



# Unannounced Follow Up Care Inspection Report 18 December 2018



## Three Rivers Care Centre

**Type of Service: Nursing Home (NH)**  
**Address: 11 Millbank Lane, Lisnamallard,  
Omagh, BT79 7YD**  
**Tel No: 028 8225 8227**  
**Inspector: Jane Laird**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a nursing home registered to provide nursing care for up to 56 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Zest Care Homes Limited  <b>Responsible Individual:</b> Philip Scott	<b>Registered Manager:</b> See box below
<b>Person in charge at the time of inspection:</b> Cara Smyth-Murray (Nursing Sister) 09.00 – 09.30 hours Charlene Parkin (Acting manager) 09.30 – 16.30 hours	<b>Date manager registered:</b> Charlene Parkin Acting – no application required
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 56

### 4.0 Inspection summary

An unannounced inspection took place on 18 December 2018 from 09.00 to 16.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection sought to assess progress with issues raised since the last care inspection on the 7 August 2018 which resulted in a serious concerns meeting with representatives of the registered provider and the home's management team, who acknowledged the failings identified and provided RQIA with actions to be taken to address the regulatory breaches identified.

The findings of this report will provide Three Rivers Care Centre with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

This inspection resulted in two new areas for improvement being identified. Findings of the inspection were discussed with Charlene Parkin, manager as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 7 August 2018. This inspection resulted in a serious concerns meeting with the home's management team, who acknowledged the failings identified and provided RQIA with actions to be taken to address the issues raised.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre inspection audit

During the inspection the inspector met with 20 patients, three patients' relatives, two visiting professionals and 11 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. The inspector provided the home manager with 'Have we missed you cards' which were to be placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 3 and 10 December 2018
- staff training records in relation to dementia best practice
- three staff recruitment and induction files
- three patients care records
- eight patients food and fluid intake charts and repositioning charts
- a sample of governance audits specific to care records
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, not met or carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 7 August 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 7 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 12 (4) <b>Stated:</b> Second time <b>To be completed by:</b> 18 June 2018	The registered person shall ensure the approach to and management of meals and mealtimes in the home is in accordance with best practice specifically in relation to dementia practice.  <b>Action taken as confirmed during the inspection:</b> Whilst the dining room of the home was being refurbished we observed the delivery of the lunchtime meal which was well managed in regards to a quality dementia approach.	<b>Met</b>
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 (1)(a) <b>Stated:</b> First time	The registered person shall ensure that at all times there is an appropriate staffing compliment to meet the assessed needs of patients. Where this is not achieved a clear contingency plan must be in place to ensure the safety and well-being of all patients.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> On the day of inspection there were adequate numbers of staff on duty and evidence of a contingency plan for short notice absence.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Regulation 27 (4) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the practice of propping open fire doors is immediately ceased and kept under review.</p> <p><b>Action taken as confirmed during the inspection:</b> Inspector did not identify any doors being propped open on the day of inspection.</p>	<b>Met</b>
<p><b>Area for improvement 4</b> <b>Ref:</b> Regulation 27 (2) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the environmental issues identified at the previous care inspection had been addressed.</p>	<b>Met</b>
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 23 <b>Stated:</b> Second time</p>	<p>The registered person shall ensure the frequency of repositioning is stated on the reposition records in use by staff.</p> <p><b>Action taken as confirmed during the inspection:</b> The frequency of repositioning was stated on all of the eight charts that were reviewed on the day of inspection.</p>	<b>Met</b>



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the management and delivery of activities in the dementia unit. The planning and delivery of activities within the dementia setting should be prioritised.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>On review of the activity planner and observation of the environment the activity person was observed carrying out activities that were appropriate to meet the needs of the patients. It was also noted that a shop front had been painted onto one of the walls in the corridor of the dementia unit and pictures were displayed on the walls to promote orientation.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.13</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients who require a modified diet are afforded choice at mealtimes. The meal provided should be the patients known preference and not what is more readily modified.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The menu on display had a choice of two meals for all patients. The inspector confirmed that patients who require a modified diet receive a choice of two main meals with additional snacks throughout the day.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that all permanent and agency staff working in the home receive a robust orientation and induction upon commencement of working in the home, records should be retained.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Three staff folders were reviewed which evidenced that staff received a robust orientation and induction upon commencement of working in the home.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients care records are completed in full and that patient care plans and risk assessments are reviewed and evaluated on an ongoing basis at identified, agreed time intervals.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Three patient care records were reviewed during the inspection which evidenced that a system was in place to review and evaluate patient care at agreed time intervals. Some deficits in the updating and review of care plans and risk assessments were identified. This is discussed further in 6.3 below.</p>	
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### 6.3 Inspection findings

The inspector sought to validate the areas for improvement identified at the last care inspection on 7 August 2018. It was positive to note that the nine areas for improvement were assessed as having been met.

A review of staff training records confirmed that there had been dementia best practice training provided to all grades of staff. This is to be commended and demonstrates that efforts have been taken to improve the living experience for patients with dementia. On review of the activity planner and observation of the environment the activity person was observed carrying out activities that were appropriate to meet the needs of the patients. It was also noted that a shop front had been painted onto one of the walls in the corridor of the dementia unit and pictures were displayed on the walls to promote orientation.

Observation of the environment evidenced that the issues identified at the previous care inspection had been addressed. Fire exits and corridors were observed to be clear of clutter and obstruction. On the day of the inspection the dayroom/dining area within the dementia unit was being redecorated. The patients were seated in a smaller second dayroom within the unit or within their bedroom as per preference. We observed the delivery of the lunch time meal. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime and were observed to encourage patients with their meals in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

There was a menu on display within the dayroom which had a choice of two meals for all patients. On observation of the meals being served and discussion with the staff present on the day of inspection confirmed that patients who require a modified diet receive a choice of two main meals with additional snacks throughout the day.

The inspector reviewed the care records of three patients within the home. Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. However, on review of two patients' records the care plans had not been updated to reflect the recommendations made by the dietician. This was discussed with the manager who agreed that this would be reviewed immediately and shared with all staff nurses. One patient's records evidenced that not all care plans and risk assessments had been updated since 18 October



2018. On discussion with the manager it was confirmed that the patient had been in hospital and the staff had not updated the records fully on the patient's return to the home. Although efforts have been made to address this area with a new audit system, further oversight from management is required. An area for improvement was identified under care standards.

The inspector reviewed a selection of supplementary care records. Repositioning charts for eight patients clearly stated the frequency of repositioning on each individual chart which was also reflected in a sample of care plans. However, on review of eight daily fluid intake charts there was no fluid target on any of the charts and the overall 24 hour total was not recorded on the patients chart from the previous day. An area for improvement under the care standards was made.

Three staff folders were reviewed two of which were agency. All folders evidenced that staff received a robust orientation and induction upon commencement of working in the home. This was further validated on communication with the staff who were on duty on the day of inspection. The management of staff recruitment and induction is commended.

Consultation with 13 patient's individually and seven within a group, confirmed that living in Three Rivers Care Centre was a positive experience. Comments included:

"I feel safe here"  
 "Food is nice"  
 "Feel good living here"  
 "Love all the staff"  
 "I like it here"

Comment from a patient's representative:

"We are completely satisfied with the nursing care, kindness and co-operation of the staff"

Some concerns were raised by patient representatives in respect of staffing provision in the dementia unit. These concerns were not evidenced during inspection however the issue was discussed with the manager as part of inspection feedback. Some concerns were raised in regards to management arrangements in the home and the communication of management changes with the patient representatives. This was discussed with the manager who agreed to arrange another relatives meeting and to have management more visible within the units to be able to communicate with patients and relatives.

Discussion with the manager identified that recruitment for suitably skilled and experienced care assistants was ongoing. It was positive to note that the management team recognised the importance of patient safety and confirmed that they have voluntarily closed the home to any new admissions until appropriate staffing levels are achieved. Whilst the recruitment drive is ongoing we are advised that a contingency plan is in place whereby agency staff will be sought as required to cover short notice staff absence.

Two visiting professionals spoke very positively about the home and the manager stating "we would recommend this home to anyone". Staff spoken to were happy with their work but stated that when staff are off at short notice it adds additional pressure. Staff were aware of the ongoing recruitment difficulties but said that they work well as a team to ensure that the patients' needs are met. All staff spoken with stated that if they had any concerns they can share this with management and feel that their concerns are taken seriously.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to team work, staff induction, and training specific to dementia best practice. It was evident on the day of inspection and on discussion with the management team that they have devoted time and effort to ensuring that the needs of the patients are met whilst recognising the current recruitment difficulties.

## Areas for improvement

Areas for improvement were identified under care standards in relation to the daily recording of fluid intake and the governance of quality assurance audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Charlene Parkin, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 18 January 2019	<p>The registered person shall ensure that daily fluid intake charts are recorded over a 24 hour period with a set daily fluid intake.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Fluid balance charts have now been amended to include an area for noting the daily fluid intake target as per the resident care plans and recommended Nutritional guidelines. Staff have been made aware that all fluid intake details must be recorded on the chart to include daily targets, all fluids taken, refusals and total intake over the 24 hour period. This was further highlighted during the full staff meeting held on 31<sup>st</sup> January 2019.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 18 January 2019	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <ul style="list-style-type: none"> <li>• Governance audits in respect of risk assessment and care plan reviews should be improved to ensure that patient's records are updated following professionals recommendations and on return of a patient to the home following an admission to hospital.</li> </ul> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            All staff have been informed of the need to ensure that risk assessments and care plans are updated following professional visitors input and when residents return from hospital. The Manager along with Unit Managers carry out regular updates of the homes occupancy and when residents return from hospital this is highlighted for the care records to be checked at unit level. The Manager also continues to encourage professional visitors to seek out the person in charge of the home to relay any changes and/or updates to care so that the residents care file can be highlighted for review/audit. The Care file audit tool used has now been updated with prompts for the auditor to examine that information received on return from hospital has been reflected in risk assessments and associated care plans. All of the above was further discussed at the Nursing Staff meeting held on 31<sup>st</sup> January 2019 for continued action.</p>

*\*Please ensure this document is completed in full and returned via Web Portal*



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