

Inspection Report

2 November 2021



Owen Mor Care Centre

Type of Service: Nursing Home (NH)
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: East Eden Ltd</p> <p>Responsible Individual: Mrs Una McDonald</p>	<p>Registered Manager: Mrs Joy Hynds</p> <p>Date registered: 23 June 2020</p>
<p>Person in charge at the time of inspection: Mrs Roisin Irwin, deputy manager then joined by Mrs Joy Hynds at midday.</p>	<p>Number of registered places: 81</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. A maximum of 7 patients in category NH-LD/LD(E) accommodated in the Strule Unit and a maximum of 6 patients in category NH-MP/MP(E) accommodated in the Erne Unit.</p>
<p>Categories of care: Nursing Home (NH) DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD – Learning disability. LD(E) – Learning disability – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 59</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 81 patients. The home is divided into seven units over two floors.</p>	

2.0 Inspection summary

This unannounced inspection took place on 2 November 2021, from 10.10am to 3.30pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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

It was evident that staff promoted the dignity and well-being of patients.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Owen Mor Care Centre was safe, effective, compassionate and that the home was well led.

One area of improvement was identified during this inspection. This was in relation to the category of care status of an identified patient.

The findings of this report will provide the manager/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 and 'Tell Us' cards 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.

4.0 What people told us about the service

Patients stated that they were happy and content with their life in the home and that staff were supportive and caring. Those patients who were unable to articulate their needs were observed to be well presented and comfortable in their environment.

Staff spoke positively about the care provided in Owen Mor Care Centre describing the care as good with supportive management and good team working.

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 22 April 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14(2)(a) Stated: First time	The registered person shall ensure that all cleaning chemicals are stored securely in accordance with COSHH regulations.	Met
	Action taken as confirmed during the inspection: There was seen to be no cleaning chemicals that were not stored safely and securely at the time of this inspection.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 7(9) Stated: First time	The registered person shall ensure person centred care plans are in place for patients' spiritual care needs. In doing so, the patients' aligned religious contacts should also be included.	Met
	Action taken as confirmed during the inspection: These areas of assessed need were found to be in place in care records and in care practices.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

All staff working in the home were provided an induction appropriate to their roles and duties. There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics, with the majority of courses provided for on an eLearning platform and courses with practical elements delivered face to face.

Staff said that they felt they were adequately trained to perform their roles and duties.

Review of records provided assurances that all relevant staff were registered with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 period. Staff told us that they knew who was in charge of the home at any given time. Any member of staff who have responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place to account for this responsibility.

The manager confirmed that safe staffing levels were determined and/or adjusted by on-going monitoring of the number and dependency levels of patients in the home. It was noted that there was enough staff available in the home to respond to the needs of patients.

Patients told us that they were satisfied with the delivery of care and the kindness and support received from staff. Some comments made, included the following statements; “All is very good here. I have no problems.” and “That staff member is very good to me. He is very kind.”

Staff told us that the workload was busy but manageable and that there was good teamwork amongst the staff and that the manager was very supportive.

Staff were seen to attend to patients’ needs in a timely manner and to maintain patients’ dignity by offering personal care discreetly. Patients were offered choices throughout the day, for example, from where and how they wished to spend their time and what activity they wished to engage in.

5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of patients’ needs, their daily routines, and their likes and dislikes.

Staff were observed to be prompt in recognising patients’ needs and any early signs of request for assistance. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. Staff interactions with patients were observed to be friendly, polite, warm and supportive. Staff were seen to seek patients’ consent when delivering care with statements such as: “Would you like to...” or “Can I help you with...” and to knock patient’s bedroom doors to seek permission on entry.

Patients' needs were assessed at the time of their pre admission to the home. During this stage care plans were developed in consultation with the patient, their next of kin and their aligned named worker to direct staff on how to meet patients' needs. Added to this any advice or directions by other healthcare professionals is included in the assessment and care plans. Patients' care records were held safely and confidentially.

An area of improvement was identified with an identified patient who was in need of a formal diagnosis of dementia. The manager gave assurances that this would be acted upon without delay.

Patient areas were free from clutter and trip hazards. Those patients who were at risk from falls had care plans in place.

Records confirmed that in the event of a patient falling, post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate on-ward referral, where required, such as Occupational Therapy or the HSC Trust's falls prevention team. Following a fall, relevant persons such as the patient's next of kin, their aligned named worker and where appropriate RQIA, were informed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Two patients made the following comments about the meals; "The food and the dinners here are lovely and you can get what you like." and "All is fine. No complaints. Good food."

There was a choice of meals offered and facilitated in a manner which aided patients' understanding. There was also a variety of drinks available. The dinner time meal was appetising and nicely presented.

Records were also kept of what patients had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that it was well maintained. Patients' bedrooms were comfortable, suitably furnished and nicely personalised. Communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Bathrooms and toilets were clean and hygienic.

The home's most recent fire safety risk assessment was dated 1 March 2021. No recommendations were made from this assessment. Fire safety training and fire safety drills were maintained on an up-to-date basis as were fire safety checks in the environment.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for patients and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

Staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by patients or staff were cleaned daily.

5.2.4 Quality of Life for Patients

The atmosphere in the home was homely and relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

Patients said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges.

A programme of activities was in place which mostly involved one to one time with patients or in small groups.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

The genre of music and choice of television programmes played in the home was appropriate to patients' preferences and this helped create the nice atmosphere in the home.

5.2.5 Management and Governance Arrangements

Mrs Joy Hynds has been appointed the registered manager of the home since 23 June 2020. She was on leave during this inspection but choose to come into the home to assist with the inspection process.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern to the manager.

The home was visited each month by a representative of the responsible individual to examine all areas of the running of the home. The reports of these visits were very well maintained and completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

A system of quality assurance audits was in place in the home to help the manger monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, action plans were in place with associated timeframes for completion and recorded as when completed.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance.

6.0 Conclusion

Patients were seen to be well cared for and gave positive feedback on all aspects of their life in the home. Care duties and tasks were unhurried and organised. There was a nice rapport between staff and patients and interactions were kind and supportive.

The environment was comfortable and well maintained.

Staff spoke positively about the managerial support in the home, their workload, teamwork and morale.

One new area of improvement was identified and is outlined within the Quality Improvement Plan in Section 7.0.

7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	1

The one area of improvement and details of the Quality Improvement Plan was discussed with Mrs Joy Hynds, 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 Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 1(5)</p> <p>Stated: First time</p> <p>To be completed by: 3 November 2021</p>	<p>The registered person shall seek to obtain a formal diagnosis for the identified patient.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This was escalated immediately to Care Manager post inspection. Doctor who had completed the relevant DOLS paperwork and identified that in their opinion at the time of 'probable dementia diagnosis' has given detail on how this conclusion has been reached. Referral made by care manager to Memory Team and urgent review by Community Mental Health Consultant. Home Manager has now escalated to the Community Services Manager who has stated that due to the Consultant limited availability all referrals are being clinically prioritised. No definite date for assessment has been given.</p>

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