

# Unannounced Care Inspection Report

## 22 April 2021



## Owen Mor Care Centre

**Type of Service: Nursing Home (NH)**  
**Address: 167 Culmore Road, Londonderry, BT48 8JH**  
**Tel No: 028 7135 3631**  
**Inspector: John McAuley**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

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 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 nursing home registered to provide nursing care for up to 81 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> East Eden Ltd</p> <p><b>Responsible Individual:</b> Una McDonald</p>	<p><b>Registered Manager and date registered:</b> Joy Hynds – 23 June 2020</p>
<p><b>Person in charge at the time of inspection:</b> Joy Hynds</p>	<p><b>Number of registered places:</b> 81</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. A maximum of 7 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.</p>
<p><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. LD – Learning disability. LD(E) – Learning disability – over 65 years.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 68</p>

### 4.0 Inspection summary

An unannounced inspection took place on 22 April 2021 from 09.40 to 16.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Adult safeguarding
- The home's environment
- Infection prevention and control (IPC)

- Care delivery
- Care records
- Fire safety
- Governance and management

Patients said that they were happy with the care provided in the home and that staff were kind to them.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

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.

Enforcement action did not result from the findings of this inspection.

#### 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 care inspection
- the previous care inspection report.

During the inspection the inspector met with 22 patients and 14 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- Duty rota
- Competency and capability assessments
- Staff recruitment records
- Professional registration details of staff
- Staff training records
- IPC records and audits
- Compliments records

- Patients' care records
- Fire safety risk assessment
- Fire safety records
- Regulation 29 monthly quality monitoring reports
- Complaints records
- A selection of quality assurance audits
- Complaints and compliments records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Joy Hynds, manager, at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 26 June 2020. There were no further actions required to be taken following this inspection.

The most recent care inspection was an unannounced follow up inspection on the 18 June 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time	The registered person shall ensure that RQIA is appropriately informed of notifiable accidents or incidents that occur in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the accident and incidents reports confirmed that appropriate notifications had been made to RQIA.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 38  <b>Stated:</b> Second time	The registered person shall ensure that, prior to making an offer of employment, all necessary recruitment checks have been carried out.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of a sample of recruitment records and discussion with the manager confirmed that all necessary checks had been carried out before an applicant commenced employment.	

## 6.2 Inspection findings

### 6.2.1 Staffing

Staffing levels were found to be in keeping with the number and assessed dependency of patients accommodated and the size and layout of the home. Staff spoke in positive terms about their roles; duties and workload; the provision of care; training and managerial support.

An inspection of the duty rota confirmed that it accurately reflected the names and grades of staff on duty.

The manager stated that any nurse in charge of the home in her absence has been assessed as competent and capable of doing so. A sample of two of these assessments were inspected and had been appropriately completed. These assessments are reviewed with the staff member on an annual basis, which is good practice.

The recruitment records of two staff members were inspected. These records were maintained in an organised and methodical manner which provided assurance that staff are recruited in a safe and effective manner. The manager completes an additional audit of the recruitment process before a member of staff commences employment so as to add assurance that the staff member is recruited in accordance with legislation; this is good practice.

An inspection of the record of professional registrations of staff found there was a good system of assurance with regard to monitoring the monthly the status of staff members' professional registration, either with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

### 6.2.2 Adult safeguarding

Staff shared their knowledge and understanding of the safeguarding and whistleblowing policies with the inspector. They also stated that they would have no hesitation in raising any issue of concern and felt the manager would be supportive to them in doing so.

Inspection of the record of staff training confirmed that training in adult safeguarding was maintained on an up-to-date basis.

Discussion with the manager also confirmed that she possessed a good knowledge and understanding of adult safeguarding and exercised effective managerial oversight in this area.

### **6.2.3 The home's environment**

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

There were three areas of the home in which cleaning chemicals were not stored securely; this was immediately brought to the attention of relevant staff who addressed the matter without delay. An area for improvement was made, for chemicals to be safely and securely stored in accordance with Control of Substances Hazardous to Health (COSHH) regulations.

### **6.2.4 Infection prevention and control**

There were arrangements in place to accommodate patient visiting including any attending professionals in line with current regional visiting guidance. The manager reported that there were Care partner arrangements in place as well and that these were working well.

There was good documentation regarding information and guidance for the management of the COVID-19 pandemic; this was regularly updated and disseminated to staff.

Observations of care practices, discussions with staff and review of IPC audits confirmed that there were effective IPC measures in place. Staff were knowledgeable in relation to best practice guidelines with handwashing and the use of Personal Protective Equipment (PPE).

There was a plentiful supply of PPE within the home. Hand sanitising gel was accessible at the entrance of the home and also located throughout the building. Signage was displayed relaying information on IPC and COVID-19.

Arrangements for the social distancing of patients was in place in accordance with their wishes, choices and current COVID-19 guidance.

### **6.2.5 Care delivery**

Patients were comfortable, content and at ease in their environment and interactions with staff. Staff interactions with patients were observed to be polite, friendly, warm and supportive. Patients were attended to by staff on a regular basis while patients' requests for assistance were promptly responded to.

Staff sought patients' consent when delivering personal care using statements such as: "Would you like to...or How about." Staff were also observed knocking on patients' bedroom doors before entering.

Patients voiced praise and gratitude for the provision of care in the home, their relationship with staff and the provision of meals. Some of their comments included statements such as:

- "It's a lovely pleasant place here."
- "They (the staff) are all very good and supportive."

- “All’s well. No worries.”
- “That was a lovely dinner, especially the dessert.”
- “I couldn’t be happier.”
- “They (the staff) are all good to me here.”
- “I am very happy here.”
- “The staff are always running around for you. They (the staff) can’t do enough for you.”

Review of a sample of recent compliments received from patients’ families/ representatives included statements such as:

- “The staff down there were just fantastic... I knew (patient)..was happy and being cared for in the best possible way.”
- “Our family couldn’t have been happier...the way they looked after my father was just amazing. You wouldn’t have got it anywhere else. The way they handled patients was so kind.”
- “You (the staff) went over and above the call of duties.”

Care duties and tasks were effectively organised and carried out in an unhurried manner. An activities person was on duty and delivered social activity to patients on an individual and small group basis.

The lunchtime meal was nicely presented and looked appetising. Within one unit, staff were observed assisting patients with their meal in an organised and person centred manner; a pleasant dining ambience was noted to be in place for patients who were enjoying their meal.

### **6.2.6 Care records**

A sample of four patients’ care records were inspected. These records were maintained in a detailed manner and included up-to-date assessments, review of care interventions and patients’ progress and well-being. Care plans were person centred and based on patients’ holistic; however, it was noted that patients’ care plans did not reference spiritual care needs. An area for improvement was identified to address. When addressing this area for improvement, patients’ aligned religious contacts need to be included.

Patients’ progress records were informative and contained statements describing care / treatment given to meet assessed needs and also detailed the effects of such interventions.

### **6.2.7 Fire safety**

The home’s most recent fire safety risk assessment, dated 4 March 2021, was reviewed. There were no recommendations made as a result of this assessment by the fire assessor.

Inspection of staff training records and fire safety records confirmed that fire safety training and safety drills were maintained on an up-to-date basis as were fire safety checks in the environment.

### **6.2.8 Governance and management**

The home has a defined management structure. The manager confirmed that she undertakes a daily walk around the home in order to monitor care delivery / service provision and receive any



necessary updates from staff. All staff and patients spoken with commented positively about the manager and described her as supportive and approachable.

Discussions with the manager evidenced that she possessed a good knowledge of her role and a thorough understanding of patients' assessed needs and the care they were receiving.

Inspection of the last two months' monthly monitoring reports, dated 9 February 2021 and 22 March 2021, evidenced that these had been completed in good detail and included an action plan for any issues identified; the reports also contained a clear record of subsequent actions taken to address any highlighted areas requiring attention.

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, environmental cleaning and care records. Where any areas for improvement were identified within these audits, actions plans were in place with associated timeframes for completion.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that all expressions of dissatisfaction were taken seriously and managed appropriately. These complaints records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome. Records of compliments were also retained in the home; these are referenced in section 6.2.5.

There was a system in place regarding the reporting of notifiable events. Notifiable events including accidents and incidents were monitored by the manager on a monthly basis. Inspection of these records showed that such incidents were effectively documented and reported to other relevant organisations, as necessary.

### **Areas of good practice**

Areas of good practices were found in relation to the friendly, supportive and caring interactions by staff towards patients and feedback throughout this inspection gave assurance that there was compassionate care delivered in the home.

### **Areas for improvement**

Two areas for improvement were identified in relation to compliance with COSHH regulations and the spiritual care of patients.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	1

## **6.3 Conclusion**

There was evidence of appropriate management within the home and patients appeared to be content and settled in their surroundings. The manager and staff were knowledgeable regarding the assessed needs of patients and how to access relevant services to ensure that the needs of patients are met.

Throughout the inspection, patients within the home were attended to by staff in a respectful manner. Feedback from patients evidenced that they were very satisfied with the standard of

care being provided. Two new areas for improvement were made in regard to COSHH compliance and spiritual care.

## **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 nursing 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.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14(2)( a )  <b>Stated:</b> First time  <b>To be completed by:</b> 23 April 2021	<p>The registered person shall ensure that all cleaning chemicals are stored securely in accordance with COSHH regulations.</p> <p>Ref: 6.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            All 'snibs' have been removed from the back of the keypad. Doors now close automatically.            Domestic Supervisor has added sluice room/chemical checks daily for each unit to existing checks carried out</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 7(9)  <b>Stated:</b> First time  <b>To be completed by:</b> 22 May 2021	<p>The registered person shall ensure person centred care plans are in place for patients' spiritual care needs. In doing so, the patients' aligned religious contacts should also be included.</p> <p>Ref: 6.2.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            All residents now have a person centered evidence based 'spirituality' care plan in place</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)