



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:** 15 April & 16 April 2014  
**Inspector's Name:** Heather Moore & Bridget Dougan  
**Inspection ID** 18116

**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

<b>Name of Home:</b>	Three Rivers Care Centre
<b>Address:</b>	11 Millbank Lane Lisnamallard Omagh BT79 7YD
<b>Telephone Number:</b>	(028) 8225 8227
<b>E mail Address:</b>	threeriversadmin@zestcarehomes.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Zest Care Homes Ltd Mr Phillip Scott
<b>Registered Manager:</b>	Mrs Janet Dodds (Mrs Dodds will be referred to as the manager)
<b>Person in Charge of the Home at the Time of Inspection:</b>	Mrs Janet Dodds
<b>Categories of Care:</b>	NH-I, NH-PH, NH-DE, RC-DE, NH- MP, RC-I
<b>Number of Registered Places:</b>	81
<b>Number of Patients /Residents Accommodated on Day of Inspection:</b>	45 Patients 11 Residents
<b>Scale of Charges (per week):</b>	Nursing: £567.00 - £609 + £20.00 Top up Residential: £450.00 + £20.00 Top up
<b>Date and Type of Previous Inspection:</b>	03 February 2014 Follow Up Inspection
<b>Date and Time of Inspection:</b>	15 April 2014: 19.45 hours to 23.45 hours 16 April 2014: 10.00 hours to 16.30 hours
<b>Name of Inspectors:</b>	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/residents 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 announced inspection on the 03 February 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:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 - Compliant</b>	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 Tuesday 15 and Wednesday 16 April 2014. The inspection was undertaken by Heather Moore and Bridget Dougan, and commenced at 19.45 hours to 23.45 hours on 15 April 2014 and from 10.00 hours to 16.30 hours on 16 April 2014.

The main focus of the inspection was to follow up on issues identified during a previous announced inspection on the 03 February 2014.

Seven requirements made as a result of the previous inspection were examined. Four requirements were fully addressed two requirements were restated for the second time and one requirement was restated for the third time.

During the course of the inspection the inspectors met with 20 patients and residents individually and with others in groups. The inspectors also met with 10 staff and two relatives.

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. The improvements to the environment since the previous inspection are acknowledged however a requirement is made in regard to the replacement /deep cleaning of the carpet in the day room (Strule unit).

During a tour of the home it was revealed that an external preparation was stored insecurely in a patient's en suite. A requirement is made in this regard.

Inspection of seven patients/residents care records revealed an unsatisfactory standard of documentation. Two requirements and two recommendations are made in this regard. This is discussed further in Section 5 Ref 5.1. (Additional Areas examined)

The inspectors reviewed a sample of six registered nurses personnel records and were unable to evidence that registered nurses had been assessed as competent and capable of being in charge of the home in the absence of the manager.

Inspection of six staff personnel files confirmed that there was no induction programmes maintained for three registered nurses. Inspectors observed that these three registered nurses had completed induction programmes for care assistants.

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 on the second day to Mrs Janet Dodds Manager and to Ms Claire Jones Deputy Manager. Mrs Dodds as yet has not been registered with the RQIA and for the purposes of this inspection shall be referred to as the manager.

## **Conclusion**

A total of nine requirements were made; two requirements were restated for the second time and one requirement was restated for the third time, and two recommendations have been made in regard to this inspection.

These requirements and recommendations are addressed in the Quality Improvement Plan. (QIP)

Serious concerns were raised as a result of this inspection and the lack of progress in complying with previous requirements. The responsible person, Mr Phillip Scott, Zest Care Homes Ltd was invited to attend a meeting at RQIA to address these concerns.

Failure to comply with the requirements and recommendations identified in the Quality Improvement Plan appended to this report may result in further enforcement action being taken.

## 4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	14 (2) (c)	<p>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 uneven surface on the floor at door to the entrance of Fairy Water Unit.</p>	<p>During a tour of the premises it was confirmed that the uneven surface to the entrance of the Fairy Water Unit had been replaced.</p>	<p><b>Compliant</b></p>
2	17	<p>The registered person shall ensure systems are maintained for reviewing at appropriate intervals the quality of nursing and other service provision in or from the purposes of the nursing home and any such review is not taken less than annually. This requirement is made in regard to the home's Annual Report.</p> <p>Ref: Follow up on previous requirements.</p>	<p>The home's Annual Report had been forwarded to RQIA in a timely manner.</p>	<p><b>Compliant</b></p>

3	30 (1) (d)	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.	Inspection of a sample of incident records confirmed that one grade 2 pressure ulcer had not been reported to RQIA.  <b>Restated</b>	<b>Not Compliant</b>
4	20 (2)	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.	Inspection of the personnel records of six registered nurses revealed the absence of written evidence to confirm that registered nurses were deemed competent and capable of being in charge of the home in the absence of the manager.  <b>Restated</b>	<b>Not Compliant</b>
5	20 (1) (c) (i)	The registered person shall ensure that induction records are maintained in the home. Induction records should include the following: <ul style="list-style-type: none"> <li>• The date of commencing employment</li> <li>• The date of induction</li> <li>• A final statement of</li> </ul>	Inspection of six staff personnel files confirmed that there was no induction programmes maintained for three registered nurses. Inspectors observed that registered nurses had completed induction programmes for care assistants.  <b>Restated</b>	<b>Not Compliant</b>

		competency by the manager.		
6	20 (1) (c) (i)	<p>The registered person shall ensure that staff as appropriate are trained in the following areas:</p> <ul style="list-style-type: none"> <li>• Enteral Feeding (registered nurses)</li> <li>• Restraint including the safe use of bedrails</li> <li>• Safe Guarding Vulnerable adults</li> <li>• Dementia Awareness</li> <li>• COSHH</li> <li>• Pressure Area Care (care assistants).</li> </ul>	<p>Inspection of staff training records confirmed that staff were trained in the following areas:</p> <ul style="list-style-type: none"> <li>• Enteral Training (registered nurses) 20 January 2014</li> <li>• Restraint including the safe use of bedrails 20 March 2014</li> <li>• Safe Guarding Vulnerable adults 20 February 2104</li> <li>• Dementia Awareness 20 March 2104</li> <li>• COSHH 16.4.2014</li> <li>• Pressure Area Care (care assistants) 20 March 2014.</li> </ul>	<b>Compliant</b>
7	13 (7)	The registered person shall ensure that disposable gloves and aprons are stored in dispensers.	On the day of inspection disposable gloves and aprons were stored in dispensers.	<b>Compliant</b>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		N/A		

## 5.0 Additional areas examined

### 5.1 Care Records

Inspection of seven patients and residents care records confirmed the following shortfalls:

- The assessment of needs for one patient had not been reviewed since the 20 August 2012. This patient's care plan had been reviewed without reviewing the patient's assessment of needs. The monthly review of the care plan did not fully reflect the care prescribed in the care plan
- No pain assessment in place for one patient receiving regular analgesia
- Review of a patient's care record confirmed the absence of a care plan for the prevention of pressure ulcers. This patient had been assessed as being high risk of developing pressure ulcers
- Four patients care records confirmed the absence of a pressure ulcer risk assessment
- Pressure ulcer risk assessments using both Waterlow and Braden assessments tools were in place for three patients. As these assessment tools use a different scoring system, this has the potential to be confusing for staff
- Repositioning charts had not been completed to a satisfactory standard on 15 April 2014 for five patients identified as being at high risk of pressure ulcers:

#### **Patient A**

Repositioning recorded up to 11:00 hours (patient with two pressure ulcers).

#### **Patient B**

Repositioning recorded: 04:50, 11:00 and 15:00 hours (no description of the condition of the patient's skin).

#### **Patients C and D**

Repositioning charts recorded up to 14.00 hours.

#### **Patient E**

Repositioning had been recorded once at 11:30 hours.

- Fluid balance charts had not been completed in a timely manner for five patients. At the conclusion of the inspection on day one (24:00 hours on 15 April 2014) the inspectors observed that three patients fluid balance charts had been recorded up to 16:30 hours; another had been recorded up to 15:00 hours, while a fifth patients fluid balance chart had not been dated. The following morning, on day two of the inspection, the inspectors observed that the fluid balance charts referred to above had been completed by night staff to include drinks served between 20:00 and 21:00 hours on 15 April 2014. Management must ensure that care records are completed in a contemporaneous manner.
- Records of the application of external preparations (creams) maintained by care staff were reviewed as part of the inspection of care records. Inspectors were unable to

determine that the management of external medications were being used in accordance with prescribed instructions. A requirement has been made in this regard.

## **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 /registered nurses' preceptorship**

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.

Inspection of a sample of six registered nurses staff personnel files confirmed that there was no evidence of one registered nurse's preceptorship programme. A requirement is made in this regard.

## **5.4 Patients/residents/relatives Comments**

The inspectors spoke to 20 patients /residents individually and with others in groups. Examples of their comments are as follows:

"I like it here."

"I have no complaints."

"I am happy here."

"It's a lovely home."

"Everyone is good and kind."

The inspectors spoke to two relatives on the days of inspection these relatives spoke positively in regard to the standard of care and facilities in the home.

## **5.5 Environment**

During a tour 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.

However a requirement is made in regard to the deep cleaning /replacement of the floor covering in the Strule day room.

During a tour of the home it was also revealed that an external preparation was not stored securely in a patient's en suite. A requirement is made in this regard.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Janet Dodds, Manager and Mrs 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**

**15 & 16 April 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	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><b>Ref: Follow up to previous issues</b></p>	Two	All events which the wellbeing or safety of the residents are reported to RQIA within the required timeframe.	From the date of this inspection
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><b>Ref :Follow up to previous issues</b></p>	Two	All Registered nurses now have a Skills competency carried out as part of 12 week induction. Any nurse who will be in charge of the home has a Nurse in Charge Competency carried out. This has been complete for a large number of staff and is ongoing for others.	From the date of this inspection
3	20 (1) (c) (i)	<p>The registered person shall ensure that induction records are maintained in the home.</p> <p>Induction records should include the following:</p> <ul style="list-style-type: none"><li>• The date of commencing employment</li><li>• The date of induction</li><li>• A final statement of competency by the manager.</li></ul>	Three	All staff have a complete induction in their personal files. Each staff member carries out a three day induction on their first three shifts which are supernummary. A more detailed induction is then carried in the following twelve weeks.	From the date of this inspection

		<b>Ref: Follow up to previous inspection</b>			
4	20 (1) (c) (i)	The registered person shall ensure that newly qualified nurses receive preceptorship.  <b>Ref: 5.3</b>	One	All newly qualified nurses are receiving preceptorship at present. Three nurses are within one/two weeks of completion of this portfolio.	From the date of this inspection
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.  <b>Ref: 5.1</b>	One	All care plans and assessments have been audited and are being updated on a regular basis.	From the date of this inspection
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.  <b>Ref 5.1</b>	One	All assessments are updated monthly or on a more regular basis if deemed necessary.	From the date of this inspection
7	27 (2) (d)	The registered person shall ensure that the carpet in the Strule day room is replaced /deep cleaned.  <b>Ref:5.1</b>	One	The carpet in Strule has been replaced.	From the date of this inspection
8	14 (2) (c)	The registered person shall ensure as far as reasonably practicable that unnecessary	One	All external preparations are now in secure bathroom	From the date of this

		<p>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.</p> <p><b>Ref 5.5</b></p>		<p>cabinets or in the secure clinical room.</p>	<p>inspection</p>
9	13 (4)	<p>The registered person must review the management of external medications to ensure they are being used in accordance with prescribed instructions</p> <p><b>Ref: 5.1</b></p>	One	<p>The exact use and instructions of all external preparations are now identified on both the MAR sheet and on each individual residents body map which identifies the correct area of use.</p>	<p>From the date of this inspection</p>

**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	5.3	It is recommended that patients repositioning charts are maintained appropriately.  <b>Ref 5.1</b>	One	Repositioning charts are now updated each time a residents is repositioned.	From the date of this inspection
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.  <b>Ref 5.1</b>	One	All case records are signed and dated with designation of the signatory.	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:

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

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Heather Moore	12 June 2014
Further information requested from provider			