

Inspection Report

14 June 2023



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

Organisation/Registered Provider: East Eden Ltd Responsible Individual: Dr Una McDonald	Registered Manager: Ms Joy Hynds Date registered: 23 June 2020
Person in charge at the time of inspection: Ms Joy Hynds	Number of registered places: 79 This number includes: A maximum of 70 patients in category NH-DE; 31 accommodated in the Foyle/Faughan unit, 13 accommodated in the Derg unit, 10 accommodated in the Mourne unit and 11 accommodated in the Finn unit. A maximum of 4 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. A maximum of 4 patients in NH-PH/NH-PH(E) accommodated in the Crana Unit.
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	Number of patients accommodated in the nursing home on the day of this inspection: 71
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 79 patients. The home is divided into eight units over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 14 June 2023, from 9.25am to 4pm. The inspection was conducted 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.

All previous areas of improvement were met.

One area requiring improvement was identified in respect of fire safety.

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. Addressing the one area of improvement will further enhance the safety in the home.

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 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 Ms Joy Hynds at the conclusion of the inspection.

4.0 What people told us about the service

Staff spoke in positive terms about their roles and duties, the provision of care, staff morale, staffing levels, training and managerial support.

Patients said that they were happy with their life in the home, their relationship with staff and the provision of meals and the general atmosphere in the home. Patients who were less able to articulate their views, were seen to be comfortable, content and at ease in their environment and interactions with staff.

Two patients made the following comments; "It's very good here. I like all the staff. I wouldn't have any complaints." and "I love it here. Things are grand."

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 6 October 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41(1) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The staffing levels have been reviewed accordingly in this identified unit.	
Area for improvement 2 Ref: Standard 4 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: These records were maintained appropriately.	

Area for improvement 3 Ref: Standard 18 Stated: First time	The registered person shall review the management of distressed reactions to ensure care plans are in place for all patients prescribed these medicines. The reason for and outcome of each administration should be consistently recorded.	Met
	Action taken as confirmed during the inspection: These care plans have been put in place.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of recently appointed staff members' recruitment records, confirmed evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

Any nurse who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

A matrix of mandatory training provided to staff was in place. This gave good managerial oversight into staff training needs. There were systems in place to ensure staff were trained and supported to do their job. The Manager and staff confirmed that a range of mandatory and additional training was completed by staff on a regular basis.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly, warm and supportive. 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. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery.

Care records were held confidentially.

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.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals.

Frailer patients' needs were seen to be attended to with comfort and nutritional care in place.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. There was choice of meals offered. There was a variety of drinks available. One patient said; "The food is very good and always plenty to eat."

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 who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received up-to-date training in dysphagia. Discussions with staff confirmed knowledge and understanding for patients with SALT assessed needs and the procedures the home had put in place at mealtimes to minimise these, including meal time co-ordinators and a revised policy and procedure on the risk of choking.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

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.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded. Good improvement was identified with the overall quality of information recorded on patients' progress records.

The outcomes of visits from any healthcare professional were also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy with a good standard of décor and furnishings being maintained. Patients' bedrooms were comfortable and nicely personalised. Bathrooms and toilets were clean and hygienic. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The grounds of the home were well maintained.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment was completed on 18 April 2023. An area of improvement was made for a time bound action plan to be submitted to the home's aligned estates inspector detailing how the two recommendations from this assessment will be dealt with.

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 also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Patients

Observations of care practices confirmed that patients were able to choose how they spent their day.

It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

The genre of music and television channels played was appropriate to patients' age group and tastes.

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

Organised programmes of activities were in place. Patients who choose to partake in were seen to gain good fulfilment and enjoyment in this. Activity records were well maintained. A small team of activity staff were employed in the home. Discussions with two activity staff confirmed how there was a positive impact in the home with patients with this level of social engagement.

Two visiting relatives to the home said that they were very happy with the care and the kindness and support received from staff. One relative said; "It really is a lovely place here. We as a family are very happy with everything here."

One visiting relative said that they were not happy that her relative was a patient in the home and had issues with staff attitudes. On advice they agreed to speak to the Manager about these issues, which were also brought to the attention of the Manager at the inspection feedback.

5.2.5 Management and Governance Arrangements

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability. Staff also said that management were approachable and acted on issues of concern.

The Manager was able to demonstrate good knowledge and understanding of individual patients' needs and interventions and the care planning process pertaining to same. The Manager was also able to explain their active participation with families and care management in supporting patients' care.

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. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately. Staff training in safeguarding was maintained on an up-to-date basis.

Accidents and incidents were notified, if required, to patient's 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 to the relevant stakeholders.

The Manager explained how complaints were seen as an opportunity for the team to learn and improve. Expressions of complaint were appropriately documented.

There was a system of audits and quality assurance in place. These audits included; care planning, post falls audits, infection prevention and control and environmental audits.

The home was visited each month by a representative on the behalf of the responsible individual 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 detail; where action plans for improvement were put in place, these were well followed up to ensure that the actions were correctly addressed.

6.0 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 Ms 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)	
Area for improvement 1 Ref: Standard 48(1) Stated: First time To be completed by: 14 July 2023	The registered person shall submit a time bound action plan detailing how the two recommendations, from the fire safety risk assessment dated 18 April 2023, will be dealt with. Ref: 5.2.3 Response by registered person detailing the actions taken: One recommendation detailed in the fire safety risk assessment was actioned 5 th July 23. The remaining recommendation is scheduled to be complete 14 th July 23

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