The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Apple Mews

Provider: Amore (Watton) Limited

Date of Inspection: 28 September 2026

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
Responsible Individual:	Miss Sarah Elizabeth Perez
Registered Manager:	Ms Sara George Kennedy
Service Profile – This home is a registered nursing home which provides nursing care for up to 24 patients with a learning disability. Accommodation is provided in four six bedded self-contained bungalows within a designated site. This variation is for a further six bedded self-contained bungalow for six patients with a learning disability.	

2.0 Inspection summary

An announced pre-registration inspection took place on 28 September 2026, from 10am to 11am. Both an estates and care inspector carried out this inspection.

This inspection was undertaken to assess the application to vary the registration of the home in relation to increasing the occupancy of an additional six learning disability nursing care beds in an additional designation bungalow, in respect of variation application number VA013218.

This inspection is underpinned by The Nursing Homes Regulations (Northern Ireland) 2005.

As a result of this inspection, the variation to registration was approved. This being an increase of occupancy to a total of 30 learning disability nursing care beds.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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.

3.2 Inspection findings

3.2.1 Care inspector findings

Statement of Purpose

The home's Statement of Purpose has been reviewed to reflect the increase in occupancy and category of care and outlined the range of services provided in accordance with Regulation 3 of The Nursing Homes Regulations (Northern Ireland) 2005.

Patient's Guide

The home's Patient's Guide has been reviewed to reflect the increase in occupancy and category of care and outlined the range of services provided in accordance with Regulation 4 of The Nursing Homes Regulations (Northern Ireland) 2005.

The environment

VA013218 is to provide an additional six learning disability nursing care beds.

Patients' bedrooms are located on a ground floor level. The bedrooms were comfortable and suitably facilitated. Bedrooms were single occupancy and hazard free.

Communal areas were comfortable and decorated to a good standard.

The environment presented as having good lighting, appropriate signage and spacious, with access to enclosed external area.

From a care perspective, the accommodation to be occupied by patients is suitable for use.

Operation issues

The registered manager of the home is Ms Sara George Kennedy. She is supported by a line management structure and team of staff as defined in the home's Statement of Purpose.

The manager confirmed to the inspector that admissions to the home would be on a phased basis to enable staff sufficient time to become familiar with newly admitted patients and plan care accordingly.

The manager confirmed that they will undertake a pre-admission assessment of all potential patients, so as to ensure that the assessed needs of the patients can be met.

The manager was aware of their responsibilities in regards to the categories of care for which the home is registered.

Staffing

The inspector was informed that the planned staffing levels in the home would be flexible and responsive to the changing needs and numbers of patients as the home increases its occupancy.

Additional nursing and care staff will be employed over a 24 hour period for this unit.

Staff in this new unit will receive mandatory and additional training pertinent to their roles and needs of patients accommodated.

In conclusion, from a care perspective RQIA were satisfied with the actions taken to this variation, and they are compliant with the DoH minimum standards.

3.2.2 Estates inspector findings

The premises were found to have been refurbished, decorated and presented to a very high standard, and suitably furnished throughout. Six bedrooms with en-suite facilities including an accessible shower, toilet and wash hand basin are provided, along with a generous communal space provision. The bedrooms and the associated en-suite exceed the current DoH Minimum Standards with regards to area and critical dimensions. The en-suite facilities also have suitable controls in place to ensure safe hot water is provided. It is important that once these bedrooms are occupied, that the residents are suitably assessed to ensure that any additional accessibility aids that they may require in their en-suite accommodation are installed.

Documentation presented during the inspection and forwarded following the inspection indicated that the premises and the engineering services and equipment were installed and commissioned in line with relevant legislation, ACOPs and best practice guidance. All relevant risk assessments, including for fire and water safety, had been updated to take account of any alterations and additions made to the home.

The premises' space heating and hot water services are fully maintained and serviced in accordance with current best practice guidance.

In conclusion, from an estates perspective, RQIA were satisfied with the actions taken to this variation, and they are compliant with the DoH minimum standards.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the management team, as part of the inspection process and can be found in the main body of the report.

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

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