



The Regulation and
Quality Improvement
Authority

Owen Mor Care Centre
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167 Culmore Road
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**Unannounced Care Inspection
of
Owen Mor Care Centre**

05 October 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

1. Summary of Inspection

An unannounced care inspection took place on 05 October 2015 from 11.30 to 17.00. The focus of this inspection was to determine what progress had been made in addressing the requirements and recommendations made during the previous care inspection on 14 July 2015, to re-assess the homes level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients could be assured. The areas for improvement and compliance with regulation were in relation to:

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

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no areas of concern; however, some areas for improvement were identified and 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

Following an unannounced care inspection on 14 July 2015, RQIA senior management held a serious concerns meeting with the responsible person of Owen Mor Care Centre on 13 August 2015. Following this meeting an action plan was submitted and assurances were given that the issues identified would be addressed. RQIA considered the assurances provided and decided to give Owen Mor Care Centre a period of time to address the concerns raised.

1.2 Actions/Enforcement Resulting from this Inspection

No enforcement action resulted from this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	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

Registered Organisation/Registered Person: Dr Brendan McDonald	Registered Manager: Mrs Jane Laird
Person in Charge of the Home at the Time of Inspection: Mrs Jane Laird	Date Registered: 02 April 2015
Categories of Care: NH-DE, RC-DE	Number of Registered Places: 47
Number of patients accommodated on day of inspection: 33 patients	Weekly Tariff at Time of Inspection: £510 - £633

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous care inspection and to determine if the safety of patients could be assured.

4. Methods/Process

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

- discussion with the responsible person
- discussion with the registered manager
- discussion with staff (two registered nurses and four care staff)
- discussion with the majority of patients
- observation during an inspection of the premises
- evaluation and feedback.

The following records were examined during the inspection:

- four patients care records
- accidents/incidents records
- complaints records
- a sampling of staff duty rotas
- registered nurse competency assessments.

5. The Inspection

5.1 Review of Requirements and Recommendations from the last care inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</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>Met</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>The registered persons confirmed that staffing levels have been reviewed and were now sufficient to meet the assessed needs of patients. A clinical lead nurse has recently been recruited and will work with the deputy manager to provide clinical support and supervision for staff. The deputy manager has been allocated one day per week supernumerary hours to assist the registered manager with management duties. It was agreed that staffing levels would be kept under review and increased as necessary to continue to meet the assessed needs of patients.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</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"> • 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 have been completed for all registered nurses. 	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was an apparent delay in patients receiving the assistance they required with their meals in unit one (see 5.3.1 below).</p> <p>Training on the management of feeding techniques for patients with swallowing difficulties had been arranged for 6 and 13 October 2015.</p> <p>A review of four patients care records confirmed that nutritional risk assessments and care plans were in place for each patient. Appropriate referrals were made to relevant professionals for patients who had swallowing difficulties.</p> <p>Food and fluid records are maintained appropriately and monitored by registered nurses.</p> <p>Competency and capability assessments had been completed for all registered nurses.</p>		

<p>Requirement 3</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</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>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Review of four patients care records evidenced that care records were appropriately maintained. Assessments of needs and relevant risk assessments were in place for all patients and detailed care plans had been developed and were reviewed on a regular basis.</p>		
Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 35.12</p> <p>Stated: First time</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>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The responsible person confirmed the details of the arrangements which had been put in place to support the registered manager to fulfil her responsibilities. These included mentoring and support for the registered manager. The deputy manager has also been allocated one day per week supernumerary hours to assist the registered manager in her role.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</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>	Met
<p>Action taken as confirmed during the inspection:</p> <p>An activities co-ordinator has been appointed and a programme of structured activities was observed during the inspection. Records were observed of patients activities/social assessments, care plans and the types of activities that were planned and completed.</p>		

Recommendation 3 Ref: Standard 16.11 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: This recommendation had been addressed. A system of swipe cards at all doors had been introduced and feedback from relatives was positive.	

5.2 Additional Areas

5.2.1. Meals and Meal Times

The management of meal times was observed in the two units. There was an apparent delay in patients who required assistance with pureed meals receiving their meals in unit one.

Pureed meals were transported from the kitchen in a heated trolley and the cook confirmed they were in the unit at 12.15 hours. The non-pureed meals were transported in a similar manner and arrived in the unit at 12.35 hours. Three care assistants were on duty in unit one and six patients required assistance with feeding. At 13.10 hours, a number of patients on pureed meals had not been served their meals. The pureed meals were observed to have been transferred to a non- heated trolley and were cold at this time. Staff were busy assisting other patients with their meals. This was brought to the attention of the registered manager and a requirement made at the previous inspection has been stated for the second time.

5.2.2. 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. A recommendation was made for an analysis of accidents/incidents to be completed on a monthly basis to identify any trends and take appropriate action to prevent a recurrence.

5.2.3. Complaints

Four complaints had been recorded since the previous inspection. A recommendation was made for the registered manager to record the satisfaction of the complainant with the outcome of the complaint.

5.2.4. Environment

The environment was clean, fresh and decorated to a high standard. The temperature in the communal areas of the home felt cool and some patients' hands felt cold. These patients were seated in the smaller day room with the double doors in unit two. This was discussed with the registered persons and staff immediately got rugs and blankets for patients. The responsible person confirmed that the temperature of the home was controlled centrally and had been lower the previous day due to the warmer weather. This was addressed at the time of the inspection.

While each of the three units was separated by a corridor and a set of doors with key pads, there was no signage to differentiate between the different units. A recommendation has been made for signage on entrance to each of the three units.

5.2.5. Consultation with Patients, their Representatives and Staff

The inspector was able, as part of the inspection process, to meet with the majority of patients. A number of patients were unable to verbalise their views of the care they received due to the frailty of their condition. All patients appeared comfortable in their surroundings and no issues were brought to the attention of the inspector.

The relatives of five patients took the time to speak 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.”

“Things have improved a lot since the home opened.”

“We have no complaints.”

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

“The home is very busy.”

“The care in the home is very good.”

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 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 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.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 13 (1) (b)

Stated: Second time

To be Completed by:
30 November 2015

The registered manager must 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.

Response by Registered Manager Detailing the Actions Taken:

Meals are served within each unit at the same time by separate catering staff. The nurse in charge of the unit takes the lead by ensuring that the meals are delivered efficiently and in accordance to the patients identified requirements. All care staff remain present during main meals to assist with dietary intake.

Speech and language training has taken place on the 6th and 13th October with care staff and further competency assessments regarding assisting patients with dietary needs who have swallowing difficulties has also been completed on all care staff by the Clinical lead supervisor.

Recommendations

Recommendation 1

Ref: Standard 35.16

Stated: First time

To be Completed by:
31 October 2015

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.

Response by Registered Manager Detailing the Actions Taken:

A new form has been devised on the analysis of accidents/incidents and is completed on a monthly basis so as to determine any trends.

Recommendation 2

Ref: Standard 16.11

Stated: First time

To be Completed by:
31 October 2015

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.

Response by Registered Manager Detailing the Actions Taken:

The complaints form has been reviewed and the previous format adapted to incorporate the level of satisfaction/dissatisfaction of the complainant.

Recommendation 3 Ref: Standard N8 Stated: First time To be Completed by: 30 November 2015	The registered persons should ensure there is signage on entrance to each of the three units to distinguish between the units.
	Response by Registered Manager Detailing the Actions Taken: Signs to each unit have been erected on each door entering the specific unit.

Registered Manager Completing QIP	Jane Laird	Date Completed	24/11/15
Registered Person Approving QIP	Brendan McDonald	Date Approved	24/11/15
RQIA Inspector Assessing Response	Bridget Dougan	Date Approved	14/12/15

Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address