

The Regulation and  
Quality Improvement  
Authority

Owen Mor Care Centre  
RQIA ID: 020001  
167 Culmore Road  
Londonderry  
BT48 8JH

Inspector: Bridget Dougan  
Inspection ID: IN023469

Tel: 028 7135 3631  
Email: [manager@owenmor.co.uk](mailto:manager@owenmor.co.uk)

---

**Unannounced Care Inspection  
of  
Owen Mor Care Centre**

**14 July 2015**

**The Regulation and Quality Improvement Authority**  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 14 July 2015 from 10.30 to 17.30 hours. The focus of this inspection was to follow up on concerns raised by relatives and the Trust with regard to the following areas:

- organisation of the home
- care practices
- inability to access or exit the home.

Overall on the day of the inspection, areas for improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Owen Mor Care Centre which provides both nursing and residential care.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Owen Mor Care Centre is a new home which was opened on 05 June 2015. This is the first care inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

An urgent actions letter detailing the findings of this inspection was issued to Dr Brendan McDonald, responsible person following this inspection.

These actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home. These areas are set out in the Quality Improvement Plan (QIP) within this report. Refer also to section 5 below.

RQIA will continue to monitor the quality of service provided in Owen Mor Care Centre and will carry out a follow-up inspection to assess compliance with the legislative requirements and minimum standards.

### 1.3 Inspection Outcome

Requirements	Recommendations
--------------	-----------------

<b>Total number of requirements and recommendations made at this inspection</b>	3	3
---	---	---

The details of the QIP within this report were discussed with the registered manager and the responsible person as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Dr Brendan McDonald	<b>Registered Manager:</b> Mrs Jane Laird
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Jane Laird	<b>Date Registered:</b> 02 April 2015
<b>Categories of Care:</b> NH-DE, RC-DE	<b>Number of Registered Places:</b> 47
<b>Number of patients accommodated on day of inspection:</b> 36 patients	<b>Weekly Tariff at Time of Inspection:</b> £510 - £633

## 3. Inspection Focus

Information was received by RQIA in July 2015 regarding concerns in the following areas:

- organisation of the home
- care practices
- inability to access or exit the home.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with senior management, it was agreed that an inspection would be undertaken to review the issues identified above.

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

During the inspection, the inspector met with 20 patients, two nursing and six care staff. The inspector also met with the relatives of four patients.

The following records were examined:

- six patients' care records
- food and fluid records
- accidents/incidents register
- complaints register
- staff duty rotas.

## **5. The Inspection**

### **5.1 Review of Requirements and Recommendations from the Previous Inspection**

The previous inspection of the home was an announced estates inspection on 03 July 2015. The report for this inspection had not been issued at the time of this care inspection.

### **5.2 Management and Leadership**

The registered manager, Mrs Jane Laird, was carrying out clinical duties and this was taking her away from her main role to monitor and ensure the safe delivery of quality care within the home. On the day of the inspection, Mrs Laird attended care management review meetings and admitted two patients into the home. These tasks could have been delegated to a registered nurse.

The deputy manager/clinical sister, Ms Bernie McDaniel, was rostered to work as a clinical nurse on the floor with no supernumerary hours allocated to her. This should be reviewed as a matter of priority. It is important to ensure that sound leadership and management arrangements are in place as the home moves towards full occupancy levels.

The responsible person must provide details of the arrangements which have been put in place to support the registered manager to develop and implement robust governance systems within the home.

### **5.3 Meals and meal times**

The management of meal times was observed in the two units. There was a lack of leadership and supervision especially in unit two during lunchtime and afternoon tea.

There was evidence of a lack of delegation of duties (unit two) and monitoring of meals and meal times. A number of clinical issues were identified and discussed with the registered manager. One patient was observed to be holding a calcium tablet in her mouth which had been administered some hours previously. This patient was being assisted with her meals by a care assistant who was on the first day of their induction to the home. Tea which was part of the lunchtime meal was not served in a timely manner in unit two. Afternoon tea in units one and two was not served in a timely manner on the day of the inspection. Refer also to section 5.6 regarding patients' views.

Food and fluids records were not being maintained appropriately. Care assistants were not recording patients' food and fluid intake on the computer in a timely manner. Gaps were observed and inaccurate information was recorded. There was no evidence of nurses monitoring this information or recording food and fluid intake in the daily progress notes.

The above concerns were discussed with the registered manager and the responsible person during feedback. The registered manager should review the management of meals and meal times to ensure the following issues are addressed:

- mealtimes are organised to enable patients to receive adequate supervision which is specific to their identified care needs

- staff have up to date knowledge and skills in the management of feeding techniques for patients with swallowing difficulties
- appropriate referrals are made to relevant professionals for patients who have swallowing difficulties and any special nutritional requirements
- nutritional risk assessments and care plans are completed for each patient
- food and fluid records are maintained appropriately and monitored by registered nurses to ensure nutritional needs are met
- competency and capability assessments are completed for all registered nurses.

#### **5.4 Care records**

Six patients care records were reviewed. A number of care records were not being recorded appropriately. One identified patient recently admitted to the home had no assessments of need, risk assessments or care plans in place. This same patient was observed to be holding food in their mouth and had not been referred for a swallowing assessment. This was discussed with the registered manager and assurances were provided that this referral had been made on 15 July 2015. Other patients' care records had gaps in risk assessments and assessments of need. The registered persons are required to confirm that a detailed plan of care is generated from a comprehensive, holistic assessment and drawn up for each patient. The assessment should be commenced on the day of admission and completed within five days of admission to the home.

#### **5.5 Provision of Activities**

An activities co-ordinator was employed full time. However, there was no evidence of activities being provided or an activities schedule in place. The activities coordinator was directed to carry out other duties on the afternoon of the inspection. As the home provides care for patients living with dementia, the provision of a structured and meaningful activities programme is essential and should be integral to patients care. The registered persons should ensure that the provision of activities is reviewed and is delivered in accordance with the criteria outlined in Standard 11 of the Care Standards for Nursing Homes April 2015.

#### **5.6 Consultation with patients, their representatives and staff**

The inspector was able, as part of the inspection process, to meet with 20 patients individually and to most others in small groups. The majority of patients were unable to verbalise their views of the care they received due to the frailty of their condition. Three patients stated that they were happy living in the home and that staff were good to them. One patient expressed some dissatisfaction with the delay in serving the tea following lunch. This was brought to the attention of staff and the issue was resolved immediately. All patients were observed to be well groomed and appeared comfortable in their surroundings.

The relatives of four patients met with the inspector. Comments received from the relatives included the following:

- 'Staff are excellent, they couldn't do enough for you. The food is excellent.'
- 'We have to wait for up to 15 minutes to get out of the building.'
- 'There is not enough staff to interact with patients. We are putting it down to teething problems.'

- 'They would need someone to come in and provide music and do exercises with patients.'

The issues raised by relatives were discussed with the registered manager and the responsible person during feedback. The inspector was assured that they would be addressed.

Discussion took place with two nurses and six care staff. Comments received from the staff included the following:

- 'Sometimes it is very busy, especially at lunch time.'
- 'We are finding our feet. New patients, new staff, new home.'
- 'The care in the home is very good.'

## 5.7 Staffing

Duty rosters were reviewed for weeks commencing 13, 20 and 27 July 2015.

Owen Mor Care Centre is a single storey building with patients accommodated in three units as follows:

### **Unit One: 19 beds – occupancy on the day of inspection: 17 patients and one patient in hospital**

08 00 – 20 00 hours – 1 nurse and three care assistants  
20 00 – 08 00 hours – 1 nurse and one care assistant.

### **Unit Two: 19 beds – occupancy on the day of inspection: 19 patients**

08 00 – 20 00 hours – 1 nurse and three care assistants  
14 00 – 23 00 hours – 1 care assistant  
20 00 – 08 00 hours – 1 nurse and one care assistant.

### **Unit Three: 9 beds – occupancy on the day of inspection: 2 patients (admitted on day of the inspection)**

08 00 – 20 00 hours – 1 care assistant (plus nursing cover from unit two)  
20 00 – 08 00 hours – 1 care assistant (plus nursing cover from unit two).

The registered manager confirmed that recruitment was continuing for registered nurses and care assistants. Agency staff were being used to cover staff sickness absence.

Given the findings of this inspection and the concerns raised by relatives and the Trust prior to the inspection, the responsible person is required to review the staffing levels and deployment of staff to ensure that patients receive safe, effective and compassionate care.

In considering staffing arrangements, the responsible person should consider all relevant matters including the structure and layout of the home; the registered category of care; the dependency levels of patients; the role of the registered manager; the experience and competencies of staff and staff training.

## 5.8 Complaints

Four complaints had been recorded and were being managed in accordance with regional guidance.

## 5.9 Accidents/Incidents

The review of a sample of incident/accident records evidenced that incidents/accidents had been notified to RQIA in accordance with legislative requirements.

<b>Number of Requirements</b>	<b>3</b>	<b>Number Recommendations:</b>	<b>3</b>
-------------------------------	----------	--------------------------------	----------

## 6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Dr Brendan Mc Donald (responsible person) and Mrs Jane Laird (registered manager) as part of the inspection process. The timescales commence from the date of inspection.

The registered person should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Regulations 12 (4) (a) and (b); 13 (1) (a); 13 (4) (a); 13 (7); 14 (5); 15 (1) (a); 16 (1); 19 (2); 20 (1) (a), 29 and 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Minimum Standards for Nursing Homes (2015) 4.7; 11; 23.2; 36.5; 36.6; 40.1; 40.4; 41.1; 41.2 and 44.4. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and





approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to **RQIA's office** and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 15 July 2015</p>	<p>The registered persons must review staffing levels and the allocation of staff, taking into consideration all relevant matters to ensure that patients receive safe, effective and compassionate care.</p> <p>The number of supernumerary hours allocated to the deputy manager/clinical sister role should be reviewed and increased to enable the registered manager to develop and implement robust governance systems within the home.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  <i>See Action plan in email to RQIA 20.8.15 - ISSUE 2.            Plus note role of mine - appointed clinical lead nurse as deputy manager/sister, supernumerary to the acting manager.</i></p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 15 July 2015</p>	<p>The registered manager must review the management of meals and meal times to ensure the following issues are addressed:</p> <ul style="list-style-type: none"> <li>• mealtimes are organised to enable patients to receive adequate supervision which is specific to their identified care needs</li> <li>• staff have up to date knowledge and skills in the management of feeding techniques for patients with swallowing difficulties</li> <li>• appropriate referrals are made to relevant professionals for patients who have swallowing difficulties and any special nutritional requirements</li> <li>• nutritional risk assessments and care plans are completed for each patient</li> <li>• food and fluid records are maintained appropriately and monitored by registered nurses to ensure nutritional needs are met</li> <li>• competency and capability assessments have been completed for all registered nurses.</li> </ul> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  <i>See Action Plan in email to RQIA of 20/08/15 (Issue 3).</i></p>

<p><b>Requirement 3</b></p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be Completed by: 15 July 2015</p>	<p>The registered manager must confirm that a detailed plan of care is generated from a comprehensive, holistic assessment and drawn up for each patient. The assessment should be commenced on the day of admission and completed within five days of admission to the home.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>See Issue 5 of Action Plan emailed to RQIA 20.08.15</p>
<p><b>Recommendations</b></p>	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 35.12</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2015</p>	<p>The responsible person should provide details of the arrangements which have been put in place to support the registered manager to fulfil her responsibilities within the nursing home's governance arrangements.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>See Issue 1 an email to RQIA regarding Action Plan 20.08.15. Awaiting external consultant Agency regarding management mentorship - week commencing 07.09.15</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2015</p>	<p>The registered persons should ensure that appropriate activities are evidently planned and provided with regard to the needs of the patients with dementia care needs.</p> <p><b>Response by Registered Manager Detailing the Actions Taken</b></p> <p>See Issue 4 Action Plan on email to RQIA 20.08.15</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 16.11</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2015</p>	<p>The registered persons should provide details of the arrangements which have been put in place to address the relatives concerns regarding entering and exiting the building.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>Satisfactory arrangements now in place by provision of safely maintained swip cards at all critical points.</p>

IN022016

Registered Manager Completing QIP		Date Completed	27/08/15
Registered Person Approving QIP		Date Approved	27/8/15
RQIA Inspector Assessing Response	B. Duggan	Date Approved	23/9/15

*\*Please ensure the QIP is completed in full and returned to RQIA office from the authorised email address\**