

# Unannounced Inspection Report 18, 25 and 26 June 2020



## Owen Mor Care Centre

**Type of Service: Nursing Home**

**Address: 167 Culmore Road, Londonderry BT48 8JH**

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**Inspectors: Julie Palmer,  
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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 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

<b>Organisation/Registered Provider:</b> East Eden Ltd  <b>Responsible Individual:</b> Dr Una McDonald	<b>Registered Manager and date registered:</b> Joy Hynds 23 June 2020
<b>Person in charge at the time of inspection:</b> Joy Hynds	<b>Number of registered places:</b> <b>81</b> 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.
<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	<b>Number of patients accommodated in the nursing home on 18 June 2020:</b> 46

### 4.0 Inspection summary

An unannounced care inspection took place in the home on 18 June 2020 from 09.55 hours to 17.10 hours. Short notice of the inspection was provided to the manager on the day in order to ensure that arrangements could be made to safely facilitate the inspection in the home. As part of this inspection we requested documents regarding medicines management and these were reviewed by the pharmacist inspector on 25 and 26 June 2020.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. As the home had suffered a recent outbreak of COVID-19 and in order to determine if the home continued to sustain improvement, following enforcement action in 2019, RQIA decided to undertake an inspection. It was also agreed by RQIA that a remote medicines management inspection would be undertaken.

Conditions had been urgently imposed on the home's registration on 16 August 2019; these were removed on 22 November 2019 as the home demonstrated compliance and improvement.

At the last care and medicines management inspection undertaken on 27 January 2020 we determined that the home had sustained the improvements required following the enforcement action. It was pleasing to note that following this inspection we determined that the required improvements continue to be sustained.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- infection prevention and control (IPC) measures
- care delivery
- care records
- medicines management
- governance and management arrangements.

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

\*The total number of areas for improvement includes one under the standards which has been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Joy Hynds, manager; Marlene Featherstone, regional manager; and Una McDonald, responsible individual, at the inspection on 18 June 2020, as part of the inspection process. The timescales for completion commence from the date of inspection.

Following review of the medicines management documents supplied, the findings were discussed with Joy Hynds on 26 June 2020. No areas for improvement in relation to medicines were identified.

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 and medicines management inspection
- the registration status of the home
- written and verbal communication received since the previous care and medicines management inspection
- the returned QIP from the previous care inspection
- the previous care and medicines management inspection report.

'Tell Us' information cards and questionnaires were left in the home inviting patients to contact RQIA with feedback. A poster was also displayed for staff inviting them to provide feedback to RQIA online; no responses were received.

The following records were examined during the inspection:

- staff duty rota from 15 to 28 June 2020
- incident/accident records
- a sample of monthly monitoring reports
- staff training records
- two staff recruitment files
- complaints records
- a sample of governance audits/monthly monitoring reports
- seven patients' care records including food and fluid intake charts.

The following records were examined during the medicines management element of the inspection:

- admission information for one new patient
- personal medication records for six patients
- medication administration records for six patients
- medicine audits and action plans from February 2020
- medicine management care plans regarding distressed reactions and pain management.

Areas for improvement identified at the last care 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**

The most recent inspection of the home was an unannounced care and medicines management inspection undertaken on 27 January 2020.

Areas for improvement from the last care inspection		
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> First time	The registered person shall ensure that, prior to making an offer of employment, all necessary recruitment checks have been carried out.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of two staff recruitment files evidenced that this area for improvement had not been met; see section 6.2 for further detail. This area for improvement will be stated for the second time.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4 (9)  <b>Stated:</b> First time	The registered person shall ensure that in the event of a fall neurological observations are completed for 24 hours following the fall; a rationale should be recorded if there is any variance from the care plan.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records evidenced that this area for improvement had been met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure that during mealtimes patients are offered the appropriate level of assistance they require in a discreet and sensitive manner and that meals are kept warm until patients are ready to eat.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the serving of lunch evidenced that this area for improvement had been met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time	The registered person shall ensure that the manager's hours and the capacity in which these are worked and the nurse in charge on each shift is indicated on the duty rota.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the duty rota evidenced that this area for improvement had been met.	



## 6.2 Inspection findings

### Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty.

Staff spoken with told us that they felt well supported in their role, were satisfied with staffing levels and benefitted from effective teamwork within the home. Staff also said that dealing with the COVID-19 outbreak had been challenging; however, they had been kept well informed of COVID-19 guidance by the management team and had continued to ensure that patients were well cared for. Staff said:

- "I absolutely love my work."
- "You can go to anybody, at any time, with any questions."
- "Joy (the manager) is very approachable."
- "I have been very well supported."
- "I love it here."
- "This unit is just lovely."

One member of staff spoken with told us that they felt more face to face support would have been welcome from senior management at the peak of the COVID-19 outbreak; however, they currently felt well supported. Comments made by staff were shared with the manager for her attention and action as required. The manager told us that the importance of providing staff with holistic support was recognised; a 'mind board' had been developed where staff could leave comments regarding their thoughts and feelings. Staff had been provided with contact details for a counselling service; the regional manager told us these details would be recirculated in order to ensure that all staff were aware this resource was available if required.

### Personal Protective Equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended PPE were available. Patients and staff also had a twice daily temperature check and a record of this was maintained.

Staff told us that they worked in one unit only and had designated areas for changing and breaks to help reduce contact with staff who were working in other areas of the home.

PPE was readily available and PPE stations were well stocked. Staff told us that good supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don (put on) and doff (take off) PPE correctly.

The manager told us that staff use of PPE was monitored through observations and audits; they were kept updated with regional guidance on PPE and were encouraged to support each other in the correct use of PPE.

## **Infection prevention and control (IPC) measures**

We reviewed the home's environment; this included observations of a sample of bedrooms, ensembles, bathrooms, lounge and dining areas and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients' bedrooms were attractively decorated and personalised. In one unit we observed that identified bathroom and bedroom floors were not cleaned until around 16.00 hours; this was brought to the attention of the manager for further discussion with the housekeeper to review the cleaning schedule in the unit if necessary. Otherwise, the home was found to be clean, tidy and fresh smelling.

The IPC lead nurse told us that responsibilities of the role included providing training to and supporting staff, monitoring IPC measures, ensuring staff adhered to the current guidance on the use of PPE and completing regular audits to identify any deficits and recognise good practice.

The housekeeper told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff. We observed that domestic staff used PPE according to the current guidance.

## **Care delivery**

We observed that patients looked well cared for; they were well groomed and nicely dressed. A staff member told us that, as a trained hairdresser, she had enjoyed being able to attend to patients' hairdressing needs in the absence of the regular hairdresser during the COVID-19 outbreak. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

The manager told us that staff recognised the importance of maintaining good communication with families whilst visiting was still suspended. The activity co-ordinator assisted patients to make phone calls or facetime with their families; this helped to reassure relatives that their loved one was well. During the morning we observed the activity co-ordinator and other staff encouraging patients to join in a music making session.

Staff discussed the difficulties around social distancing with patients who have dementia in order not to cause them anxiety or distress; we could see that efforts were made to socially distance patients when they were in the lounges as far as possible.

We observed the serving of lunch and found this to be a pleasant and unhurried experience for patients. We noted a number of patients required one to one assistance during lunch. The manager confirmed this was higher than normal and was due to some patients continuing to recover from COVID-19 illness. The manager confirmed staffing levels would remain under review to ensure the needs of patients were met. Menus were on display; staff were helpful, attentive and demonstrated their knowledge of patients' preferences. The food on offer smelled appetising and was well presented; food was kept warm until patients were ready to eat and staff provided discreet assistance and encouragement to those patients who required this. This area for improvement had been met.

The manager told us that during July 2020 a focus will be placed on reviewing patients' nutritional needs and the dining experience to ensure that this continues to be a positive



experience. Staff will undertake training on managing nutritional needs following COVID-19 and will continue to liaise with the dietician and SALT to ensure patients' nutritional needs are met.

### **Care records**

Review of seven patients' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. There was evidence of referral to and recommendations from the speech and language therapist (SALT), dietician and tissue viability nurse (TVN) where required. Daily records and food and fluid intake charts were observed to be informative and up to date. Patients' weights were recorded and we could see that patients were weighed according to the recommendation in their care plan. Risk assessments and care plans evidenced that regular evaluation was carried out.

There was evidence, in the care records reviewed, that neurological observations were carried out in the event of a fall; this area for improvement had been met. We also observed that the relevant risk assessments and care plans were updated in the event of a fall.

We looked at wound care and observed that up to date care plans, which reflected the recommendations of the TVN, had been developed for patients who had a wound. Recording on wound care assessment charts was up to date and was reflective of the care directed in the care plan. There was evidence of prompt referral to the TVN; arrangements were in place for the TVN to review wounds via video at the present time.

In a care plan reviewed for management of a distressed reaction we noted that the triggers for the distressed reaction were not identified. This was brought to the attention of staff; following the inspection the manager confirmed that the care plan had been appropriately updated.

### **Medicines management**

A remote medicines management inspection was carried out in conjunction with the care inspection. The following areas were examined and were found to be satisfactory:

- admission process with regards to medicines management
- personal medication records
- medicine administration records
- management of distressed reactions
- management of antibiotics
- management of pain
- auditing arrangements for medicines.

We found that patients were being administered their medicines as prescribed and systems were in place to ensure medicines were available for administration. It was evident that the audit process was effective in identifying any areas for improvement and ensuring these were highlighted to staff and followed up by senior staff. We evidenced a good standard of record keeping; some minor issues were discussed and addressed the following day.

### **Governance and management arrangements**

The manager told us that the COVID-19 outbreak had been a difficult and challenging time for the home; however, the Western Health and Social Care Trust (WHSCT) had been very

supportive throughout and staff had demonstrated their commitment to ensuring patients were well looked after. The manager commented that “staff take pride in their role and the care provided to patients.”

We reviewed two staff recruitment files and found that a second reference had not been obtained in one of those reviewed; this area for improvement will therefore be stated for the second time.

We observed that there was a system in place for managing complaints. Information regarding complaints received was available and there was evidence to demonstrate that complaints had been dealt with appropriately. However, we observed that the home’s complaints documentation had not been used in all cases. We discussed the benefit of using the standardised documentation for ease of reference to reflect the details of the complaint and actions taken. The manager confirmed that the standardised documentation should be completed and staff would be reminded of this.

Review of records evidenced that identified accidents/incidents which had occurred during the COVID-19 outbreak had not been reported to RQIA. This was brought to the attention of the manager and retrospective notifications were made; however, notifications should be made within an agreed timescale and due to the extended delay in these an area for improvement was made.

We looked at the system in place for managing adult safeguarding concerns; this evidenced that a record of adult safeguarding referrals was maintained and recommendations made by the adult safeguarding team were followed where required.

A sample of governance audits reviewed evidenced that management maintained a good level of oversight in the home. We observed that monthly monitoring reports had been completed remotely during the COVID-19 outbreak; the person completing had contacted relatives by telephone to ensure their views and opinions were captured.

Staff told us they had access to online training and felt their training needs were met. The manager told us that arrangements were being put in place to enable staff to avail of training opportunities via alternative means where face to face training would normally be provided. This will include, for example, training sessions via means such as Zoom, to comply with social distancing regulations.

### **Areas of good practice**

Areas of good practice were identified in relation to staffing, use and availability of PPE, IPC measures, care delivery, treating patients with respect and kindness, communication, the dining experience, care records, accessibility of the manager and maintaining good working relationships. Additionally, in relation to medicines management, there was evidence of good practice regarding the administration of medicines, the completion of medicine records and medicine related care plans, and the governance arrangements for medicines.

### **Areas for improvement**

An area for improvement was identified in relation to notification of accidents/incidents to RQIA.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 6.3 Conclusion

Patients looked well cared for, content and settled. Staffing levels were satisfactory and staff felt well supported in their role.

The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

Required improvements continue to be sustained.

The findings of the inspection were shared with the WHSCT.

### 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; Marlene Featherstone, regional manager; and Una McDonald, responsible individual, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> 25 June 2020	<p>The registered person shall ensure that RQIA is appropriately informed of notifiable accidents or incidents that occur in the home.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>  The registered person has now streamlined the reporting of accidents/incidents to one system via computerised notification to avoid written duplication. A Reg 30 tracker has now been put in place to enable closer monitoring of reports sent.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 38  <b>Stated:</b> Second time  <b>To be completed by:</b> 25 June 2020	<p>The registered person shall ensure that, prior to making an offer of employment, all necessary recruitment checks have been carried out.</p> <p>Ref: 6.1 &amp; 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>  A full audit of all personnel files has taken place by the registered person in order to identify any deficits and action plan issued and completed. For future recruitment an audit will be carried out prior to staff commencing employment in the home on each individual personnel file and a checklist of all necessary recruitment checks will be placed at the front of each file.</p>

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



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