

Inspection Report

Name of Service: Owen Mor Care Centre

Provider: East Eden Ltd

Date of Inspection: 19 March 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	East Eden Ltd
Responsible Individual:	Dr Una McDonald
Registered Manager:	Ms Joy Hynds
Service Profile – This home is a registered nursing home which provides nursing care for up to 79 patients.	

2.0 Inspection summary

An unannounced inspection took place on 19 March 2025, between 9.30 am to 6.00 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 14 June 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection, all areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients who were able to share their opinions on life in the home said or indicated that they were well looked after. Patients who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Patients told us that staff offered choices to them 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.

Following the inspection, there were no responses received from the staff questionnaires or patient/relative questionnaires.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

Staff told us that the patients needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the patients and staff that the staff knew the patients well.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. 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. Staff were skilled in communicating with patients; they were respectful, understanding and

sensitive to patients' needs. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

The risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager evidenced that there were robust systems in place to manage patients' nutrition and mealtime experience.

Arrangements were in place to meet the patients social, religious and spiritual needs within the home. Activities for patients were provided which involved both group and one to one activities.

3.3.3 Management of Care Records

Patients' needs were assessed by a suitably qualified member of staff 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. Patients care records were held confidentially.

Care records in general were person centred and regularly reviewed to ensure they continued to meet the patients' needs, where deficits were identified in one patient's record, this was brought to the attention of the manager for immediate review and action as appropriate.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and welcoming. For example, patients' bedrooms had varying degrees of personalisation to reflect the patient's individuality. Bedrooms and communal areas were suitably furnished, warm and comfortable.

On review of the homes environment, excess storage was identified in some bathrooms; discussion with the manager confirmed that this would be reviewed and actioned as appropriate.

The flooring in two identified areas required either repair or replacement. The manager provided assurance that this was under review and would be addressed; this will be reviewed at a future inspection.

Review of an identified room evidenced hazards which could be potentially harmful to patients; the details were discussed with the manager for immediate review and action as appropriate; an area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Staff in general were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance; where minimal deficits were identified these were discussed with the manager for immediate review and action as appropriate. Staff use of PPE and hand hygiene was regularly monitored by the manager and records kept.

3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Joy Hynds has been the Manager in this home since 23 June 2020.

Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients.

There was evidence that the management team responded to any concerns raised with them or by their processes, however, a discussion took place to further develop the associated records; this will be reviewed at a future inspection.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	<u>1</u>	<u>0</u>

Areas for improvement and details of the Quality Improvement Plan were discussed with the management, 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 (December 2022)	
Area for improvement 1 Ref: Regulation 14 (2) Stated: First time To be completed by: With immediate effect (19 March 2025)	The Registered Person shall ensure that all parts of the home to which patients have access are free from hazards to their safety. This is in reference to the identified room / area discussed during feedback. Ref: 3.3.4
	Response by registered person detailing the actions taken: Following inspection, risk assessment for resident reviewed and environment reviewed and reassessed. Staff supervisions completed with all staff designated to unit. This will be kept under regular review, and should changes present, all pertaining risk assessments and corresponding care plans will be reviewed and updated. All relevant parties will be updated should any changes occur.

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