ensuring sluice and utility rooms are securely locked when unsupervised.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Kayleigh Hunniford, manager, and Roberta Wilson, quality improvement lead, 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 4 April 2018

The most recent inspection of the home was an unannounced follow-up care inspection undertaken on 4 April 2018. 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

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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with seven patients and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' relatives. Ten patients' questionnaires and 10 patients' relatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed in the entrance hall in bungalow five.

The following records were examined during the inspection:

- duty rota for all staff from 21 January to 3 February 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 from 4 April 2018 to 30 January 2019
- two staff recruitment and induction files
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- registered nurse competency and capability record
- agency staff induction record
- annual quality report
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 the most recent inspection dated 4 April 2018**

The most recent inspection of the home was an unannounced follow up care inspection.

The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector during this inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 4 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4)(c)	The registered person shall ensure that a written record is kept of the administration of <u>any</u> medicine to a patient.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a random selection of patients' medication records and discussion with staff nurses evidenced that this area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 (1) (c) (i) <b>Stated:</b> Second time	The registered person shall ensure that staff are provided with training in relation to their roles and responsibilities in the following areas but not limited to: <ul style="list-style-type: none"> <li>• adult safeguarding</li> <li>• safe moving and handling</li> <li>• fire safety</li> </ul> A system should be developed and implemented to ensure that the learning has been embedded into practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of the training matrix evidenced compliance with mandatory training requirements. Observation and discussion with staff evidenced training had been embedded into practice.	
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## 6.3 Inspection findings

### 6.4 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 21 January to 3 February 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that this only happened occasionally and that shifts were "covered." We also sought staff opinion on staffing via the online survey; no staff questionnaires were returned.

We also sought the opinion of patients and relatives on staffing via questionnaires; no patient or relative questionnaires were returned.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.



Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 4 April 2018 to 30 January 2019 in comparison with the notifications submitted by the home to RQIA, in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, kitchens, dining rooms, sluice rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Staff spoken with were complimentary in respect of the home's environment. The manager confirmed there was an ongoing refurbishment and repainting schedule; the replacement kitchen in bungalow three had been completed and other works were planned or in progress.

Bathrooms reviewed were found to be clean, hygienic and in good decorative order. No malodours were detected; however, identified shower chairs required to be replaced to ensure they could be effectively cleaned. An area for improvement was made.

In bungalow four the sluice room door was closed but unlocked, and the cleaning trolley and cleaning products on the trolley were unattended in the sluice; this was brought to the attention of the domestic staff member on duty who then ensured the door was locked. In bungalow five the utility room door was closed but unlocked; this was brought to the attention of staff as soap powder and fabric softener were potentially accessible to patients. An area for improvement was made.

Review of one identified unlocked storage room, also in bungalow five, evidenced that prescribed nutritional supplements and thickeners were stored in an unsecured area and presented a potential risk to patients if accidentally ingested; this was discussed with the manager who agreed this was not a suitable storage area; she confirmed an alternative, secure storage area would be arranged. An area for improvement was made.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were consistently adhered to. The manager had an awareness of the importance to monitor the incidents of HCAI's and/or when antibiotics were prescribed.



A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats and belt harnesses. There was also evidence of consultation with relevant persons. Care plans were in place for the management of restrictive practices.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since 4 April 2018 confirmed that these were appropriately managed.

### 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, infection prevention and control and the home's environment.

### Areas for improvement

Three areas for improvement were identified in relation to replacing shower chairs, ensuring sluice and utility rooms were locked and ensuring prescribed nutritional supplements and thickeners were safely and securely stored.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

### 6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition and hydration, bowel management and management of restrictive practices. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. There was evidence that the care planning process included input from patients and/or their relatives, if appropriate.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as the speech and language therapist (SALT) or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. Comments from staff included:

- “Good place to work.”
- “I love it here.”
- “I have quality time available to spend with residents.”

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, and communication between residents, staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.6 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.**

We arrived in the home at 09.35 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Review of the activity programme evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. The activity co-ordinator post was unfilled at the time of inspection; however, review of records and discussion with staff evidenced they were allocated to assist patients with activities that were meaningful and appropriate to their needs on a daily basis. Patients who were able, attended appropriate activities in the local community or went out for lunch on a weekly basis.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal in the dining room in bungalow five. Patients were assisted to the dining room by staff; none of the patients required trays to be delivered to their rooms. Staff were observed assisting patients with their meal appropriately, clothing protectors were worn by patients if required and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The meal time experience appeared calm, relaxed and unhurried; one patient refused lunch so staff suggested alternatives for the patient to choose from and arranged for his preferred choice to be prepared.

Discussion with a member of the catering staff evidenced knowledge of modified diets and fluids and good communication with nursing staff, dieticians and SALT. A thermos mixer had been ordered to ensure modified food remains hot during preparation; this was recommended following training on the implementation of the international dysphagia diet standardisation initiative (IDDSI). Meal times were staggered throughout the five bungalows to ensure food was delivered as freshly prepared as possible. As stated previously a new kitchen had recently been fitted in bungalow three where the majority of meals were prepared for the whole home.

A record of compliments received included positive comments on the Christmas meal, activities offered and care provided.

We spoke with seven patients both individually and in smaller groups. Patients indicated that they felt happy and were well looked after by staff in Apple Mews. One patient commented, "it's grand here." Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided; none were returned within the timescale.

Staff were asked to complete an on line survey; we had no responses within the timescale specified.

Any comments from patients, relatives and staff in returned questionnaires received after the return date will be shared with the manager for their information and action as required.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, the meal time experience and the provision of meaningful activities.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 6.7 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.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of each of the bungalows. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. The current manager has been in post since 1 January 2019 and is covering on a temporary basis until a permanent manager is recruited. One staff member commented that it “has been unsettling with change of managers” but they felt things were much better now as the current manager had been the deputy manager and knew the patients and staff very well. This comment was fed back to Kayleigh Hunniford, manager, and Roberta Wilson, quality improvement lead. They confirmed staff had been kept updated with recent changes in management arrangements and the manager stated it was her intention to apply for the permanent manager post once it was advertised. Staff spoken with confirmed they were aware of the current temporary management arrangements in the home and had met with the manager.

A review of the duty rota evidenced that the manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff evidenced that the manager’s working patterns supported effective engagement with patients, their relatives and the multi-professional team.

We discussed the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service collected equality data on service users at the time of admission to the home and the manager confirmed staff had received training in this area.

Review of the home’s complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records and use of restrictive practices. In addition, robust measures were also in place to provide the manager with an overview of the management of infections and fall occurring in the home.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes. The annual quality report was available and evidenced review of the quality of nursing and service provision in the home with strengths and areas for improvement identified.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 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, and Roberta Wilson, quality improvement lead, 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 46.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 March 2019</p>	<p>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.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Shower chairs have been removed and replaced with new chairs. staff have been made aware of importance of cleaning shower chairs. Spot check audits carried out on same.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 30.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 06 February 2019</p>	<p>The registered person shall ensure an alternative, safe and secure storage area is made available for the prescribed nutritional supplements and thickeners.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> all nutritional supplements have been relocated to a secure cupboard which is kept locked at all times. Nurse in charge of bungalow holds key during shift.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 47.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 January 2019</p>	<p>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.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> this is standard practice in Apple Mews and has been reiterated to all staff and the importance of ensuring same are locked for patient safety. Spot checks carried out.</p>

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



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