

Unannounced Nursing Home Care Inspection Report 05 May 2016



Owen Mor Care Centre

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Inspector: Bridget Dougan

1.0 Summary

An unannounced inspection of Owen Mor Care Centre took place on 05 May 2016 from 11.00 to 18.00.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of positive outcomes for patients who were being assisted and responded to in a timely and dignified manner. The home was found to be warm, fresh smelling and clean throughout.

Staff clearly demonstrated the knowledge, skills and experience necessary to fulfil their role, function and responsibility. There was evidence of a structured orientation and induction for newly appointed staff and competency and capability assessments for registered nurses.

Feedback provided by staff, patients and/or their representatives was generally very positive. Two staff and two patients' representatives expressed some dissatisfaction with the current staffing levels especially in the lounges and at shift hand over times. A recommendation has been made for a review of the deployment of staff.

The swipe system to access the home and the internal units should be reviewed to determine the efficiency of the system. We were concerned that this was taking staff away from their caring duties.

Is care effective?

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate.

Staff stated that there was effective teamwork in the home; each staff member knew their role, function and responsibilities. Staff meetings were held on a regular basis (at least quarterly) and records were maintained.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

Some weaknesses have been identified in the delivery of effective care specifically in relation to the management of care planning and the review of falls. Two recommendations have been made in this respect.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were observed to have good standards of personal hygiene and appeared content and relaxed in their environment.

Observation of the lunch time meal confirmed that patients were given a choice in regards to food and fluid choices, and the level of help and support requested. A recommendation has been made with regard to the introduction of pictorial menus.

Discussions with staff, relatives and patients and a review sample of compliment cards evidenced that staff cared for the patients and their representatives in a kind, caring and thoughtful manner.

Is the service well led?

There was a clear organisational structure within the home and evidence that the home was operating within its registered categories of care. Significant improvements were evidenced in the management of the home since the home opened in July 2015.

Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was evidence that a range of audits had been completed on a monthly basis, for example audits of accident/incidents, care records and medication management. The results of these audits had been analysed and appropriate actions taken to address any shortfalls identified.

Monthly monitoring visits in respect of Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were completed as required. An action plan was generated to address any areas for improvement and reviewed on subsequent monitoring.

There were no requirements or recommendations made.

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

Details of the QIP within this report were discussed with Mrs Jean Brown, deputy manager at the conclusion of the inspection and with Mrs Jane Laird, registered manager following the inspection, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced estates inspection undertaken on 25 March 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Dr Brendan McDonald	Registered manager: Mrs Jane Laird
Person in charge of the home at the time of inspection: Mrs Jean Brown, deputy manager	Date manager registered: 02 April 2015
Categories of care: NH-DE, NH-MP, NH-MP(E)	Number of registered places: 47

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection we met with twenty patients, three registered nurses, eight care staff, two catering and two domestic staff.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector. Two patient's representatives were spoken with during this inspection.

Twelve patients, seven staff, and eight relatives' questionnaires were left for distribution.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff training planner for 2016
- four staff personnel records
- accident and incident records
- notifiable events records
- falls audits
- complaints and compliments records
- NMC and NISCC registration records
- staff induction records
- nurse competency and capability assessments
- minutes of staff meetings

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 25/03/16

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered person/s, as recorded in the QIP will be validated at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 25/01/16

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (1) (b) Stated: Second time	The registered manager must review the management of meals and meal times to ensure the following issues are addressed: <ul style="list-style-type: none"> • 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. 	Met
	Action taken as confirmed during the inspection: The management of the lunchtime meal was observed. The meal service was well managed with catering staff assisting with the serving of the	

	<p>meals in each of the units. The nurse in charge of each unit was present in the dining room to provide leadership and ensured the meals were delivered efficiently in accordance with each patients assessed needs.</p> <p>All care staff remained present in the dining rooms and patients were assisted appropriately. Refer to section 4.5 for further detail.</p>	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 35.16 Stated: First time	<p>The responsible person should ensure that an analysis of accidents/incidents is completed on a monthly basis to identify any trends and to take appropriate action to prevent a recurrence.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>An audit of accidents/incidents was completed on a monthly basis. An analysis had been completed to identify any trends and there was evidence of actions taken to prevent a recurrence.</p>	
Recommendation 2 Ref: Standard 16.11 Stated: First time	<p>The registered persons should ensure records are kept of all complaints including whether or not the complainant was satisfied with the outcome, and how this level of satisfaction was determined.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the complaints records evidenced 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.</p>	

Recommendation 3 Ref: Standard 38.3 Stated: First time	The registered manager should ensure that, before making an offer of employment: <ul style="list-style-type: none"> • a pre-employment health assessment is obtained in line with guidance and best practice. • information regarding referrals to regulatory bodies should be requested on application forms and reference requests. 	Met
	Action taken as confirmed during the inspection: Review of a sample of staff personnel records evidenced that a pre-employment health questionnaire had been completed prior to the staff member taking up employment. There was evidence that information had been sought regarding any referrals to regulatory bodies or pending disciplinary action. Refer to section 4.3 for further detail.	

4.3 Is care safe?

The deputy 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 rotas for the week commencing 25 April 2016, 2 May and 18 May 2016 evidenced that the planned staffing levels were adhered to. The deputy manager advised that recruitment was ongoing and that additional bank staff were being recruited.

The majority of staff and patients representatives felt there was enough staff to meet the needs of the patients. Two members of staff and two patients' representatives expressed some concerns regarding staffing levels, especially in the dayrooms and at shift handover times. This was discussed with the registered manager following the inspection and one recommendation has been made.

Observations of the delivery of care evidenced that patients were being assisted and responded to in a timely and dignified manner. No concerns were raised by patients regarding staffing levels.

Discussion with the deputy manager confirmed that there were systems in place for the safe recruitment and selection of staff, and staff consulted confirmed that they had only commenced employment once all the relevant checks had been completed. Four staff personnel files were viewed and we were able to evidence that, all the relevant checks had been completed for three members of staff. One reference had been obtained by telephone for one member of staff and the second reference had been obtained in writing. The manager recorded the findings of the telephone message and this was held within the staff personnel record.

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.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the deputy manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training.

Staff clearly demonstrated the knowledge, skills and experience necessary to fulfil their role, function and responsibility.

Discussion with the deputy manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and the majority were reviewed as required. The falls risk assessments for two patients had not been reviewed following all falls. Refer to section 4.4 for further detail.

Discussion with the deputy manager confirmed that a range of audits was conducted on a regular basis (refer to section 4.6 for further detail). A sample of falls audits confirmed the number, type, place and outcome of falls. This information was analysed to identify patterns and trends. An action plan was in place to address any deficits identified.

A review of the accident and incident records confirmed that Trust care management, patients' representatives and RQIA were notified appropriately.

We observed the environment, including a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, fresh smelling and clean.

Visitors to the home continue to have difficulty in gaining access in and out of the home via the two main doors and the internal doors into the three units, which only staff can open with a swipe card. Relatives have to ask permission to leave the building. This is a level of defacto detention and a potential breach of human rights. One visitor was observed to be waiting in excess of ten minutes to gain access to the home. The home was busy with lots of relatives visiting and staff were required to be available to let visitors in and out of the different units and the main doors during the day. We were also concerned that this was taking staff away from their caring duties. A review of the swipe system should be carried out.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

The deployment of staff should be reviewed, especially in the dayrooms and at shift handover times to ensure adequate staff are available to meet the assessed needs of patients.

A review of the swipe system should be carried out to determine the efficiency of the system.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

A sample of three patients' care records was reviewed. There was evidence that in general, detailed care plans had been developed from a comprehensive assessment for each patient. A falls care plan had not been developed for one patient assessed to be at risk of falls. A recommendation was made accordingly.

There was evidence that the majority of care records were kept under review. However, as identified in section 4.3, two patients' falls risk assessments had not been reviewed following a number of falls. A recommendation has been made.

The care planning process included input from patients and/or their representatives, as appropriate. There was evidence also of regular communication with patients' representatives regarding the patients' ongoing condition.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Discussion with staff and the deputy manager confirmed that staff meetings were held on a regular basis (at least quarterly) and records were maintained. There was records of one relatives meeting held in September 2015. We were advised that further meetings were planned with all relatives in smaller groups.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

Areas for improvement

Where a patient is assessed as being at risk of falls, a detailed falls care plan should be in developed.

The falls risk assessment should be reviewed following every fall and no less frequently than monthly and the care plan amended accordingly.

Number of requirements	0	Number of recommendations:	2
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Observation of the lunch time meal confirmed that patients were given a choice in regards to food and fluid choices, and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately.

The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. The choice for lunch on the day of the inspection was liver and bacon or cottage pie. A hot dessert was served afterwards. A healthy option choice of fresh fruit and yoghurt was also available for dessert. A choice was also available for those on therapeutic diets. Patients all appeared to enjoy their lunch. We discussed with staff how patients had been offered a choice of meals. We were informed that a menu selection is offered the previous day and records were maintained by the catering staff. For those patients who were unable to verbalise their choice of menu, staff chose a meal which they felt the patient would like. Their choice was based on information obtained from care records, discussion with relatives and from experience of what meals the patients enjoyed in the past. A recommendation was made for the registered manager to review the dining experience with regard to patient choice and to give consideration to introducing pictorial menus to assist patients in making their choice of meals.

Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients spoken with commented positively in regards to the care they received and life in the home. Those 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.

Discussion with the registered manager following the inspection confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Views and comments recorded were analysed and areas for improvement were acted upon.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the deputy manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and the relatives in a kindly manner.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Twelve patients, eight patients' representatives and seven staff completed questionnaires. Comments received were generally very positive. Two patients' representatives and two staff members expressed some concerns regarding staffing levels. These comments were discussed with the deputy manager at the time of the inspection and with the registered manager following the inspection. One recommendation has been made with regard to staffing. Some comments received are detailed below:

Staff

- “I feel we are always improving in terms of record keeping and generally communication between staff is good”
- “we have no time to spend with patients”
- “service users are provided with choice in all aspects of their care. Staff ensure that dignity and respect is maintained when care is being delivered”
- “There is plenty of training and support when you need it.”
- “management are very approachable in regards to any issue”
- “shortage of staff on some day rooms causes a build-up of stress to get tasks done and we are unable to toilet quickly due to no one being available to supervise”

Patients

Responses received from patients would indicate a high level of satisfaction with this service. No additional comments were provided by patients in the questionnaires. During discussion, patients told us that they were very happy living in the home and that the care couldn't be better. No concerns were expressed.

Patients' representatives

The following comments were received from patients' representatives:

- “we are very happy with the care provided and have no concerns”
- “could staff and relatives be taught in fire training together so each would know what the other is doing in case of emergency?” (This suggestion was discussed with the registered manager following the inspection. The registered manager welcomed the suggestion and said that she would discuss it further during relatives meetings).

Areas for improvement

Review the dining experience with regard to patient choice and consider the introduction of pictorial menus to assist patients in making their choice of meals.

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

Discussion with the deputy manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and that the registered manager was responsive to any concerns raised. Significant improvements were evidenced in the management of the home since the home opened in July 2015. This was confirmed by patients, staff and relatives. However, visitors continue to have difficulty in gaining access in and out of the home and a recommendation has been made in section 4.3 in this regard.

The certificate of registration issued by RQIA was displayed in the home.

A certificate of public liability insurance was current and displayed.

Discussion with the deputy manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home's complaints record and discussion with the deputy manager evidenced 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.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was evidence that a range of audits had been completed on a monthly basis, including care records, accidents/incidents and medication management. The audit of care records was discussed with the registered manager following the inspection. An electronic system of care records was maintained in the home. This system provides the registered manager with an overview of all risk assessments and care plans which require to be reviewed on a monthly basis. We were informed that the system does not highlight when additional reviews should be completed, for example following a fall. The registered manager has been in contact with the system provider to request further updates to the system to assist in strengthening the audits of care records. We were assured that random samples of care records would be audited manually on a monthly basis by the deputy manager.

The results of the above audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

The monthly monitoring visits required in regard to Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations. An action plan was generated to address any areas for improvement.

A discussion with the registered manager and a review of records confirmed there were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Areas for improvement

No areas for improvement were identified.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Jean Brown, deputy manager at the conclusion of the inspection and with Mrs Jane Laird, registered manager following the inspection, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the 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 by the registered manager. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk 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 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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements – None	
Recommendations	
Recommendation 1 Ref: Standard 41.1 Stated: First time To be completed by: 05 June 2016	<p>The registered manager should review the deployment of staff, especially in the dayrooms and at shift handover times, to ensure adequate staff is available to meet the assessed needs of patients.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: The deployment of staff has been reviewed and 2 x carers have been employed to carry out supervision of the dayrooms during hand overs.</p>
Recommendation 2 Ref: Standard 44.5 Stated: First time To be completed by: 30 June 2016	<p>The registered person should review the swipe system of access to the home to determine the efficiency of the system.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: The access to the home has been reviewed and relatives have been offered with the opportunity of purchasing a swipe card so that they can enter/exit the building more efficiently.</p>
Recommendation 3 Ref: Standard 22.5 Stated: First time To be completed by: 31 May 2016	<p>The registered person should ensure that where a patient is assessed as being at risk of falls, a detailed falls care plan should be in developed.</p> <p>Ref: Section 4.4</p> <p>Response by registered person detailing the actions taken: A meeting with all staff nurses has taken place and all patients who are at risk of falls have a detailed care plan within their records.</p>

<p>Recommendation 4</p> <p>Ref: Standard 22.6</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2016</p>	<p>The registered person should ensure the falls risk assessment should be reviewed following every fall and no less frequently than monthly and the care plan amended accordingly.</p> <p>Ref: Section 4.4</p>
<p>Recommendation 5</p> <p>Ref: Standard 12.6</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2016</p>	<p>The registered person should review the dining experience with regard to patient choice and consider the introduction of pictorial menus to assist patients in making their choice of meals.</p> <p>Ref: Section 4.5</p> <p>Response by registered person detailing the actions taken: Risk assessments and care plans discussed with all staff nurses and educated regarding updating both the risk assessment and the care plan after each fall and monthly there after.</p> <p>Response by registered person detailing the actions taken: Pictorial menus are now in place and available for patients.</p>

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