

Inspection Report

25 June 2024



Apple Mews

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

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1.0 Service information

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual: Miss Sarah Elizabeth Perez	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 A maximum of 6 patients to be accommodated in each of the 4 bungalows
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: 24
Brief description of the accommodation/how the service operates: <p>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.</p> <p>There is a residential care home on the same site as the nursing home and the manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 25 June 2024 from 9.25am to 6.00pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and determined 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 spoke positively when describing their experiences of living in the home. Comments received from patients and staff are included in the main body of this report.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manger/management team.

An area for improvement identified at the previous care inspection, in relation to the environment, remained unmet at this inspection and details can be found in the Quality Improvement Plan (QIP) at the end of this report.

The findings of this report will provide the manager and management team 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 told us that they were happy living in the home and were offered choice in how they spent their day. They appeared comfortable in their surroundings and in their interactions with staff.

Staff told us that, although they were busy, they enjoyed working in the home and engaging with patients. Staff confirmed that there were also good working relationships between staff and the home's management team.

There were no questionnaire responses received from patients or relatives and we received no feedback from the 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 01 February 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall ensure that the flooring and walls within the identified cottage are repaired/replaced to allow for effective cleaning of these areas.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and this will be discussed further in Section 5.2.3. This area for improvement has not been met and will be stated for the second time.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 11 Criteria (12) Stated: Second time	The registered person shall ensure that staff, allocated to provide activities for patients, receive training on the provision of activities.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 46 Criteria (2) Stated: First time	The registered person shall ensure that there is appropriate hand hygiene provision within all of the cottages in the appropriate areas.	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 completed an induction to the home at the commencement of their employment to become more familiar with the homes' policies and procedures. The time period for induction could be extended if required. A booklet was completed to record the topics covered on induction. A list of training was identified for completion as part of the induction process.

Staff had a suite of mandatory training topics to complete annually to maintain their knowledge and skills in order to provide safe and effective care. Training topics included adult safeguarding, deprivation of liberty safeguards (DoLS) and fire safety training. A system was in place to ensure staff attended training and evidenced that 94 percent of staff were compliant with mandatory training requirements.

Staff confirmed that they received an annual appraisal to review their performance and, where appropriate, identify any training needs. Staff also confirmed that they received recorded supervisions on a range of topics. House managers completed one to one meetings with staff on a monthly basis.

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

Staff raised no concerns in regards to the staffing arrangements in the home and confirmed that they felt they worked well together and that the teamwork was good. They shared comments, such as, "It's brilliant; we are like a family"; "We have a very strong team" and, "We have worked together for a long time; we have a good rapport with each other". Patients complimented the care delivery from staff. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked.

Several patients required one to one care as part of their assessed care needs and for their safety. Staff consulted confirmed that the one to one care needs for patients were met at all times for those requiring this service.

A new 'Super Supporter' role was in the process of development allowing the nominated staff member to take more responsibility for individual patient's care.

Staff meetings had been conducted within each bungalow. Minutes of the meetings were recorded. Flash meetings were also conducted regularly; this allowed for early identification of any concerns staff may have in relation to patient care. Governance meetings were held with house managers for onward sharing with staff. These meetings included action plans for completion within each bungalow, such as, the completion of staff training.

A yearly staff engagement survey was completed with staff to give them the opportunity to give their feedback on the running of the home. Results were analysed and fed back on the premise of 'You Said,' 'We Listened,' and, 'We done' in response to the feedback.

5.2.2 Care Delivery and Record Keeping

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 and included any advice or recommendations made by other healthcare professionals. Care plans encompassed the patients' psychological and emotional needs as well as identifying how to meet their communication needs and equality and human rights. Patients' care records were held confidentially.

Supplementary care records were recorded to capture the care provided to patients. This included any assistance with personal care, continence care, food and fluid intake, social engagements, activities and any checks made on patients. Nursing staff completed daily evaluations of the care provided to patients during the shift.

Incident forms were completed by staff to record any accidents or incidents which occurred in the home. Falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented. Checks were in place to ensure that the correct actions had been taken following any incident or accident in the home.

Nutritional assessments were completed monthly to monitor for weight loss or weight gain. There had been no recent weight loss identified. Appropriate referrals had been made when weight loss was identified. Eating and drinking care plans were in line with recommendations from the speech and language therapists (SALT) and dieticians. Care plans were updated monthly to ensure that they were still relevant. Food and fluid intakes had been recorded well. The online recording system could easily track if the patients were achieving their daily fluid targets to maintain hydration.

Catering arrangements remained the same as the previous inspection; food was freshly cooked within each bungalow. A new summer menu had been developed and offered a good choice and variety of foods. Food served appeared appetising and nutritious. Patients and staff spoke positively in relation to the catering arrangements. Staff were of the opinion that the quality of the food was good and patients enjoyed their meals. Mealtimes were well supervised and staff were observed compassionately encouraging patients with their meals. Staff had a good knowledge of patients' nutritional requirements. All staff completed food safety, kitchen safety and dysphagia training as part of mandatory training requirements.

5.2.3 Management of the Environment and Infection Prevention and Control

During the inspection we reviewed the home's environment including a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. Patients' bedrooms were personalised with items important to them. The home was warm, clean and comfortable. There were no malodours detected in the home. However, at the previous care inspection, on 1 February 2024, we identified damaged flooring and walls within a bungalow which required repair/replacement to ensure that they could be cleaned effectively. While a quote had been obtained for these works, no further actions had been taken and the flooring and walls remained damaged. This was discussed with the manager and the area for improvement has been stated for a second time.

It was evident that fire safety was important in the home. Staff had received training on fire safety and the manager confirmed fire safety checks including fire door checks and fire alarm checks were conducted regularly. Corridors in the bungalows were free from clutter and obstruction as were the fire exits should patients have to be evacuated. Fire extinguishers were easily accessible. The manager confirmed that the required actions from the most recent fire risk assessment had been completed.

Infection prevention and control (IPC) audits and environmental audits were conducted monthly to monitor compliance with staffs' practices and cleanliness in the home. The audits included action plans and an action's log was maintained. The audit records could be reviewed remotely by senior managers. Weekly hand hygiene audits were completed within each bungalow. In addition, records were kept of manager's walkarounds the home. The records included any observations noted and any actions required for improvement. There was an adequate supply of hand hygiene and personal protective equipment available to staff.

5.2.4 Quality of Life for Patients

Patients appeared comfortable and settled in their environment. There was a pleasant atmosphere throughout the home within each bungalow. It was observed that staff provided care in a caring and compassionate manner. It was clear through patient and staff interactions that they knew one another well and were comfortable in each other's company.

A programme of activities was available for review and any patients could join the activity's therapist in the activity room at set times during the week. There were multiple resources for activities in the activity room. The programme for activities was a guide and many of the activities conducted with patients were in line with their own personal interests rather than sticking strictly to the programme. Since the last inspection, all staff in the home had received training on activity provision and engaged with patients in activities within their own bungalows. Individual records of activity engagements were recorded within the patients' care records. Each bungalow had a nominated 'bus day' where staff could take patients out on the bus to places of interest to them. Patients were also regularly taken outside to sit or for walks when they wished and the weather permitted.

Surveys were sent to patients' relatives twice yearly to ascertain their view on the running and management of the home. Responses formed part of the Annual Quality Report.

Visiting had returned to pre-covid arrangements in line with Department of Health guidelines. Patients were free to leave the home with family members if they wished.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change to the management arrangements. Sara George-Kennedy has been managing the home since 26 June 2023. An application to register as manager with RQIA had been received and was in process. Discussion with the manager and staff confirmed that there were good working relationships between staff and the manager. Staff described the manager as 'approachable' and 'would listen to any concerns'. Staff also confirmed that they had easy access to the manager when they needed to speak with them.

A 'Freedom to Speak Up' champion had been identified to allow staff a single voice to raise concerns if they did not feel comfortable speaking to a manager. The RQIA certificate of registration was displayed appropriately and reflective of the current registration.

In the absence of the manager, the nurse in charge (NIC), nominated within the NIC tracker, would take charge of the home. Nurses first completed a competency and capability assessment on taking charge of the home prior to commencing in this role. There was an on-call rota for the NIC to identify who the senior manager on call was should they need any guidance or advice.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff had a good understanding of the home's organisational structure should they need to escalate their concern and were aware of the departmental authorities that they could contact should they need to escalate further.

The manager confirmed internal governance practices in order to monitor the quality of care and other services provided to patients. Audits were conducted on, for example, patients' care records, wound care, patients' weights, nutrition and the dining experience, health and safety, medicines management, staff training and the environment. Audits completed by house managers were returned to the manager at the end of each month and actions identified reviewed to ensure completion.

The manager met with house managers for a weekly team brief each Monday, Wednesday and Friday. The house manager would feed any information shared at this meeting back to the staff from each of their bungalows.

The home was 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 completed reports were available for review by patients, their representatives, the Trust and RQIA. Where improvement actions were required, an action plan was included within the report. The action plan would be reviewed at the subsequent monthly monitoring visit to ensure completion.

The number of complaints made to the home was low. There were no recent complaints. The manager confirmed that all compliments received would be shared with the staff.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has 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	1*	0

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sara George-Kennedy, Manager and Catherine O'Connell, Deputy 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 (2) (d) Stated: Second time	<p>The registered person shall ensure that the flooring and walls within the identified cottage are repaired/replaced to allow for effective cleaning of these areas.</p> <p>Ref: 5.1 and 5.2.3</p>
To be completed by: 30 September 2024	<p>Response by registered person detailing the actions taken:</p> <p>Funding has been approved by the Estates Department and works are to be undertaken. We are waiting on a date from the external supplier to undertake the works required.</p>

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