

Unannounced Enforcement Monitoring Care Inspection Report 19 November 2019



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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 81 patients.

3.0 Service details

<p>Organisation/Registered Provider: East Eden Ltd</p> <p>Responsible Individual: Dr Una McDonald</p>	<p>Registered Manager and date registered: Joy Hynds Registration pending</p>
<p>Person in charge at the time of inspection: Joy Hynds - Manager</p>	<p>Number of registered places: 81 comprising: 68 - NH- DE 7 - NH- LD and LD (E) accommodated in Strule Unit 6 - NH-MP and MP(E) accommodated in Erne Unit</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</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: 58</p>

4.0 Inspection summary

An unannounced inspection took place on 19 November 2019 from 10.45 to 20.10.

This inspection was to assess the level of progress with the ongoing enforcement action and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

On 16 August 2019, due to ongoing non-compliance with regulations and care standards and potential risks to patients' health and welfare, RQIA implemented Urgent Procedures to impose conditions on the registration of Owen Mor Care Centre. An Urgent Order was approved by the Lay Magistrate and was served on 16 August 2019. Five conditions were imposed as detailed in section 6.3.

During this inspection we were able to evidence compliance with all of the conditions imposed on the home's registration. Following due process the conditions were removed from the home's registration on 22 November 2019.

Two new areas for improvement were identified in relation to care planning, and patient confidentiality in relation to computer screens.

We saw patients relaxed and comfortable in their surroundings and in their interactions with other patients and with staff. Families spoken with were generally positive in their comments and all were aware of how to raise concerns with the management team.

In relation to medicines management, evidence of good practice was found in relation to the medicine administration records, arrangements to ensure that there is sufficient stock of medicines and the management of controlled drugs.

No areas for improvement were identified in relation to medicines management.

We spoke with staff on duty who commented positively in respect of the training and support they were receiving from the management team.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, and enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Joy Hynds, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection

- the returned QIP from the previous inspections
- the previous care inspection report
- the failure to comply notices

During the inspection we spoke with patients, family members and staff.

The following records were examined during the inspection:

- samples of personal medication records, medicine administration records and records of receipt/disposal of medicines
- controlled drug record books
- medicine audits and action plans
- nursing and care staff duty rotas from 14 to 27 October 2019
- a sample accident and incidents records from 19 September 2019
- a sample of complaint records
- a sample of compliments received
- eight patient care records in relation to management of, bedrails, nutritional needs, falls, pressure area care and wound care
- a sample of governance audits/records and in particular those relating to the management of falls and accidents; bedrails, weight loss, competency and capability of staff and staff training
- reports of visits by the registered provider undertaken since 18 August 2019

The following records/areas were reviewed during the medicines management inspection staff training and competency

- personal medication records, medicine administration records, medicines requested, received and transferred/disposed
- management of medicines on readmission from hospital
- management of controlled drugs and antibiotics
- medicine management audits
- storage of medicines
- stock control

Areas for improvement identified at the last finance inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24& 25 October 2019

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified.

6.2 Inspection findings

6.2.1 The conditions imposed on the registration of the home on 16 August 2019 are as follows:

1. No further admissions are to be made to the nursing home with immediate effect.

There have been no new admissions to the home since 16 August 2019.

2. East Eden Limited to immediately set in place an arrangement for the assessment of registered nurses' competency and capability in the safe administration of medicines by a suitably qualified person not a member of Owen Mor current staff. This is to ensure that patients receive their medications as prescribed.

There was evidence of the arrangements in place to assess each registered nurse's competency and capability in the safe administration of medicines. These assessments were completed by an external assessor and will continue to be reviewed within the organisation's governance arrangements.

3. An application for registration of a permanent Responsible Individual for the organisation to be submitted forthwith.

Since the last inspection on 19 September 2019 Dr Una McDonald has been registered as the responsible individual for the organisation.

4. A manager is to be appointed with the qualifications, skills and experience necessary to manage the nursing home forthwith.

During discussion and from review of a sample of governance records, the manager demonstrated her knowledge, skill and experience to manage the nursing home. The manager was supported in her role by the responsible individual and by senior nursing and care staff. Staff told us that the manager was approachable and knowledgeable and a visible presence throughout the home.

5. Actions in the failure to comply notices Ref: FTC000035; FTC000036; FTC000039 and FTC000040 issued on 15 May 2019 must be complied with.

We evidenced that the actions in all of the failure to comply notices had been complied with.

6.2.2 Other areas examined.

The home's environment was clean, tidy, and comfortably warm throughout. Patients had access to a number of seating areas within their units or they could choose to remain in their bedroom. In one unit we saw and heard patients, family members and staff practising their chosen songs for the Christmas choir. All were seen to enjoy the experience.

We also saw that fire safety measures and infection prevention and control (IPC) measures were in place to ensure patients and visitors to the home were safe.

We asked that staff ensure that computer screens were set to 'sleep mode' when they were not working at the computer to ensure patient information was only accessible to staff. An area for improvement was made.

As discussed previously we reviewed eight patient's care records. It was evident that care records were regularly reviewed and particularly when patients care needs changed. Two records were discussed in detail with nursing staff and the manager in relation to care planning. An area for improvement was made.

Medicines Management

Satisfactory systems for the following areas of the management of medicines were observed: staff training plans and competency assessment, medicine administration records, the management of the medicines on readmission from hospital and controlled drugs. A sample of audits completed by the inspector indicated that patients were receiving their medicines as prescribed.

Management in the home have commenced the change of medicines supplier. This was being done in a staged manner so that it could be more effectively implemented in the home and that any issues were addressed prior to commencing the next phase. The inspector was assured that there was managerial oversight of this process and that good working relationships were being built with the new community pharmacist.

The manager provided an update of the training for nurses in the new medicines processes. We were assured that staff had appropriate training prior to the new system being implemented. There was a training plan in place for the rest of the nurses. The manager advised that competency would be reassessed after six months.

The auditing process for medicines was discussed. As the new medicines system had not been commenced across the home, the new audit had not been fully implemented and therefore no assessment of its effectiveness could be made. The manager and independent consultant gave assurance that the audit process was being reviewed and audits would be completed regularly.

Policies and procedures to reflect the new medicines systems were being reviewed. It was agreed with the manager that this would be completed as soon as possible to provide a framework for staff in managing medicines in the home.

During the inspection, it was noted that one nurse did not complete two medicines records contemporaneously. RQIA were assured that this matter had been taken seriously by the home and immediate remedial action had been taken. A notification of a similar incident in relation to another nurse had been received by RQIA in the weeks prior to this inspection. The manager and independent consultant gave assurance that record keeping would be monitored through the audit process and discussed regularly with staff.

It was noted during the inspection that the personal medication records, in the unit that had implemented the new medicines system, were not in the main medicines file. Assurance was given that this would be rectified without delay following the inspection.

6.4 Conclusion

Evidence was available to indicate that East Eden Ltd had achieved full compliance with all of the conditions which were imposed by the Urgent Order approved by the Lay Magistrate.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joy Hynds, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

Quality Improvement Plan

Action required to ensure compliance with The Care Standards for Nursing Homes 2015

<p>Area for improvement 1</p> <p>Ref: Standard 37 1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that patient information is maintained in a confidential manner.</p> <p>A review of the 'sleep mode' timing for the computer screens should be considered.</p> <p>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken: Sleep mode/screensaver now in place for computers within the units</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p>	<p>The registered person shall ensure that care plans are developed to manage the care delivered and to reduce and manage identified risks. This is specific to two identified patients.</p> <p>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken: With regard to two specific residents identified, all care plans and risk specific assessments have been updated.</p>

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