



Unannounced Follow Up Care Inspection Report 26 November 2018



Owen Mor Care Centre

Type of Service: Nursing Home (NH)
Address: 167 Culmore Road, Londonderry, BT48 8JH
Tel No: 02871353631
Inspector: Michael Lavelle

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 81 persons.

3.0 Service details

<p>Organisation/Registered Provider: East Eden Ltd</p> <p>Responsible Individual(s): Brendan McDonald</p>	<p>Registered Manager: See below</p>
<p>Person in charge at the time of inspection: Jean Browne, home manager</p>	<p>Date manager registered: Jean Browne - application received - "registration pending".</p>
<p>Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. DE – Dementia.</p>	<p>Number of registered places: 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.</p> <p>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>

4.0 Inspection summary

An unannounced inspection took place on 26 November 2018 from 09.15 hours to 17.45 hours.

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 Care Standards for Nursing Homes 2015.

There has been a recent change in manager in Owen Mor Care Centre and the application for Jean Browne to become the registered manager for the home is currently being processed by RQIA.

The inspection sought to assess progress with issues raised since the last care inspection on the 10 April 2018 and 11 April 2018.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	1

*The total number of areas for improvement includes one under regulation which has been restated for a second time and has been carried forward for review at the next care inspection. Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jean Browne, home 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.

4.2 Action/enforcement taken following the most recent inspection dated 6 August 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 6 August 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- pre-inspection audit.

During the inspection we met with seven patients and sixteen staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you 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.

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

A poster informing visitors to the home that an inspection was being conducted was displayed at the front door.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 19 November 2018 and 26 November 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records from April 2018 to October 2018
- monthly quality monitoring reports completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 from August 2018 to October 2018
- two staff recruitment and induction files
- four patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- RQIA registration certificate.

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 6 August 2018

The most recent inspection of the home was an unannounced medicines management inspection. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 10 April 2018 and 11 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a) Stated: First time	The registered persons shall ensure that the settings of pressure mattresses are monitored and recorded to ensure their effective use.	Met
	Action taken as confirmed during the inspection: Examination of a selection of pressure mattresses evidenced a system had been introduced to monitor the pressure mattress settings. Discussion with the home manager confirmed this setting is also recorded in the patient's care plans.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure adequate means of escape in the event of a fire.</p> <p>Action taken as confirmed during the inspection: Review of the environment evidenced fire exits and corridors were clear of clutter and obstruction.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to the issues highlighted in section 6.4.</p> <p>Action taken as confirmed during the inspection: Discussion with staff and review of the environment evidenced the areas for improvement identified at the previous care inspection had been met.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans accurately reflect and address the assessed health needs of patients and are kept under review and updated in response to the changing needs of patients.</p> <p>Action taken as confirmed during the inspection: Review of four patient care records evidenced they mostly contained a wide range of care plans and risk assessments that were reviewed on a regular basis and reflected the assessed needs of the patients.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure records of clinical/neurological observation and actions taken post fall are appropriately recorded in the patient care records.</p> <p>Action taken as confirmed during the inspection: Review of two care records evidenced when two identified patients had unwitnessed falls, neurological and clinical observations were not carried out consistently. In addition, actions taken post fall were not appropriately recorded in patient care records in accordance with best practice guidance and the homes policies. This is discussed further in 6.3.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	Partially met

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38 Stated: First time	<p>The registered person shall ensure all staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.</p> <p>Copies of work permits should be retained in the home and available for inspection.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005.</p>	
Area for improvement 2 Ref: Standard 4.9 Stated: First time	<p>The registered person shall ensure that supplementary care records; for example repositioning records, food and fluid charts and bowel charts reflect the delivery of prescribed care accurately.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of a selection of supplementary care records evidenced that records were generally well maintained.</p>	
Area for improvement 3 Ref: Standard 12 Stated: First time	<p>The registered person shall ensure that mealtimes are adhered to and consideration is given to the time of the midday meal, menus are displayed for patients/visitors information in a suitable format and on a daily basis.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of the mealtimes confirmed these were at an appropriate time and pictorial menus were available throughout the home.</p>	

6.3 Inspection findings

The inspection sought to validate the areas for improvement identified at the last inspection on 10 April 2018 and 11 April 2018.

Since the last inspection there has been a change in management arrangements in Owen Mor Care Centre and a new home manager has been appointed. The home manager confirmed that recent recruitment of registered nurses was progressing well, and that the home would be at their full complement of staff in the near future. A review of the staffing rota evidenced that the home manager's hours, and the capacity in which these were worked, were not clearly recorded. In addition, the rota did not clearly identify the first and surname of all staff employed in the home.

This omission was discussed with the home manager and an assurance was given that this would be actioned immediately.

Discussion with staff confirmed that there are good working relationships in the home and that management were supportive and responsive to any suggestions or concerns raised.

The home manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from week commencing 19 November 2018 and 26 November 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

The provision of mandatory training was discussed with staff and we reviewed staff training records for 2018. Staff confirmed they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of the Care Standards for Nursing Homes 2015. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

We discussed the management of enteral feeding for patients within the home. The home manager confirmed that a number of registered nursing staff had attended training in relation to management of percutaneous endoscopic gastrostomy (PEG) tubes. It is recommended that the home manager link with the Western Health and Social Care Trust (WHSCT) to access additional training as soon as possible. We encouraged the home manager to engage with the WHSCT to support any development of policies, care plans and management of patient's with PEG tubes.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, tastefully decorated, fresh smelling and clean throughout. Many of the patient's bedrooms were found to be highly personalised. Patients and staff spoken with were complimentary in respect of the home's environment. However, we did note that some cleaning chemicals were left in an unlocked cupboard in a communal bathroom. This was discussed with the home manager who agreed to action immediately given the potential risk to patients.

From a review of the environment and associated records we can confirm satisfactory progress in the areas for improvement identified at the last care inspection on the 10 April 2018 and 11 April 2018 in relation to infection prevention and control practices. However, observation of practice highlighted concerns with regards to effective hand hygiene and knowledge across all grades of staff. Deficits were also identified in respect of decontaminating patient equipment after use, use of personal protective equipment (PPE) by staff providing personal care and inappropriate storage of patient items in communal bathrooms. This was discussed with the manager and an area for improvement under the care standards was made.

During the inspection we observed delegation of administration of medicines by a member of care staff. The registered nurse's responsibilities under the NMC standards for medicines management were discussed. The nurse confirmed they understood the gravity of this and the potential impact on patient safety. This was feedback to the home manager who agreed to take immediate action. An area for improvement under the regulations was identified. This matter was also referred to the medicine management inspector for their information.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Review of a one care record for an identified patient evidenced that although it contained a wide selection of care plans and risk assessments which were regularly updated, there was no up to date care plan to direct care in relation to the management of a wound the patient had recently acquired. This was discussed with the home manager and a care plan was put in place before the end of the inspection.

Review of two other care records and discussion with the home manager evidenced deficits in relation to the completion of neurological observations in accordance with best practice guidelines when a patient has a witnessed or unwitnessed fall for potential or actual head injury. Care records demonstrated a lack of consistency in the completion of clinical and neurological observations and the notification of next of kin, GP and Trust care manager. This was discussed with the home manager and had been identified as an area for improvement at the inspection of 10 April 2018 and 11 April 2018. The home manager, being new to post, gave an assurance that this would be actioned immediately. This area for improvement has been stated for a second time.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate and caring. Patients were afforded choice, privacy, dignity and respect. However, some information pertaining to patient care was observed displayed at an identified nurse's station. This was discussed with the nurse in charge of the unit who agreed to remove it immediately. This was also discussed with the home manager during feedback to ensure patient identifiable information is stored securely in the home.

Consultation with seven patients individually, and with others in smaller groups, confirmed that living in Owen Mor Care Centre was a positive experience. Some of the comments received from patients were as follows:

"She's a great girl and awful good to me."

"I like it here."

Ten patient questionnaires were left in the home for completion. Three were completed by the lay assessor. Some of the comments received were as follows:

"I think care is safe. I don't think it's very effective."

"It's not too bad. They are alright."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided; none were returned within the timescale for inclusion in this report. The lay assessor confirmed that all the patients they spoke with, with one exception, commented favourably on the standard of care in Owen Mor Care Centre. One patient felt communication between staff was “not great.” He observed care to be of a “satisfactory standard” with the delivery of care being “appropriate and sensitive” to patient needs.

Any comments from patients and staff in returned questionnaires received were shared with the home manager for their information and action as required.

We reviewed accidents/incidents records from April 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Notifications were not evidenced to be submitted in accordance with regulation in respect of head injuries. This was discussed with the home manager who agreed to review the accidents/incidents and submit the relevant notifications retrospectively. An area for improvement under regulation was made.

Discussion with the home manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the home’s environment and maintaining good working relationships.

Two areas for improvement under regulation were identified in relation to safe administration of medicines and notification of notifiable events.

One area for improvement under the care standards was identified in relation to infection prevention and control practices.

	Regulations	Standards
Total number of areas for improvement	2	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jean Browne, home 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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure records of clinical/neurological observation and actions taken post fall are appropriately recorded in the patient care records.</p> <p>Ref: 6.2 and 6.3</p>
	<p>Response by registered person detailing the actions taken: Staff nurses have been reminded of the need to ensure that all observations are taken over the 24hour period. The importance of obtaining all neurological observations on all patients who have sustained a head injury and also for patients who have had an unwitnessed fall. The Manager/deputy manager/ clinical lead carry out an audit every time there is a fall to make sure all the relevant information is documented and all the observations are completed.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure suitable arrangements for safe administration of medicines in accordance with NMC Standards for Medicines Management.</p> <p>Ref: 6.3.</p>
	<p>Response by registered person detailing the actions taken: All nursing staff have been advised to read and review the NMC standards for medicine management. All staff nurses have a yearly medicine competency completed and they are completed sooner if the need arises ie,(if there is a drug error or a drug issue</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of all head injuries. All relevant notifications identified in this report should be submitted retrospectively.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The registered person did submit all the relevant notifications identified retrospectively. The registered person continued to submit all head injuries as they occurred.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure there is a managed environment that minimises the risk of infection for staff, residents and visitors.</p> <p>This area for improvement is made with specific reference to the areas for improvement identified in 6.3.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A head of house supervisor is responsible for ensuring a robust cleaning schedule is carried out on a daily basis. Two Staff Nurses working opposite each other have been appointed to implement hand washing and infection control measures within the home. Ongoing monthly audit of hand hygiene. Domestic staff have been instructed to wear an apron when cleaning en-suite/bathroom areas and to replace same after each room.</p>

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



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