



The Regulation and
Quality Improvement
Authority

Three Rivers Care Centre
RQIA ID: 11078
11 Millbank Lane
Lisnamallard
Omagh
BT79 7YD

Inspector: Aveen Donnelly
Inspection ID: IN023506

Tel: 028 82258227
Email: threeriversadmin@zestcarehomes.co.uk

**Unannounced Care Inspection
of
Three Rivers Care Centre**

10 August 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 10 August 2015 from 10.00 to 16.00.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Three Rivers which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 01 August 2014.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

The total number of requirements and recommendations above includes both new and those that have been 'restated'.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Zest Care Homes Ltd. Philip Scott	Registered Manager: Janet Dodds
Person in Charge of the Home at the Time of Inspection: Janet Dodds	Date Manager Registered: 18 March 2015
Categories of Care: NH-PH, NH-DE, NH-I, RC-DE	Number of Registered Places: 81
Number of Patients Accommodated on Day of Inspection: 52	Weekly Tariff at Time of Inspection: £470 - £637

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

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

Prior to inspection the following records were analysed:

- 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; and
- pre inspection assessment audit.

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with five patients, four care staff, two nursing staff and three patient's visitors/representative.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP;
- staffing arrangements in the home;
- four patient care records;
- staff training records;
- staff induction records;
- staff competency and capability assessments;
- complaints records;
- compliments records;
- regulation 29 monitoring reports;
- policies for communication and end of life care; and
- policies for dying and death and palliative and end of life care.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 02 April 2015. The completed QIP was returned and approved by the estates inspector.

Review of Requirements and Recommendations from the last care on 01 August 2014.

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20 (1) (c) (i) Stated: Third time	The registered person shall ensure that newly qualified nurses receive preceptorship.	Not examined
	Action taken as confirmed during the inspection: A comprehensive preceptorship programme for newly qualified nurses was in place. However, we were unable to validate compliance with this requirement as there had not been any newly qualified nurses recruited, since the last inspection.	
	This requirement is carried forward for future inspection.	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5.3 Stated: First time	It is recommended that patients and residents care plans are developed and agreed with nurses, patients/residents representatives and where relevant continence professionals.	Met
	Action taken as confirmed during the inspection: There was evidence in four patient care records reviewed that patients and/or their representatives were involved in the development of care plans.	
Recommendation 2 Ref: Standard 19.1 Stated: First time	It is recommended that there is information on promotion of continence available in an accessible format for patients/residents and their representatives.	Met
	Action taken as confirmed during the inspection: Information on the promotion of continence was available for patients and or their representatives.	
Recommendation 3 Ref: Standard 19.2 Stated: First time	It is recommended that the NICE Guidelines on promotion of bladder continence and the management of bladder incontinence are available and accessible to staff.	Met
	Action taken as confirmed during the inspection: The NICE guidelines on the promotion of bladder continence and the management of bladder incontinence were available and accessible to staff.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

There was no policy and procedure available on communicating effectively or breaking bad news. However, regional guidelines on breaking bad news was available and discussion with two nursing staff confirmed that they were knowledgeable regarding this guidance document. A review of the home's induction programme also confirmed that communication and breaking bad news was included.

Training records were reviewed. Five out of 13 nursing staff had completed training in relation to communicating effectively with patients and their families/representatives. This training included the procedure for breaking bad news.

There was also training provided to six registered nursing staff entitled '*Whole Body Listening*' and plans are in place for this training to be provided to all staff members. This course focused on conveying empathy and improving communication skills through actively listening. This is good practice and is to be commended.

Is Care Effective? (Quality of Management)

Three care records were reviewed and reflected patient individual needs and wishes regarding the end of life care. Recording within records included reference to the patients' specific communication needs. There was evidence within these records that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs and that they were consulted in respect of options and treatment plans.

All care staff consulted with stated that they would defer to the nursing staff if they needed support in communicating with patients' representatives. Discussion with two registered nurses confirmed that they were aware of who to contact, in the event of a patient's condition deteriorating.

We observed one registered nurse breaking bad news to a patient's representative, by telephone. This was communicated clearly and sensitively. The nurse was observed using an appropriate tone of voice and offered reassurances to the patient's family member that she would personally sit with the patient until the family members arrived. The manner in which the nurse communicated with the patient's family member is to be highly commended.

Is Care Compassionate? (Quality of Care)

As previously discussed, we observed one registered nurse discussing care options with a patient's family by telephone. We also observed a discussion between the registered nurse and the relative of a patient whose condition had deteriorated during the inspection. The nurse was observed to communicate clearly and with empathy and displayed a good understanding of the patient's condition and the impact this had on the patient's family members. The compassion displayed by the registered nurse in this circumstance is to be highly commended.

Discussion with five patients also confirmed that the staff showed compassion in their work. Refer to patients' comments in section 5.5. We observed care being delivered to patients in a dignified manner. All patients who were in bed appeared to be comfortable and their calls for assistance were promptly answered.

A review of the compliments records confirmed that patients' representatives appreciated the support provided to them. A number of obituaries were reviewed where the home was specifically commended for the support shown to family members.

Areas for Improvement

It is recommended that the policy on communication and on breaking bad news is developed, in line with current best practice guidelines.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. However, these documents did not reflect best practice guidance such as the GAIN Palliative Care Guidelines, November 2013; they did not include reference to the procedure for referring patients to palliative care specialists or guidance on the management of the deceased person's belongings and personal effects.

Best practice guidelines were available in the home. These included the GAIN Palliative Care Guidelines, November 2013 and the DHSSPSNI (2010), *Living Matters: Dying Matters*. Registered nursing staff consulted were able to demonstrate their knowledge of these guidance documents.

Training records evidenced that 28 out of 65 staff had attended palliative/end of life care training that had been provided by the Northern Ireland Hospice; and plans were in place for the remainder of staff to complete the training.

Discussion with two nursing staff and a review of three care records confirmed that:

- there were arrangements in place for staff to make referrals to specialist palliative care services and there was evidence within the records reviewed that where instructions had been provided, these were evidently adhered to
- staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

There was no protocol for timely access to any specialist equipment or drugs in place. However, discussion with two registered nursing staff confirmed their knowledge of the procedure to follow if required. A review of the induction programme for registered nurses identified that staff were instructed to order medicines proactively, in anticipation of need.

There was no specialist equipment, in use in the home on the day of inspection. A review of training records identified that 10 out of 13 registered nurses had completed syringe driver training. Discussion with the registered manager confirmed that update training would be accessed through the local health care trust nurse, if required.

A palliative care link nurse had been identified in the home.

Is Care Effective? (Quality of Management)

A review of three care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A key worker/named nurse was identified for each patient approaching end of life care. Discussion with the manager, staff and a review of three care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying.

A review of notifications of death to RQIA during the previous inspection year identified that records were maintained appropriately.

Is Care Compassionate? (Quality of Care)

As discussed previously, discussion with staff and a review of three care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. Two registered nursing staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Overnight facilities were available and staff consulted stated that they provided meals and refreshments to family members during this period.

From discussion with the manager, staff and a review of the compliments records, there was evidence that arrangements in the home were sufficient to support relatives during this period. There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family as their loved one was receiving end of life care.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included reflecting on a patient's time spent living in the home and counselling services, if required.

Information regarding support services was available and accessible for staff, patients and their relatives. This information included an information leaflet from the Bereavement Network that provided guidance for relatives, following the death of a relative or friend in a nursing home. There was also a document, published by the Office of the First and Deputy First Minister, available to assist staff and patients' representatives in dealing with an unexpected death.

Areas for Improvement

All policies and procedures should be reviewed to ensure that they are subject to a three yearly review.

As previously discussed, a policy on communicating effectively should be developed in line with current best practice, such as DHSSPSNI (2003) *Breaking Bad News*.

The policy on palliative and end of life care should also be developed in line with current regional guidance, such as GAIN (2013) *Palliative Care Guidelines* and should include the out of hours procedure for accessing specialist equipment and medication and referral to specialist palliative care nurses. A policy on death and dying should be developed in line with current best practice, such as DHSSPSNI (2010) *Living Matters: Dying Matters* and should include the procedure for dealing with patients' belongings after a death.

The policies and guidance documents listed above, should be made readily available to staff.

Number of Requirements:	0	Number of Recommendations: *1 recommendation stated is made under Standard 19 above	*1
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5.5 Additional Areas Examined

Meals and Mealtimes

The mealtime experience was observed. All patients were assisted to eat in a timely manner. All patients commented positively on the variety and quality of the food, however, the desert was observed to be uncovered on an unheated trolley. One kitchen staff member stated that the desert was normally served at room temperature with hot custard. Discussion with the registered manager confirmed that this practice would be reviewed. A recommendation is made.

Staffing

A review of duty rotas for nursing and care staff confirmed that staffing levels were generally in keeping with the planned staffing levels discussed with inspectors. Staff spoken with confirmed that short notice absences were managed as per the home's protocol.

Questionnaires

As part of the inspection process we issued questionnaires to staff, patients and their representatives.

Questionnaire's issued to	Number issued	Number returned
Staff	10	8
Patients	5	5
Patients representatives	5	5

All comments on the returned questionnaires were in general positive. Some comments received are detailed below:

Staff

'We respect and care for the clients needs.'

'I find the job very rewarding.'

'I found the process of dying in Three Rivers to be managed in a very dignified manner. Care and compassion is a strength in my work.'

'Patients' needs and wishes are considered at all times.'

'I feel supported in my role. The staff work as a great team, who know and carry out their job very well.'

'I love the challenge of my job and the interaction with patients and families alike.'

Patients

'They make me feel at home.'

'It feels like home and I am not moving.'

'Staff are like additional family members to me.'

'Quality of care is fantastic.'

'It is perfect. It is just wonderful.'

'It goes beyond professionalism. I can count the staff as my friends.'

'they let me have a lie in when I want.'

Patients' Representatives

'Staff have a very attentive relationship with (my relative).'

'All the staff are very helpful and seem dedicated.'

Environment

A tour of the home was undertaken. Two sluice rooms were identified to be in need of cleaning and de-cluttering. This was addressed before the end of the inspection. The registered manager provided assurance that the sluice rooms would be audited on a daily/weekly basis, to ensure that they are maintained appropriately.

One linen trolley was observed to have six bags of incontinence pads that had been removed from the packaging. This was discussed with the registered manager who arranged to have the pads removed. Assurances were provided that the manager would monitor this practice and that the matter will be discussed at a staff meeting.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015; and the Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 20 (1) (c) (i) Stated: Third time To be Completed by: 07 October 2015	<p>The registered person shall ensure that newly qualified nurses receive preceptorship.</p> <p>Carried forward from previous inspection.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: We are currently waiting on New Staff Nurse to commence employment as soon as their PIN arrives. We will be supporting them through preceptorship.</p>
Recommendations	
Recommendation 1 Ref: Standard 36.2 Stated: First time To be Completed by: 07 October 2015	<p>The following policies and guidance documents should be developed and made readily available to staff:</p> <ul style="list-style-type: none"> • A policy on communicating effectively in line with current best practice, such as DHSSPSNI (2003) <i>Breaking Bad News</i>. • A policy on palliative and end of life care in line with current regional guidance, such as GAIN (2013) <i>Palliative Care Guidelines</i> which should include the out of hours procedure for accessing specialist equipment and medication and the referral procedure for specialist palliative care nurses. • A policy on death and dying in line with current best practice, such as DHSSPSNI (2010) <i>Living Matters: Dying Matters</i> which should include the procedure for dealing with patients' belongings after a death. <p>Ref to section 5.3 and 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A company policy is now in place on communicating effectively in the areas of breaking bad news, Palliative and end of life care as well as death and dying.</p>
Recommendation 2 Ref: Standard 12.15 Stated: First time To be Completed by: 07 October 2015	<p>The registered manager should review the arrangements for the serving of food to patients to ensure that it is appealing and in line with nutritional guidelines, which are referenced in the footnote of Standard 12.</p> <p>Refer to section 5.5</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Food serving arrangements have been reviewed and discussed to ensure that it is appealing and in line with nutritional guidelines. There is training at the beginning of November for Kitchen and care staff.</p>

Registered Manager Completing QIP	Janet Dodds	Date Completed	04/10/15
Registered Person Approving QIP	Philip Scott	Date Approved	04/10/15
RQIA Inspector Assessing Response	Aveen Donnelly	Date Approved	07/10/15

Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address