

Unannounced Care Inspection Report 24 October 2016



Owen Mor Care Centre

Type of Service: Nursing Home
Address: 167 Culmore Road, Londonderry, BT48 8JH
Tel No: 028 7135 3631
Inspector: Bridget Dougan

1.0 Summary

An unannounced inspection of Owen Mor Care Centre took place on 24 October 2016 from 11.00 to 16.00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The focus of the inspection was meals and mealtimes.

Is care safe?

There was evidence of competent and safe delivery of care on the day of inspection. A policy on meals and mealtimes was in place and nutritional guidelines were available and used by staff on a daily basis.

Staff were required to attend mandatory and other training relevant to their roles and responsibilities. The observation of care delivery evidenced that knowledge and skills gained through training were embedded into practice. Staff also confirmed that there were good communication and support systems in the home.

Whilst the swipe system to access the home had been reviewed, additional information was required and a meeting was arranged with the home management and RQIA senior management.

One recommendation has been stated for the second time in respect of the system of access to the home.

Is care effective?

Care records generally reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals. Weaknesses were identified in the review of falls risk assessments and care plans.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate.

Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

One recommendation has been stated for the second time in respect of the review of falls risk assessments and care plans.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients were given a choice in regards to food and fluid choices and the level of help and support requested. A choice was also available for those on therapeutic diets.

Where patients required assistance with meals, staff were observed to offer patients reassurance and assistance in a discreet, unhurried and sensitive manner. Patients spoken with were complimentary regarding the care they received and life in the home-

There were no requirements or recommendations made.

Is the service well led?

Systems were in place to monitor and report on the quality of nursing and other services provided. Some weaknesses were identified in the audits of care records.

Complaints were managed in accordance with legislation. Whilst systems were in place to ensure that notifiable events were investigated and reported to RQIA appropriately, one recent incident had not been notified to RQIA in a timely manner.

Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Two recommendations have been made in respect of the notification of incidents and the auditing of care records.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4*

*Two recommendations have been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs. Jane Laird, registered 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 27 June 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: East Eden Ltd Dr Brendan McDonald	Registered manager: Mrs Jane Laird
Person in charge of the home at the time of inspection: Mrs Jane Laird	Date manager registered: 05 May 2015
Categories of care: NH-DE, NH-MP, NH-MP(E) A maximum of 37 patients in category NH-DE and a maximum of 10 patients in categories NH-MP/MP(E)	Number of registered places: 47

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection we met with 20 patients, one relative, three registered nurses, eight care staff, one catering and one domestic staff.

Three patients, eight staff, and eight relatives' questionnaires were left for distribution.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- five patient care records
- staff training planner for 2016/17
- accident and incident records
- notifiable events records
- complaints and compliments records
- sample of audits
- policy on meals and mealtimes.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27 June 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 05 May 2016

Last care inspection statutory requirements - None		Validation of compliance
Last care inspection recommendations		
Recommendation 1 Ref: Standard 41.1 Stated: First time To be completed by: 05 June 2016	The registered manager should review the deployment of staff, especially in the dayrooms and at shift handover times, to ensure adequate staff is available to meet the assessed needs of patients. Action taken as confirmed during the inspection: Staffing levels and deployment had been reviewed and two carers had been allocated to supervise the day rooms during handovers. No concerns were raised by staff, patients or relatives regarding staffing.	Met

<p>Recommendation 2</p> <p>Ref: Standard 44.5</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person should review the swipe system of access to the home to determine the efficiency of the system.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The access to the home had been reviewed and relatives had been offered the opportunity to purchase a swipe card. We were informed that this issue had been resolved. However, this was discussed with senior management in RQIA and a meeting was arranged with the home management to discuss the matter further.</p> <p>This recommendation has not been fully met and will be stated for a second time</p>	<p>Partially Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 22.5</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2016</p>	<p>The registered person should ensure that where a patient is assessed as being at risk of falls, a detailed falls care plan should be in developed.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Five patients care records were reviewed and evidenced that a detailed falls care plan had been developed for patients assessed as being at risk of falls.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 22.6</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2016</p>	<p>The registered person should ensure the falls risk assessment should be reviewed following every fall and no less frequently than monthly and the care plan amended accordingly.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The care records of five patients who had sustained a fall were reviewed. Whilst falls risk assessments had been updated monthly, they had not been reviewed following every fall.</p> <p>This recommendation has not been fully met and will be stated for a second time</p>	<p>Partially Met</p>

Recommendation 5 Ref: Standard 12.6 Stated: First time To be completed by: 31 May 2016	The registered person should review the dining experience with regard to patient choice and consider the introduction of pictorial menus to assist patients in making their choice of meals.	Met
	Action taken as confirmed during the inspection: The dining experience had been reviewed and pictorial menus introduced to assist patients in making their choice of meals.	

4.3 Is care safe?

The registered 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 rotas for the weeks commencing 10, 17 and 24 October 2016 evidenced that the planned staffing levels were adhered to.

Discussion with patients, relatives and staff evidenced that there were no concerns regarding staffing levels.

Review of the training matrix/schedule for 2016/17 indicated that the majority of staff had completed mandatory training. Further training has been planned to ensure that remaining staff will meet their mandatory training requirements as required. The registered manager advised that additional training in the management of patients with swallowing difficulties had been arranged for 14 and 23 November 2016 for all relevant staff. Staff consulted with and observation of care delivery and interactions with patients clearly, demonstrated that knowledge and skills gained through training and experience were embedded into practice.

There was a policy on meals and mealtimes dated April 2016 and the registered manager confirmed that it was kept under review and was in line with current best practice guidance. A system was in place to ensure all relevant staff had read and understood the policy.

Up to date nutritional guidelines were available and used by staff on a daily basis.

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, well decorated, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Review of a total of five patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and informed the care planning process. Care records generally reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as speech and language therapist (SALT) or dieticians. The care records of five patients who had sustained a fall were reviewed. Whilst falls risk assessments and care plans had been updated monthly, they had not been reviewed following every fall. A recommendation has been stated for the second time. (Refer to section 4.2).

The care records of two patients with swallowing difficulties were reviewed and evidenced that a relevant choking risk assessment and malnutrition risk assessments had been completed on admission and reviewed monthly or more frequently in response to assessed need. There was evidence of timely referrals to both speech and language therapists (SALT) and dieticians and an individualised nutritional care plan was in place and reviewed appropriately.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

Areas for improvement

One recommendation has been stated for the second time in respect of the review of falls risk assessments.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Observation of the lunch time meal confirmed that patients were given a choice in regards to, food and fluid choices and the level of help and support requested. The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner.

A choice was also available for those on therapeutic diets. Pictorial menus were used to assist patients in making their choice. The chef plated the meals in the dining rooms, thus allowing patients further flexibility in choosing their meals. Beef goulash or tuna bake with creamed potatoes and vegetables was served for main course, with semolina and fruit for dessert. Alternatives were available for those patients who did not like either option. Modified meals were served with food elements portioned separately. The registered manager advised that additional training in the presentation of modified meals had been arranged for catering staff for 14 and 23 November 2016.

Where patients required assistance with meals, staff were observed to offer patients reassurance and assistance in a discreet, unhurried and sensitive manner.

The dining room experience was calm and relaxed and patients were allowed to take their meals where they felt comfortable. The majority of patients came to the dining rooms for their meals; however, some patients were served their meals in their bedrooms. This was because they were either too ill to come to the dining room or they had chosen to eat their meals in their rooms.

Patients spoken with were complimentary regarding the care they received and life in the home. Those 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.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. One patient's representative stated "the care is excellent. Staff are all well trained and they don't miss a thing. They all interact well with patients. I am very content with the care provided".

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Eight staff completed and returned questionnaires within the required time frame. Some staff comments are detailed below.

- "Staffing levels are adequate. Lots of training opportunities are available within the organisation."
- "Staff ensure all the residents are treated with dignity and respect at all times."
- "Management are very approachable and issues are dealt with when identified."
- "There could be more training."
- "I have no concerns, the care is of a high standard."

The staff comment in respect of training was discussed with the registered manager for follow up. There was evidence that staff had completed mandatory and other relevant training during 2016.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and staff stated that the registered manager was responsive to any concerns raised.

The certificate of registration issued by RQIA was displayed in the home. A certificate of public liability insurance was current and displayed. Discussion with the registered manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home's complaints records and discussion with the registered manager evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure.

Discussion with the registered manager and review of records evidenced that whilst systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately, one recent incident had not been notified to RQIA in a timely manner. A recommendation has been made in this regard.

There was evidence that a range of audits had been completed on a monthly basis, including care records, accidents/incidents, medication management, nutrition and infection prevention and control. Some weaknesses were identified in the audits of care records. Care records were maintained electronically and the current audit system was not sufficiently robust to detect all the shortfalls. For example, risk assessments and care plans had not always been reviewed following patients falls. (Refer to sections 4.2 and 4.4). A recommendation has been made accordingly.

There was evidence of regular monthly audits of patients' weights, the management of the dining experience, modified diets and patient choice. As discussed in section 4.3, a system was in place to ensure all relevant staff had been provided with training in the management of food thickeners, assisting patients with meals and swallowing difficulties.

Whilst the system of access to the home had been reviewed since the previous inspection, additional information was required and a meeting was arranged with the home management and RQIA senior management to discuss. A recommendation has been stated for the second time.

Areas for improvement

Two recommendations have been made in respect of the notification of incidents and the auditing of care records.

Number of requirements	0	Number of recommendations	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Jane Laird, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements - None

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 22.6</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered person should ensure the falls risk assessment has been reviewed following every fall and no less frequently than monthly and the care plan amended accordingly.</p> <p>Ref: Section 4.2, 4.4</p> <p>Response by registered provider detailing the actions taken: A new system of auditing the record keeping following a fall has been implemented and is completed by the manager/deputy manager following each fall.</p>
<p>Recommendation 2</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider should ensure that a more robust system of auditing care records has been developed. There should be evidence that the results of audits have been analysed and appropriate actions taken to address any shortfalls identified and that the necessary improvements have been embedded into practice.</p> <p>Ref: Section 4.6</p> <p>Response by registered provider detailing the actions taken: The audit for reviewing care records has been reviewed and updated by the manager/deputy manager to incorporate the content of the patients care records. Records that are identified as requiring further updating are referred to the patients key worker and followed up by management accordingly. This will allow for a more robust system of auditing care records.</p>
<p>Recommendation 3</p> <p>Ref: Standard 35.9</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure all accidents/incidents are reported to RQIA in accordance with legislation and a record is maintained.</p> <p>Ref: Section 4.6</p> <p>Response by registered provider detailing the actions taken: All accidents/incidents that are required to be reported will continue to be reported in line with current legislation and a record of all notifiable incidents are kept on file within the managers office.</p>
<p>Recommendation 4</p> <p>Ref: Standard 44.5</p> <p>Stated: Second time</p> <p>To be completed by: 23 December 2016</p>	<p>The registered person should review the swipe system of access to the home to determine the efficiency of the system.</p> <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken: The management have reviewed the door access to the home and are awaiting instillation of two intercom systems that will create a more efficient entrance/exit to the building.</p>

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The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews