



Announced Enforcement Monitoring Care Inspection Report 24 & 25 October 2019



Owen Mor Care Centre

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www.rqia.org.uk

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.

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 DHSSPS Care Standards for Nursing Homes. 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 81 patients.

3.0 Service details

<p>Organisation/Registered Provider: East Eden Ltd</p> <p>Responsible Individual: Dr Una McDonald</p>	<p>Registered Manager and date registered: Joy Hynds – registration pending</p>
<p>Person in charge at the time of inspection: Joy Hynds - manager</p>	<p>Number of registered places: 81 comprising: 68 - NH- DE 7 - NH- LD and LD (E) accommodated in Strule Unit 6 - NH-MP and MP(E) accommodated in Erne Unit</p> <p>A maximum of 68 patients in category NH-DE; 24 accommodated in the Foyle/Faughan Unit, 13 accommodated in the Roe Unit, 10 accommodated in the Derg Unit, 10 accommodated in the Mourne Unit and 11 accommodated in the Finn Unit.</p>
<p>Categories of care: Nursing Home (NH) DE – Dementia LD – Learning disability LD(E) – Learning disability – over 65 years MP – Mental disorder excluding learning disability or dementia MP(E) – Mental disorder excluding learning disability or dementia – over 65 years</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 58</p>

4.0 Inspection summary

An announced inspection took place on 24 October 2019 from 10:45 to 16:45 hours and on 25 October 2019 from 12:00 to 13:00 hours. This inspection was undertaken by care, pharmacist and finance inspectors.

This inspection was to assess the level of progress with the ongoing enforcement action and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

On 16 August 2019, due to ongoing non-compliance with regulations and care standards and potential risks to patients' health and welfare, RQIA implemented Urgent Procedures to impose conditions on the registration of Owen Mor Care Centre. An Urgent Order was approved by the

Lay Magistrate and was served on 16 August 2019. Five conditions were imposed as detailed in section 6.3.

During this inspection we were able to evidence significant progress in developing and implementing new systems within the home. This included a review of the management structure, staff training, assessment of staff competency and governance arrangements to assure the quality of patient care and other services provided by the nursing home across various aspects of the home.

However, whilst we acknowledged the significant improvements and progress made, compliance with all the conditions imposed on the registration of the home has not yet been achieved. The new manager had taken up post on 7 October 2019 and RQIA requires further time to assess the effectiveness of the new arrangements.

There were no new areas for improvement identified as a result of this inspection.

We saw patients relaxed and comfortable in their surroundings and in their interactions with other patients and with staff.

We spoke with staff on duty who commented positively in respect of the training and support they were receiving from the management team.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified.

In relation to this home, enforcement action is ongoing. RQIA's enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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

- the returned QIP from the previous inspections
- the previous care inspection report
- the failure to comply notices.

During the inspection the inspectors spoke with patients, staff and management team.

The following records were examined during the inspection:

- samples of personal medication records, medicine administration records and records of receipt/disposal of medicines
- controlled drug record books
- medicine audits and action plans
- nursing and care staff duty rotas from 14 to 27 October 2019
- a sample accident and incidents records from 19 September 2019
- a sample of complaint records
- a sample of compliments received
- nine patient care records in relation to management of, bedrails, nutritional needs, falls, pressure area care and wound care
- governance audits/records and in particular those relating to the management of falls and accidents; bedrails, weight loss, competency and capability of staff and staff training
- reports of visits by the registered provider undertaken since 18 August 2019.
- two patients' finance files including copies of written agreements
- a sample of financial records including patients' personal allowance monies, statements from patients' bank account and a sample of records of reconciliations of patients' monies.

Areas for improvement identified at the last finance 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 last care inspection dated 19 September 2019

This inspection focused primarily on the actions contained within the conditions imposed on the home's registration; as set out in the Order which was served on 16 August 2019.

Quality Improvement Plan		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2019</p>	<p>The registered person shall ensure that a review is undertaken of the system used to record the amount of monies held on behalf of patients. The outcome of the review should provide an explanation for the significant reduction in the amount held for the patient identified during the inspection.</p> <p>Any monies owed to the patient should be refunded immediately following the review. RQIA should be informed of the outcome of the review and the amount refunded to the patient.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of records evidenced that since the last finance inspection on 7 May 2019, a review was undertaken of the system used to record the amount of monies held on behalf of patients. Records confirmed that the reduction in the amount held for the patient identified at the last inspection was a paper error and the monies were credited back to the patient.</p>	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		
<p>Area for improvement 1</p> <p>Ref: Standard 14.21</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2019</p>	<p>The registered person shall ensure that a record confirming the name of the person authorised to act as appointee, for the patient identified during the inspection, is retained within the patient's file.</p> <p>Written authorisation from the Social Security Agency for the Registered Person or staff member to act as an appointee should also be retained within the file.</p>	Met

	<p>Action taken as confirmed during the inspection: A review of the patient's finance file evidenced that since the last finance inspection in May 2019, written authorisation from the Social Security Agency was retained within the file. The written authorisation also identified the person at the home acting as the patient's appointee.</p>	
<p>Area for improvement 2 Ref: Standard 2.2 Stated: First time To be completed by: 7 June 2019</p>	<p>The registered person shall ensure that the written agreement for the patient identified during the inspection is updated to show the current fee paid by, or on behalf of, the patient.</p> <p>A copy of the updated agreement should be retained within the patient's file.</p> <p>Action taken as confirmed during the inspection: A review of the patient's file confirmed that since the previous finance inspection in May 2019 the patient's agreement has been updated to show the current fee paid by, or on behalf of, the patient.</p>	Met
<p>Area for improvement 3 Ref: Standard 14.4 Stated: First time To be completed by: 7 June 2019</p>	<p>The registered person shall ensure that the name of the bank account used to retain patients' monies is updated to show that monies held within the account belongs to patients.</p> <p>Action taken as confirmed during the inspection: A review of a sample of statements from the bank account confirmed that since the previous finance inspection on 7 May 2019 the name of the bank account has been changed to show that monies held within the account belong to patients.</p>	Met
<p>Area for improvement 4 Ref: Standard 14.25 Stated: First time To be completed by: 31 May 2019</p>	<p>The registered person shall develop and implement a system to ensure that monies held in the patients' bank accounts are included in the reconciliations of patients' monies and valuables held at the home.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>A review of a sample of records showed that monies held in the patients' bank accounts are now included in the reconciliations of patients' monies and valuables held at the home. Records confirmed that the reconciliations are undertaken on a weekly basis. The records were signed by the person undertaking the reconciliation and countersigned by a senior member of staff.</p>	
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6.2 Inspection findings

The conditions imposed on the registration of the home on 16 August 2019 are as follows:

1. No further admissions are to be made to the nursing home with immediate effect.

There have been no new admissions to the home since 16 August 2019.

2. East Eden Limited to immediately set in place an arrangement for the assessment of registered nurses' competency and capability in the safe administration of medicines by a suitably qualified person not a member of Owen Mor current staff. This is to ensure that patients receive their medications as prescribed.

There was evidence of the arrangements in place to assess each registered nurse's competency and capability in the safe administration of medicines. These assessments were completed by an external assessor and are being reviewed within the organisation's action plan and governance arrangements.

3. An application for registration of a permanent Responsible Individual for the organisation to be submitted forthwith.

Since the last inspection on 19 September 2019 Dr Una McDonald has been registered as the responsible individual for the organisation.

4. A manager is to be appointed with the qualifications, skills and experience necessary to manage the nursing home forthwith.

Since the last inspection Joy Hynds has taken up her post as manager on 7 October 2019. Joy is completing her induction and is being supported in her role by a newly appointed deputy manager and four clinical leads. Further time is required to enable RQIA to assess how well the manager leads her team and how she continues to ensure the delivery of safe, effective and compassionate care through a robust governance system.

5. Actions in the failure to comply notices Ref: FTC000035; FTC000036; FTC000039 and FTC000040 issued on 15 May 2019 must be complied with.

Progress with the actions in the Failure to Comply Notices:

Breach of Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005

Reference: FTC000035/FTC000035E1

Regulation 10. – (1) The registered provider and the registered manager shall, having regard to the size of the home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

The following four actions were required to comply with this regulation:

The acting registered person must ensure that:

- Systems are in place to advise management when patients do not have a supply of their prescribed medicines.
- The manager delivers services effectively on a day-to-day basis in accordance with legislative requirements.
- Robust auditing systems are put in place to quality assure the delivery of nursing and other services provided. This includes, but is not limited to, audits of wounds, patient care records, patient weights, accidents and incidents and infection prevention and control audits.
- The monthly monitoring reports, are completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and contain clear, time-bound action plans, detailing all areas of improvement required. The completed Regulation 29 report should be shared with the manager and the senior management team to ensure that the required improvements are made.

There was evidence that new systems had been implemented to ensure patients had a continuous supply of their medicines; this included identification of potential shortfalls in medicine supplies. These were raised with management and followed up in a timely manner with the prescriber and community pharmacist.

We evidenced progress in the development of robust systems to enable the manager to assess that the home was delivering care and other services effectively on a daily basis. There was also evidence that the manager had reviewed these since she took up her post.

We evidenced progress in the implementing of the governance system. We reviewed records pertaining to management of falls, complaints, accidents and incidents, bed rails and patients' weight loss or gain and wound care. Records were organised and easy to navigate. There was evidence that the management team had analysed the information from audits undertaken and identified any actions that may be required.

We reviewed the monthly monitoring report for September 2019. The report was detailed and comprehensive. Any ongoing or new actions identified were included in an action plan which clearly identified timescales for the action to be completed. The action plan from the August 2019 report had been reviewed, as part of the September visit, and evidenced significant improvements.

Breach of Regulation 13 (1) (a) (b) of The Nursing Homes Regulations (Northern Ireland) 2005.

Reference: FTC000036/FTC00036E1

Health and welfare of patients

Regulation 13. – 1 (a) (b) The registered person shall ensure that the nursing home is conducted so as -

(a) to promote and make proper provision for the nursing, health and welfare of patients;

(b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.

The following 14 actions were required to comply with this regulation:

The acting registered person must ensure that:

- Patients' care records accurately reflect their assessed needs and are kept under review.
- Falls are managed in accordance with best practice, regional guidelines and protocols.
- An accurate record of falls occurring in the home is maintained.
- Bed rails are managed in accordance with the patient's care plan and these are kept under review.
- Care records for any patient requiring enteral feeding must demonstrate clearly and accurately the feeding regime.
- The daily records regarding 24 hour intake is recorded accurately and consistently.
- Patients' weights are monitored on at least a monthly basis and action taken where deficits are identified.
- Staff are able to demonstrate their knowledge in relation to best practice in modification of food and fluids.
- Staff adhere to best practice in relation to infection prevention and control.
- The environment is managed to ensure compliance with COSHH regulations.
- Any patient with a wound and/or pressure ulceration has an up to date care plan in place to direct staff in the provision of wound care.
- Individual patient records must reflect the wound care recommendations of the multi-professional team.
- Accurate records are maintained in relation to the number, type and status of wounds in the home.
- RQIA is notified of all incidents/accidents occurring in the home in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

We reviewed a sample of nine patients' care records from across the home.

Patients' care records were reflective of their assessed needs and were reviewed on at least a monthly basis or when their needs or condition changed.

Records pertaining to the management of falls evidenced that nursing staff managed falls effectively and in accordance with best practice, guidance and protocols.

We reviewed the record of falls and accidents/incidents occurring in the home in comparison to individual patients' care records. There was an accurate record of falls maintained and falls were managed in accordance with best practice guidance.

Risk assessment and care plans pertaining to the management of bedrails were reviewed. These evidenced that the use of bedrails in the home was managed appropriately and kept under review.

There were no patients requiring enteral feeding in the home during this inspection. The manager confirmed that training for new staff was ongoing.

Review of a sample of daily charts such as fluid intake and repositioning confirmed that these were generally recorded accurately.

There was evidence that patient weights were monitored on at least a monthly basis or more frequently if required. Nursing staff confirmed the referral system for weight loss.

Observation and discussion with staff evidenced that they had received training and were skilled in how to modify diets in accordance with speech and language therapist (SALT) recommendations. Patients' care plans regarding the management of modified food and fluids were reflective of SALT recommendations.

Observation and discussion evidenced that staff were aware of and adhered to IPC best practice measures. The environment was fresh smelling, clean and tidy and the housekeeping staff were commended for their efforts.

Staff demonstrated their awareness and responsibility in relation to COSHH regulations. There were no concerns identified in this regard.

We reviewed care records in relation to the management of wounds. Records accurately reflected the assessed needs of the patient and were kept under review.

The manager held an overview of wounds occurring in the nursing home. This management record was reflective of the patient care records we reviewed.

We reviewed the record of falls and accidents/incidents occurring in the home in comparison to the notifications received by RQIA since the last inspection on 19 September 2019. It was evident that RQIA had been notified appropriately and in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

Breach of Regulation 13(4) of The Nursing Homes Regulations (Northern Ireland) 2005

Reference: FTC000039/FTC00039E1

Health and welfare of patients

Regulation 13 - (4) Subject to paragraph (5), the registered person shall make suitable arrangements for the ordering, storage, stock control, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the nursing home to ensure that –

- (b) medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed, and to no other patient; and**
- (c) a written record is kept of the administration of any medicine to a patient.**

In relation to this notice, the following eight actions were required to comply with this regulation:

The acting registered person must ensure that:

- Systems are in place so that patients have a continuous supply of their prescribed medicines.
- Where patients have no supply of their prescribed medicines registered nurses recognise the need to report this as a notifiable incident.
- Patients are administered their medicines in strict accordance with the prescribers' instructions.
- Any ongoing non-administration of a medicine is reported to the prescriber.
- Robust arrangements are in place for the management of eye preparations.
- Controlled drugs records are fully and accurately maintained.
- Medicine administration records are fully and accurately maintained.
- A robust auditing process is developed and implemented for medicines management.

Through review of records, observations of staff practice and discussion with staff and management we evidenced and acknowledged the continued progress made in relation to this FTC Notice.

Systems were in place so that patients had a continuous supply of their prescribed medicines. Where patients have no supply of their prescribed medicines registered nurses recognised the need to report this as a notifiable incident.

Systems were in place to ensure that any ongoing non-administration of a medicine is reported to the prescriber.

Robust arrangements were in place for the management of eye preparations.

Controlled drugs records were fully and accurately maintained.

Medicine administration records were fully and accurately maintained. Additional records were in place for transdermal opioid patches.

Regular audits were being performed by the management and nursing staff. Any areas for improvement noted were followed up through an action plan.

All nursing staff had their competencies reviewed since the inspection on 15 August 2019.

The following issues were, however, noted:

- Discrepancies were noted in audits completed in one unit involving three liquid medicines and one inhaled medicine. This had been identified during audits completed by the community pharmacist but effective remedial action had not been taken. Management gave an assurance that the identified medicines would be closely monitored.

- The records for one patient who had been readmitted to the home following a hospital admission were examined. It was noted that the patient's care plans had not been updated following hospital discharge to direct nurses in the changing needs of this patient. Management gave an assurance that this would be rectified without delay.
- The records for two patients, who were prescribed more than one medicine on a "when required" basis to manage distressed reactions, were examined. There were no directions to indicate which medicine should be used first line and which second line and in which circumstances these medicines should be administered. This was discussed with the clinical lead nurse and management who gave an assurance that this would be rectified without delay.

Breach of Regulation 20 (1) of The Nursing Homes Regulations (Northern Ireland) 2005

Reference: FTC000040/FTC000040E1

Staffing

Regulation 20.—(1) The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients – (a) ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients;

In relation to this notice the following five actions were required to comply with this regulation:

The acting registered person must ensure that:

- Registered nurses are able to demonstrate their knowledge and safe practice in relation management of medicines.
- Registered nurses are deemed competent and capable for the job they are employed to undertake in the nursing home.
- Registered nurses and care staff are provided with training in relation to their roles and responsibilities in relation to the safe and effective management of wounds and pressure ulcers.
- Registered nurses can describe accurately the position and grading of pressure ulcers using professional anatomical terms and the nationally recognised pressure ulcer grading system (EUPAP).
- The effect of the training provided is evaluated to assure that the necessary improvements have been made.

The registered nurses we met with had the necessary knowledge and understanding to ensure that safe systems were in place for medicines management; and that patients were in receipt of their prescribed care and treatment. There was evidence of the arrangements to review competency assessments regarding medicines management and the plans to continue to provide ongoing training.

Records were available to evidence that nursing staff were assessed by senior management, to ensure they were competent and capable to undertake their job in the home.

Discussion with nursing staff and review of records evidenced that training was provided in relation to their role. Nursing staff spoken with, during this inspection, clearly demonstrated

their knowledge of patients' assessed needs and what action to take if someone experienced a fall, became unwell or required their fluids to be modified.

Care records pertaining to the management of pressure wounds evidenced that nursing staff recorded clearly the position and grading of pressure ulcers.

Discussion with the management team and review of governance and audit records evidenced that the effectiveness of training was monitored and evaluated to ensure staff adhered to their training/best practice.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.3 Conclusion

Evidence was available to indicate that East Eden Ltd had made significant progress in implementing robust systems in the management and governance of patient care.

Whilst RQIA acknowledge the progress made, we could not validate compliance with all of the conditions which were imposed by the Urgent Order approved by the Lay Magistrate. Further monitoring inspections will be undertaken until full compliance is achieved.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report



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