



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow up Care Inspection

Name of Establishment: Three Rivers Care Centre
Establishment ID No: 11078
Date of Inspection: 04 June 2014
Inspector's Name: Heather Moore & Bridget Dougan
Inspection ID 18508

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

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|---|--|
| Name of Home: | Three Rivers Care Centre |
| Address: | 11 Millbank Lane Lisnamallard Omagh BT79 7YD |
| Telephone Number: | 028 8225 8227 |
| E mail 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: | 51 11 Residents: RC-DE 40 Patients: NH-DE 16, NH-I 21, NH-MP 3 |
| 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: | 15 & 16 April 2014 Follow Up Inspection |
| Date and Time of Inspection: | 04 June 2014: 09.30 hours -15.45 hours |
| Name of Inspectors: | Heather Moore & Bridget Dougan |

1.0 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.

1.1 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

1.2 METHODS/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 staff duty rosters
- Review of a sample of patients care records
- Review of the complaints, accidents and incidents records
- Observation during a tour of the premises
- Evaluation and feedback

1.3 Inspection Focus

The inspection sought to follow up on issues identified during a previous follow up inspection on 15 and 16 April 2014.

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. |

2.0 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 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.

3.0 Summary

This summary provides an overview of the service during an unannounced inspection to Three Rivers Care Centre on Wednesday 04 June 2014. The inspection was undertaken by Heather Moore and Bridget Dougan, and commenced at 09.30 hours and concluded 15.45 hours.

The main focus of the inspection was to follow up on issues identified during a previous announced inspection on the 15 & 16 April 2014.

Nine requirements and two recommendations made as a result of the previous inspection were examined. Six requirements were fully addressed, one requirement was restated for the second time and one requirement was restated for the third time. One recommendation was addressed. One recommendation was restated for the second time.

During the course of the inspection the inspectors met with 10 patients and residents individually and with others in groups. The inspectors also met with 10 staff and one relative.

The inspectors observed care practices, examined a selection of records and undertook an inspection of a number of areas throughout the home.

The home environment was found to be well maintained, clean, warm and comfortable.

Inspection of four patients and one resident's care records revealed an unsatisfactory standard of documentation. One restated requirement and one restated recommendation are made in this regard. This is discussed further in Section 5 Ref 5.1. (Additional Areas examined)

The inspectors reviewed four registered nurses personnel records and it was revealed that clinical nurse practice competency assessments were in place, one registered nurse had a partially completed nurse in charge competency and capability assessment in place, the manager and deputy manager informed the inspectors that they were in the process of completing the assessments for all nurses left in charge in the absence of the manager. A requirement is made in this regard. This requirement is raised for a third and final time. Failure to comply with this requirement will result in enhanced enforcement.

Inspection of three weeks staff duty rosters, observation on the days of inspection and discussion with staff on the days of inspection confirmed that registered nurses staffing levels and care staffing levels were satisfactory.

Feedback was provided at the conclusion of the inspection to the manager, and deputy manager.

Following the inspection a nurse consultant, on behalf of the registered person, met the inspectors at RQIA Hilltop Omagh offices on 05 June 2014 to discuss the inspection outcome with regard to staff inductions. Inspectors were informed that all staff are provided with a comprehensive 12 week induction programme. While five recently employed staff were still in the process of completing their 12 week induction programme, inspectors were provided with written evidence that the identified staff had completed a three day induction programme.

The management consultant was informed that all training records including staff induction records should be maintained in the home. A requirement is made in this regard.

Conclusion

One requirement and three restated requirements are made; one requirement has been stated for the third time. One recommendation is also restated. These requirements and recommendations are addressed in the Quality Improvement Plan. (QIP)

4.0 Follow-Up on Previous Issues

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------|---|---|--------------------------------------|
| 1 | 30 (1) (d) | <p>The registered person shall give notice to the Regulation and Quality Improvement Authority without any delay of the occurrence of any event in the home which adversely affects the wellbeing or safety of any patient/resident.</p> <p>Ref: Follow up to previous issues.</p> | <p>Inspection of a sample of incident records confirmed that incidents were reported in a timely manner to RQIA in accordance to Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.</p> | Compliant |
| 2 | 20 (3) | <p>The registered person shall ensure that at all times a nurse is working at the nursing home and that the manager 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>Ref :Follow up to previous issues</p> | <p>Inspection of four registered nurses staff files revealed that a clinical nurse competency assessment was in place. One registered nurse's staff file had a partially completed Nurse in charge Competency and capability assessment in place. Currently the manager and deputy manager are in the process of undertaking these assessments.</p> <p>Stated for the third time</p> | Not compliant |
| 3 | 20 (1) (c) (i) | <p>The registered person shall ensure that induction records are maintained in the home.</p> | <p>The inspectors examined nine staff personnel files of staff who were recently employed in the home. Five staff files had no evidence of</p> | Compliant |

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| | | <p>Induction records should include the following:</p> <ul style="list-style-type: none"> • The date of commencing employment • The date of induction • A final statement of competency by the manager. <p>Ref: Follow up to previous inspection</p> | <p>induction having been completed on the day of inspection.</p> <p>The inspectors were informed by the manager that the staff had retained the induction programmes</p> <p>A nurse consultant, on behalf of the registered person, visited the RQIA Omagh office on 07 June 2014 and presented a list of five staff names that were still in the process of completing their inductions. Discussions with the nurse consultant confirmed that staff had a three day induction incorporated with a 12 week induction programme which is then signed off by the manager. The inspectors observed that a three day induction pack was undertaken and included SOVA, moving and handling and pressure area care.</p> | |
| 4 | 20 (1) (c) (i) | The registered person shall ensure that newly qualified nurses receive preceptorship. | Inspection of two nurses files confirmed that the two nurses had qualified within the previous year however there was no evidence of any preceptorship documentation in the files. | Moving Towards Compliance |
| 5 | 15 (2) (a) (b) | The registered person shall ensure that the assessment 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. | <p>Inspection of four patients and one resident's care records revealed that a number of care plans were not reviewed annually.</p> <p>Stated for the second time</p> | Substantially Compliant |

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| 6 | 16 (1) (2) | The registered person shall ensure that patients pressure risk assessments are maintained and are reviewed monthly or more often if deemed appropriate to ensure that care plans fully reflect the patients assessed needs. | Inspection of four patients' and one resident's care record confirmed that patients/residents risk assessments were maintained and were reviewed and updated monthly or more often if deemed appropriate. | Compliant |
| 7 | 27 (2) (d) | The registered person shall ensure that the carpet in the Strule day room is replaced /deep cleaned. | During the inspection of the general environment of the home it was confirmed that the carpet in the Strule day room was deep cleaned, the manager informed the inspectors that arrangements had been put in place to replace the floor covering. | Compliant |
| 8 | 14 (2) (c) | The registered person shall ensure as far as reasonably practicable that unnecessary risks to the health or safety of patients are identified and so far as possible eliminated. This requirement is made in regard to the inappropriate maintenance of external preparations. | During the inspection of the general environment of the home it was confirmed that external preparations were stored appropriately. Patients/residents risk assessments were in place on the use of personal toiletries. | Compliant |
| 9 | 13 (4) | The registered person must review the management of external medications to ensure they are being used in accordance with prescribed instructions. | Inspection of a sample of patients records of external medications confirmed that these were managed appropriately. | Compliant |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------------|---|---|--------------------------------------|
| 1 | 5.3 | It is recommended that patients repositioning charts are maintained appropriately. | Inspection of a sample of patients repositioning charts confirmed that these charts were recorded appropriately. | Compliant |
| 2 | 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 and one resident's care records confirmed that shortfall in recording the date in a patient's care record. Stated for the second time | Substantially Compliant |

5.0 Additional areas examined

5.1 Care records

Inspection of four patients and one resident's care record revealed that one patients care record contained a number of care plans dated 21 March 2013, 09 November 2012, 03 August 2012 and 30 July 2012. A requirement is made for the second time in regard to reviewing patients care records.

A care plan inspected also evidenced that the care plan was not dated or signed. A restated recommendation is made in this regard.

5.2 Incidents

Inspection of the incident records confirmed that incidents were being reported in a timely manner in accordance to Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Care Practices

During the inspection staff were noted to treat the patients/residents with dignity and respect taking into account their views.

5.3 Staffing / staff induction

Observation on the day of inspection, discussion with staff and review of three weeks duty rosters, revealed that registered nursing staff and care staff staffing levels were satisfactory and in line with RQIA's minimum staffing guidelines.

On the day of inspection it was revealed that five staff induction records were not available however the day following the inspection a nurse consultant on behalf of the registered provider visited the RQIA (Omagh office) and provided written evidence that the identified staff had been provided with a three day induction programme.

A requirement is made that all training records including induction are available in the home.

5.4 Patients/residents Comments

The inspectors spoke to 10 patients /residents individually and with others in groups. Examples of their comments are as follows:

- "I am very happy here."
- "The food is very good."
- "I have no problems, I am happy here."
- "The staff are all very kind."
- "Everyone is very good."

The inspectors spoke to one relative on the day of inspection, this relative spoke positively in regard to the standard of care and facilities in the home.

5.5 Environment

During the inspection process of the home the inspectors inspected a number of the patients'/residents' bedrooms, sitting rooms, the dining rooms, toilet and bathroom facilities. The premise was found to be well maintained, warm, clean and comfortable.

The improvements in the environment since the previous inspection are acknowledged.

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 Follow Up Inspection
Three Rivers Care Centre
04 June 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 | Requirements | Number of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------|---|------------------------|---|----------------------------------|
| 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> <p>Ref: Follow up to previous issues</p> | Three | All full time staff have had a competency and capability assessment completed. The competency and capability is now part of the staff nurse induction and is done on completion of the initial induction and skills assessment. | From the date of this inspection |
| 2 | 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> | Two | Perceptorship is ongoing with newly qualified staff nurses. | From the date of this inspection |
| 3 | 15 (2) (a) (b) | <p>The registered person shall ensure that the assessment 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.</p> <p>Ref: 5.1</p> | Two | All Care files/plans are reviewed and revised on a monthly basis or more frequently if necessary. All care plans are reviewed on an annual basis. | From the date of this inspection |

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|---|----------------------------|---|-----|---|---|
| 4 | 19 (2) Schedule 4 6 (g) | <p>The registered person shall maintain in the nursing home the records specified in Schedule 4.</p> <p>A record must be maintained of the training and development activities completed by all persons employed at the nursing home.</p> <p>Ref:5.3</p> | One | <p>The 3 day induction is placed in staff file when complete. All other inductions and competencies are held in personnel office and signed in and out when being worked on</p> | <p>From the date of this inspection</p> |
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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 | Recommendation | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------------|--|------------------------|--|----------------------------------|
| 1 | 6.2 | <p>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.</p> <p>Ref 5.1</p> | Two | Care Plans and care files are reviewed monthly and the care plan is reviewed monthly. All care plans are also reviewed and updated annually. | From the date of this inspection |

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 | 25 July 2014 |
| Further information requested from provider | | | |