

# Inspection Report

7 July 2022



## Owen Mor Care Centre

**Type of Service: Nursing Home (NH)**  
**Address: 167 Culmore Road, Londonderry, BT48 8JH**  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> East Eden Ltd  <b>Responsible Individual:</b> Mrs Una McDonald	<b>Registered Manager:</b> Mrs Joy Hynds  <b>Date registered:</b> 23 June 2020
<b>Person in charge at the time of inspection:</b> Mrs Joy Hynds	<b>Number of registered places:</b> 81  A maximum of 69 patients in category NH-DE; 20 accommodated in the Foyle/Roe Units, 11 in Faughan Unit, 10 accommodated in the Derg Unit, 27 accommodated in the Mourne, Derg and Sproule Units and 11 accommodated in the Finn Unit. A maximum of 6 patients in NH-MP/MP(E) accommodated in the Erne Unit. A maximum number of 4 patients, PH or PH( E ) in the Crana Unit.
<b>Categories of care:</b> 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. PH – Physical disability. PH(E) – Physical disability – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 68
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 81 patients. The home is divided in seven units over two floors which are all interlinked. Each unit has its own shared communal areas.	

## 2.0 Inspection summary

This unannounced inspection was conducted on 7 July 2022, from 9.40am to 3.20pm by a care inspector.

The inspection assessed progress with the one area of 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.

There was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

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

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Two areas requiring improvement were identified during this inspection. These were in relation to a review of staffing levels and how an assessed need was recorded in an identified patient's care records.

Patients said that living in the home was a good experience.

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.

The findings of this report will provide the 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

#### 4.0 What people told us about the service

During this inspection 30 patients were met with. All confirmed that they were happy with their life in the home, their relationship with staff, the provision of meals and the general atmosphere.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, training and the teamwork. Staff said that they were satisfied with the staffing levels but concerns were expressed by some staff in relation to two identified units, as detailed later in the report.

One visiting relative said they were very happy with the care provided for and the kindness and welcoming of staff.

#### 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 02 November 2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 1(5)  <b>Stated:</b> First time	The registered person shall seek to obtain a formal diagnosis for the identified patient.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This diagnosis has been sought.	

#### 5.2 Inspection findings

##### 5.2.1 Staffing Arrangements

Review of two staff members' recruitment records confirmed that staff were recruited in accordance with Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005.

The staff duty rota reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place. Review of two staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

Staff said there was good team work and that they felt well supported in their role and the level of communication between staff and management. Staff said that they were satisfied with the staffing levels but concerns were raised by two staff members about the staffing levels in two identified units of the home. Given observations of the layout of these units and the dependencies of the patients, an area of improvement was made to put in place a review of the staffing levels for these units.

There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis.

Staff registrations, with the Nursing & Midwifery Council (NMC) or the Northern Social Care Council (NISCC), were checked on a monthly basis, as to ensure these registrations were in place and up-to-date.

Staff told us that the patients' needs and wishes were very important to them. Two staff members made the following comments; "I love coming to my work and making a difference." and "The care is very good here. I'd have no worries at all about it." It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Two patients made the following comments; "They (the staff) are lovely here and very kind to me. I have no complaints and I know it can be hard to look after me" and "All is very good. I like it."

### **5.2.2 Care Delivery and Record Keeping**

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Calls for assistance were answered promptly. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were seen to engage with patients' consent with statements such as "Would you like to..." and "Are you okay with...." when delivering personal care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were appropriately managed. There was evidence of appropriate onward referral, e.g. with their GP, as a result of the post falls review.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

There was a good provision of meal choices including those patients who needed specialist diets. It was observed that patients enjoyed their lunchtime meal and their dining experience.

Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily.

Patients care records were held confidentially. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. An area of improvement was made in respect of one identified patient's progress records. The records had an issue of assessed need, which was not in sufficient detail nor had corresponding details of actions taken and effect of same.

The outcome of visits from any healthcare professional was recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were maintained safely and securely.

Fire safety records were well maintained with up-to-date fire safety checks of the environment, fire safety drills and fire safety training for staff. The home's most recent fire safety risk assessment was dated 14 March 2022. There were no recommendations made as a result of this assessment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE 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.

### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or participate in activities and pastimes of choice. Patients said that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Two patients made the following comments; “The care is excellent and so are the staff and the food.” and “They (the staff) are very good to me here. I like everything about it. I have no complaints.”

The genre of music and television channels played was in keeping with patients’ age group and tastes.

A programme of activities was in place for those patients who wished to partake in these and included small group activities and one to one activities. Records of activities were appropriately maintained.

Patients were seen to be comfortable, content and at ease in their environment and interactions with staff. One patient made the following comment; “Them two staff are like my own two daughters. They are lovely.”

### **5.2.5 Management and Governance Arrangements**

Mrs Joy Hynds has been is the registered manager of the home since 23 June 2020. Staff spoke positively about the manager, saying that they were readily available for support and that they would have no hesitation with reporting any concerns or worries if such were to happen. The manager demonstrated good knowledge of her role and duties in keeping with legislation and standards as well as good knowledge and understanding of patients’ needs and prescribed care. Mrs Marlene Featherstone, the Regional Manager was available to assist with this inspection and received feedback at the conclusion.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients and staff spoken with said that they knew how to report any concerns and said they were confident that the Manager would take these issues seriously and act on. Discussions with the Manager confirmed she had good knowledge and understanding of patients’ needs and care interventions.

Review of the home’s record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients’ next of kin, their care manager and to RQIA.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was a comprehensive list of governance and quality assurance audits maintained on a monthly basis. These included audits of wounds and skin care, weights, dining and nutrition, choking risks and environmental audits. With these audits there were action plans in place to address any issues identified.

The home was visited each month by the Regional Manager on behalf of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in excellent 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.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with management team 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)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41(1)  <b>Stated:</b> First time  <b>To be completed by:</b> 15 July 2022	The registered person shall put in place a review of the staffing levels for the identified two units, taking account the size and layout of these and patients' dependencies.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> Following review of our staffing levels and needs of the resident's, we have increased capacity of 1 care assistant for 12 hour period, equating to 4 care staff and a registered nurse for 17 residents on day duty.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 8 July 2022	The registered person shall ensure that the identified patient's progress records have sufficient detail in respect of the assessed need and corresponding details of actions taken and effect of same recorded.  Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> Resident's care plan specific to distressed reaction has been fully updated to include specific triggers and identification of distraction techniques and evidence of review.

*\*Please ensure this document is completed in full and returned via Web Portal*



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