

Announced Variation to Registration Care Inspection Report 6 November 2017



Owen Mor Care Centre

Type of Service: Nursing Home (NH)
Address: 167 Culmore Road, Londonderry, BT48 8JH
Tel no: 028 7135 3631
Inspector: Sharon Loane & 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 provider 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 47 persons.

3.0 Service details

Registered Provider: East Eden Ltd Responsible Individual: Mr Brendan McDonald	Registered Manager: Mrs Jane Laird
Person in charge at the time of inspection: Mrs Jane Laird	Date manager registered: 5 June 2016
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.	Number of registered places: 47

4.0 Inspection summary

An announced variation to registration premises inspection of Owen Mor Care Centre took place on 26 October and 6 November 2017, from 11.00 to 16.00 hours on day one and from 10.30 to 13.30 on day two.

The inspection sought to assess an application submitted to RQIA for the registration of 34 additional nursing beds and to assess the establishment's readiness to admit patients. This inspection focussed specifically on the registration of two identified units (River Derg & River Strule) which provides accommodation for up to 17 patients. The additional nursing beds will be approved for registration at a separate inspection.

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

There were examples of good practice evidenced in relation to the general environment which was completed to a high standard, the governance and management arrangements; staff development and training; and the planned phased admissions to the home.

No areas for improvement were identified during the inspection.

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.

Information has been gathered throughout the registration and inspection process. Scrutiny of this information means that the registration is granted from a care perspective. A separate report will be issued in respect of an estates inspection undertaken on the same day.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Jane Laird, Registered Manager, as part of the inspection process and can be found in the main body of the report.

5.0 How we inspect

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

- variation submitted to RQIA to increase occupancy from 47 to 81 beds
- the proposed statement of purpose
- the proposed patients' guide
- a selection of policies and procedures

Specific methods/processes used in this inspection include the following:

- an examination of the general environment of the home and its readiness to admit patients
- a review of the statement of purpose
- a review of the service user guide
- a review of recruitment files for two staff and an overview of the numbers of staff recruited to date
- a review of staff training and induction records
- a review of the staff duty rota and planned skill mix
- a discussion regarding the admission plans for patients

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 August 2017

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 4 August 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

Environment

The responsible individual and the registered manager guided the inspectors around the entire premises.

Owen Mor Care Centre will provide accommodation for 81 patients which is provided over seven units once all beds have been registered. The home is situated in a quiet open area and offers bright and spacious accommodation across two floors. All areas of the home are wheelchair accessible.

As previously reported this inspection focussed on two identified units, River Derg and River Strule. Patient bedrooms, communal lounge areas and communal dining areas were presented to a high specification and were tastefully decorated. All bedrooms were equipped with a range of built in furniture and ensuite facilities. Communal bathrooms and toilet facilities are also available in each unit.

Each unit has a dining area which is well furnished with tables and chairs suitable to the individual needs of the patients. Each unit had a sluice and treatment room which were equipped with appropriate equipment.

There is a nurses' station in each unit where there is adequate storage space available to ensure that the patients' care records are stored securely. The registered manager's office is situated near the front entrance to the home.

There is a room in the home which will be used mainly for meetings and training events.

Adequate car parking facilities are provided.

Statement of Purpose & Service User's Guide

Prior to the inspection the statement of purpose and the service user guides were submitted to RQIA and a review of both documents found them to be satisfactory. Both documents are available in an easy-read version, to suit the categories of care for which the home is registered.

Policies and Procedures

A policy and procedure manual was available and centrally indexed the policies and procedures for all operational areas of the home. A sample of policies and procedures reviewed evidenced that they included the date when issued, reviewed or revised. A system is in place to ensure that policies and procedures are reviewed three yearly minimum and more frequently if required.

Recruitment processes and staff induction

A review of recruitment records for two staff members selected at random was undertaken. All records were maintained in keeping with legislative requirements. Systems and processes were in place to ensure the staff received a comprehensive induction and records were appropriately maintained.

Staff training records

A review of information evidenced that a training schedule was in place. A review of a training matrix included details of all staff employed and evidenced that a number of staff have received mandatory training and/or arrangements were in place for other staff to complete the training. The training completed had been facilitated by both e-learning and face to face training. Records for training completed were maintained in accordance with the Care Standards for Nursing Homes, DHSSP's 2015.

Admission planning

A discussion with the registered manager and other management representatives advised that the arrangements for admission of patients to the home were being co-ordinated with input from the Health and Social Care Trusts. Admissions to the units are planned to proceed on a phased basis ensuring that adequate time is given to allow staff to get to know the patients and become familiar with their new surroundings. Pre-admission assessments have already been completed and supporting documentation has been provided by the commissioning Trust.

Staffing

A review of the template for recording the staff duty rota confirmed that it was in keeping with legislation and Care Standards for Nursing Homes, 2015. A discussion with the registered manager outlined the proposed staffing structure and that these would be reviewed in accordance with the health and welfare needs of the patients to be accommodated. The staffing arrangements will be reviewed and monitored at subsequent care inspections.

Areas of good practice

There were examples of good practice evidenced in relation to the general environment, the governance and management arrangements; staff development and training; and the phasing of planned admissions to the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Conclusion

The application to vary the registration of Owen Mor Care Centre in respect of the ground floor consisting of 17 beds was granted from a care perspective following this inspection.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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