



The **Regulation** and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: Three Rivers Care Centre
Establishment ID No: 11078
Date of Inspection: 01 August 2014
Inspectors Name: Heather Moore & Bridget Dougan
Inspection ID 16515

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 General information

Name of establishment:	Three Rivers Care Centre
Address:	11 Millbank Lane Lisnamallard Omagh BT79 7YD
Telephone number:	028 8225 8227
Email address:	threeriversadmin@zestcarehomes.co.uk
Registered organisation/ registered provider:	Zest Care Homes Limited Mr Philip Scott
Registered manager:	Mrs Janet Dodds (Registration Pending)
Person in charge of the home at the time of inspection:	Mrs Janet Dodds
Categories of care:	NH-I, NH-PH, NH-MP, NH-DE, RC-DE, RC-I
Number of registered places:	81
Number of patients/Residents accommodated on day of inspection:	49 NH-19, NH-MP-3, NH-DE-10, NH-DE 17
Scale of charges (per week):	£461.00 - Residential plus top up £581.00 - £624.00 Nursing plus top up
Date and type of previous inspection:	04 June 2014 Follow Up Inspection
Date and time of inspection:	01 August 2014: 09.20 hours -14.05 hours
Name of inspectors:	Heather Moore & Bridget Dougan

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Method/process

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

- Discussion with the manager
- Discussion with the deputy manager
- Discussion with staff
- Discussion with patients /residents individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Review of complaints
- Review of a sample of registered nurses competency and capability assessments
- Review of a sample of registered nurses preceptorship records
- Review of the complaints, accidents and incidents records
- Evaluation and feedback
- Observation during a tour of the premises.

5.0 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Three Rivers Care Centre is an 81 bedded Nursing and Residential Care Home, situated in a residential area of Omagh, a short distance away from the town centre and public amenities.

The home is owned and operated by Mr Philip Scott Zest Homes Limited.

Mrs Janet Dodds has as yet not been registered with the RQIA.

The home offers spacious accommodation for a maximum of 81 persons requiring nursing and residential care. Externally the grounds provide secure areas for the patients and residents of both units with paved patio areas and raised shrub/flower beds, visitor care parking spaces are available at the front of the home.

The home is registered to provide care for persons under the following categories of care:

Nursing Care

NH -I: Old age not following into any other category

NH - DE: Dementia

NH - PH: Physical Disability

NH – MP Mental disorder excluding learning disability or dementia.

Residential Care

RC - DE: Residential Dementia

RC-I: Old age not following into any other category. (One identified resident)

The enclosed garden to the rear of the building has a number of patio areas.

Car parking facilities are provided at the front of the home.

All areas of the home are wheel-chair accessible.

7.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Three Rivers Care Centre. The inspection was undertaken by Heather Moore & Bridget Dougan on 01 August 2014 from 09.20 hours to 14.15 hours.

The inspector was welcomed into the home by Mrs Janet Dodds Manager who was available throughout the inspection. Verbal feedback of the issues identified during the inspection were given to Ms Claire Jones, Deputy Manager and to the manager at the conclusion of the inspection.

The inspection focus was to establish the level of compliance being achieved with respect to Standard 19 of the DHSSPS Nursing Homes Minimum Standards -Contenance Management The inspector examined the four criteria of the standard to check the home's level of compliance with the standard.

During the course of the inspection, the inspector met with patients and residents' staff and relatives.

The inspector observed care practices, examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 04 June 2014 four requirements and one recommendation were issued. These were reviewed during this inspection. The inspectors evidenced that three requirements had been complied with one requirement had not been addressed and has been restated for the third and final time. One recommendation had been fully complied with. Details can be viewed in the section immediately following this summary.

Conclusion

The inspectors can confirm that based on the evidence reviewed, presented and observed the level of compliance with this standard was assessed as Substantially Compliant.

The home's general environment was well maintained and patients and residents were observed to be treated with respect. However, areas for improvement were identified.

One restated requirement and three recommendations are made. This requirement and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, residents the manager, deputy manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on previous issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20 (3)	<p>The registered person shall ensure that at all times a nurse is working at the nursing home and carries out a competency and capability assessment with any nurse who is given the responsibility of being in charge of the home for any period of time in her absence.</p> <p>This requirement is raised for a third and final time. Further non-compliance will result in enhanced enforcement action being taken.</p>	The inspectors reviewed ten competency assessments for nurses who were given the responsibility of being in charge of the home for any period of time and can confirm that this requirement has been met.	Compliant
2	20 (1) (c) (i)	The registered person shall ensure that newly qualified nurses receive preceptorship.	The inspectors were informed by the registered manager and deputy manager that three nurses were currently undertaking a preceptorship programme. The records of one nurse's preceptorship programme were reviewed and evidenced that the programme had been completed over a number of weeks and was almost complete. However the preceptorship records for two nurses were not available in the home for inspection. This requirement will therefore be stated for the third and final time.	Moving Towards Compliance
3	15 (2) (a) (b)	The registered person shall ensure that the assessment	Inspection of four patients/residents care records confirmed that patients /residents needs assessments	Compliant

		of the patient's needs is kept under review and revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.	were reviewed on a regular basis.	
4	19 (2) Schedule 4 6 (g)	The registered person shall maintain in the nursing home the records specified in Schedule 4. A record must be maintained of the training and development activities completed by all persons employed at the nursing home.	Inspection of a sample of staff files confirmed that records were maintained of training and development activities.	Compliant

No.	Minimum Standard Ref.	Recommendation	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	6.2	The manager must ensure that all entries in case records are contemporaneous, dated, timed and signed, with the signature accompanied by the name and designation of the signatory.	Inspection of four patients/residents care records confirmed that all entries in case records are contemporaneous, dated, timed and signed, with the signature accompanied by the name and designator.	Compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support.

Criterion Assessed:	COMPLIANCE LEVEL
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	
Inspection Findings:	
<p>Inspection of four patients and residents care records confirmed that bladder and bowel continence assessments were undertaken for these patients and residents. These assessments were reviewed and updated on a monthly or more often basis as deemed appropriate.</p> <p>Care plans were also in place on continence. However there was no written evidence in two of the care records examined that the care plans were developed and agreed with patients, residents and representatives and, where relevant, the continence professional. A recommendation is made in this regard.</p> <p>The care plans inspected met the individual's assessed needs and comfort.</p> <p>The manager informed the inspectors that the continence specialist nurse visited the home and had provided advice and guidance to staff.</p>	Substantially Compliant
Criterion Assessed:	COMPLIANCE LEVEL
<p>19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.</p>	
Inspection Findings:	
<p>Inspection of policies and procedures confirmed that the home's policies on continence management were in place.</p> <p>The RCN Guidelines were also available on bowel management; however there were no up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. A recommendation is made that a copy of the NICE Guidelines on Urinary incontinence and Faecal incontinence are available in the home.</p>	Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support.

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: On the day of inspection there was no information on promotion of continence available in an accessible format for patients and their representatives. A recommendation is made in this regard.	Not Compliant
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Inspection of staff training records revealed that registered nurses received training in urinary catheterisation and continence care on the 12 March 2014. Discussion also confirmed that two registered nurses were trained and deemed competent in male catheterisation. Currently there were no patients or residents on the day of inspection that required nursing intervention on the management of stoma appliances.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially Compliant

9.0 Additional Areas Examined

9.1 Staffing/staff comments

On the day of inspection and examination of three weeks staff duty rosters confirmed that the registered nursing and care staff, staffing levels for day and night duty were in accordance with the RQIA's recommended minimum staffing guidelines for the number of residents and patients currently in the home.

The inspectors spoke to a number of staff on the day of inspection.

Examples of their comments were:

- "I am very happy working in the home."
- "There is good teamwork here."
- "I think the staffing levels are okay."

9.2 Care Practices

During the inspection the staff were noted to treat the patients and residents with dignity and respect.

Patients were well presented with their clothing suitable for the season.

The demeanour of patients' and residents' indicated that they were relaxed in their surroundings.

9.3 Patients /residents/representatives Comments

The inspectors spoke to 10 patients individually and with others in groups.

Examples of their comments:

- "I am very happy here it is grand."
- "The food is good."
- "I have no complaints."
- "I am well looked after."

Representatives Comments

The inspectors spoke to one relative on the day of inspector.

Example of the relative's comments:

- "I have no issues with this home the standard of care here is good."

9.4 Environment

The inspectors undertook a tour of the environment and viewed a number of patients and residents bedrooms, sitting rooms, dining rooms, shower and toilet facilities. The home presented as clean warm and comfortable.

10. Quality improvement plan

The details of the quality improvement plan appended to this report were discussed with Mrs Janet Dodds, Manager and Ms Claire Jones, Deputy Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the quality improvement plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Heather Moore
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



Quality Improvement Plan

Unannounced Secondary Inspection

Three Rivers Care Centre

01 August 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Janet Dodds, Manager and Ms Claire Jones, Deputy Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirement	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20 (1) (c) (i)	<p>The registered person shall ensure that newly qualified nurses receive preceptorship.</p> <p>Ref: Follow up to previous issues</p>	Three	All three newly qualified nurses have completed preceptorship and same is held in their personnel file.	Within six weeks from the date of this inspection

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	5.3	It is recommended that patients and residents care plans are developed and agreed with nurses, patients /residents representatives and where relevant continence professionals. Ref: 19.1	One	Care plans are being developed and agreed with nurses, patients and representatives and arrangements have been made as per email with Naomi Harvey(Continence Advisor) to sign off relevent careplans.	One week
2	19.1	It is recommended that there is information on promotion of continence available in an accessible format for patients/residents and their representatives. Ref 19.3	One	Promotion of continence care leaflets are available in accessible format for patients and relatives outside drumragh nursing unit.	One month
3	19.2	It is recommended that the NICE Guidelines on promotion of bladder continence and the management of bladder incontinence are available and accessible to staff. Ref : 19.2	One	NICE guidelines on promotion of bladder continence and incontinence are available for all staff in each unit.	One month

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Janet Dodds
Name of Responsible Person / Identified Responsible Person Approving Qip	Philip Scott

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Heather Moore	08 September 2014
Further information requested from provider			