



Unannounced Care Inspection Report 7 August 2018



Three Rivers Care Centre

Type of Service: Nursing Home (NH)

Address: 11 Millbank Lane, Lisnamallard, Omagh, BT79 7YD

Tel No: 028 8228 8227

Inspector: Kieran McCormick

www.rqia.org.uk

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

3.0 Service details

Organisation/Registered Provider: Zest Care Homes Limited Responsible Individual: Philip Scott	Registered Manager: Charlene Parkin (Acting)
Person in charge at the time of inspection: John McMenamin – Registered Nurse	Date manager registered: Acting – No Application Required
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of registered places: 56

4.0 Inspection summary

An unannounced inspection took place on 7 August 2018 from 20.10 to 02.50 hours on 8 August 2018.

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 Care Standards for Nursing Homes 2015.

It is not the remit of RQIA to investigate complaints/whistleblowing/adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The inspection sought to assess progress with issues raised since the last care inspection on the 8 May 2018 and following the receipt of information of concern received from a relative, staff member and from the Western Health and Social Care Trust.

As a result of the inspection, RQIA was concerned that some aspects of the quality of care and service delivery within Three Rivers Care Centre were below the minimum standard expected. A decision was taken to invite the registered person to a meeting in RQIA in relation to the:

- sufficiency of staff on duty to meet the needs of the patients
- induction of agency staff
- management of the general environment
- alleged poor communication between staff and relatives.

This meeting took place at RQIA on 17 August 2018. During the meeting those present on behalf of the responsible individual acknowledged the failings and provided a full account of the actions and arrangements made to ensure the improvements necessary to achieve full compliance with the required regulation and which provided the necessary assurances required.

A further inspection will be undertaken to validate sustained compliance and drive necessary improvements.

Areas requiring improvement were identified as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	*5

*The total number of areas for improvement include one which has been stated for a second time and which has been carried forward for review at the next care inspection. Three areas for improvement have not been reviewed as part of this inspection due to the out of hours timing of the inspection, will also be carried forward to the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with the registered nurse in charge of the home, as part of the inspection process and further discussed post inspection with Charlene Parkin, manager and Philip Scott, responsible individual. The timescales for completion commence from the date of inspection.

Further inspection is planned to validate compliance and drive improvements.

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

4.2 Action/enforcement taken following the most recent inspection dated 11 June 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 11 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

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 we met with five patients, eight staff and two patient's visitors/representatives. 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. One questionnaire from a patient representative was received which indicated they were very satisfied across the three domains of effective, compassionate and well led care. A rating of three out of five was given for the safe domain. Comments included on the returned questionnaire included:

"staff in the home are excellent, just shortage of staff leaving it difficult to provide the 100% care required for each resident. No other issues with care in the home."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the nurse in charge with 'Have we missed you cards' 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 on the front door of the home.

The following records were examined during and post inspection:

- duty rota for all staff from 9 July to 12 August 2018
- staff training records
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- compliments received
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Some areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met. Other areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are 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 11 June 2018

The most recent inspection of the home was an unannounced medicines management inspection.

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

6.2 Review of areas for improvement from the last care inspection dated 8 May 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
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: Immediate	The registered person shall ensure that suitable arrangements are in place to minimise the risk of infection and toxic conditions. A procedure should be implemented to ensure clinical waste is disposed of in a timely manner, sluice rooms and bathrooms should not be used as a general storage area and substances hazardous to health must be safely and securely stored.	Met
	Action taken as confirmed during the inspection: The inspector observed that all sluice rooms where appropriately locked during the course of the inspection. There was no observation of inappropriate storage of clinical waste or of substances hazardous to health.	

<p>Area for improvement 2</p> <p>Ref: Regulation 12 (4)</p> <p>Stated: Second time</p> <p>To be completed by: 18 June 2018</p>	<p>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.</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection due to the timing of the inspection, and this will be carried forward to the next care inspection.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate</p>	<p>The registered person shall ensure that robust governance systems are established to report on the quality of services and nursing provided by the home regarding:</p> <ul style="list-style-type: none"> • Control of substances hazardous to health 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Substances hazardous to health were observed to be appropriately and safely stored during the course of the inspection.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: Second time</p> <p>To be completed by: 11 June 2018</p>	<p>The registered person shall ensure that staff complete their mandatory training requirements in a planned and timely manner. The system should be monitored by the manager.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of information submitted post inspection showed a training matrix in place to oversee the management of mandatory training. Records reviewed provided an assurance of the provision of mandatory training for all staff.</p>		

<p>Area for improvement 2</p> <p>Ref: Standard 25</p> <p>Stated: Second time</p> <p>To be completed by: 30 June 2018</p>	<p>The registered person shall ensure that a range of training opportunities are provided for staff in dementia practice and should include, for example; person centred care, communication, the dining experience and understanding behaviours.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the staff training matrix submitted post inspection provided an assurance that staff had completed dementia awareness, complex behaviours and diet/nutrition management training.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2018</p>	<p>The registered person shall ensure that chairs and seating in the lounge areas are reviewed and replaced, as necessary.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the environment evidenced that chairs in a state of disrepair had been removed. There was no seating observed to be in a poor state.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>The registered person shall ensure the frequency of repositioning is stated on the reposition records in use by staff.</p> <hr/> <p>Action taken as confirmed during the inspection: A reviewed of repositioning records for four patients evidenced that the frequency of repositioning had not been recorded.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p>Not Met</p>

<p>Area for improvement 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: Immediate</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>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection, due to the out of hours timing, and will be carried forward to the next care inspection.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2018</p>	<p>The registered person shall ensure that the environment is conducive to the needs of persons living with dementia and is in accordance with accepted best practice and research.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The inspector observed notable improvements in the environment of the dementia nursing unit to include signage, painted handrails/toilet doors, sensory wall and a feature wall.</p>		
<p>Area for improvement 7</p> <p>Ref: Standard 12.13</p> <p>Stated: First time</p> <p>To be completed by: Immediate</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>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection due to the out of hours timing, and will be carried forward to the next care inspection.</p>		

6.3 Inspection findings

On the night of inspection there were 49 patients in the home. Observation of the delivery of care on the night of inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Patients were in one of the lounges or in their bedroom, as was their personal preference. Some patients had already retired to bed, again in keeping with their personal preference or their assessed needs. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed

needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

However as a result of the inspection a number of concerns were identified. Following a review of duty rotas the sufficiency of staff on duty to meet the needs of the patients was inconsistent on given days and over a given week, this was due to short notice absence of staff. There were reports of a significant turnover of staff which patients and relatives expressed led to a lack of continuity of care; concerns were also raised regarding staffing insufficient to supervise patients particularly at night; however this was not observed to be the case on the night of inspection. The inspector was informed and observed care staff coming from the residential unit to provide support to the care of patients on the nursing unit, the inspector was informed that this was in order to help support the night time routine and facilitate patient choice. The inspector was concerned that this practice may compromise the care of residents in the residential home. At a meeting at RQIA management representatives from Three Rivers Care Centre provided assurances that they would review this matter. The inspector noted for one member of agency staff that from 30 July to the 10 August 2018, the care staff member had been scheduled to work 12 night duties in a row. It was explained that this was a personal choice, the inspector was concerned however that such a prolonged continuous period of work could affect the effectiveness of the staff member. An area for improvement under the regulations has been made in relation to staffing arrangements this also formed part of the meeting held in RQIA post inspection.

Two agency staff who met with the inspector advised that they had not received an induction for working in the home; an area for improvement under the standards was made.

Relatives who met with inspector raised concerns regarding the staffing levels in the home and poor communication between relatives and staff, this information was shared with the manager and responsible individual for their attention. This was discussed with management representatives during the meeting at RQIA and assurances were provided regarding the provision of relatives meetings and opportunities for communication with the management of the home.

The inspector observed the kitchenette doors wedged open with a bin in both nursing units, the Dorgard was obstructed from being able to be effective had the fire alarm have been sounded, an area for improvement under the regulations was made.

The kitchenette in the dementia nursing unit appeared to require refurbishment. Post inspection we were advised that plans for the refurbishment are already in place. The inspector also raised concerns regarding the management of wardrobes not being secured to walls. This raised a risk for patients should the wardrobe topple forward.

There was evidence of some inappropriate storage identified in an assisted shower room and PVC paneling was noted to be cracked and dotted with holes therefore making it difficult to be robustly cleaned. An area for improvement under the regulations was made.

Three of the four sets of patient care records reviewed had not been completed in their entirety and the monthly evaluation/review of care plans and risk assessments had not been consistently completed, an area for improvement under the standards was made. Review of supplementary care charts for patient repositioning evidenced that contemporaneous records were not consistently maintained, an area for improvement under the standards has been stated for a second time.

The inspector raised concerns regarding the appropriateness of placement for an identified patient; this was discussed with nursing staff and the manager who agreed to arrange an urgent care review. This concern was also shared with the commissioning trust for their attention.

Areas for improvement

Areas for improvement have been made regarding the management of nursing care records, staffing arrangements, wedging of fire doors and the need for some environmental improvements

	Regulations	Standards
Total number of areas for improvement	3	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 John McMenamin, registered nurse, as part of the inspection process and further discussed post inspection with Charlene Parkin, manager and Philip Scott, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager 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 nursing 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 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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 12 (4)</p> <p>Stated: Second time</p> <p>To be completed by: 18 June 2018</p>	<p>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.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: Section 6.2</p>
	<p>Response by registered person detailing the actions taken: The furniture arrangement of the lounge-diners has been reconfigured to identify clear dining areas and clear lounge areas. Tables are to be dressed appropriately at all times and on approach to meal servings be placed with cutlery, napkins and condiments. The menu for the day will be on display with a choice offered to all residents regardless of modified dietary needs. All of the above will assist in providing orientation cues that a mealtime is approaching. Staff will actively encourage residents to partake of dining in these areas and continue to assist as needed whilst sensitively giving consideration to personal choice. Training with regard to best practices in delivering a positive Mealtime experience is ongoing on a rolling basis and audits in this area continue to be conducted monthly and more often as needed.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>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.</p> <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: The registered person regularly reviews the staff rota to ensure adequate planned staffing levels are applied. Short term sickness and absence management continues along with ongoing recruitment and selection. At the time of the inspection one day of interviews had been planned the same week with further interviews planned over the following two weeks.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the practice of propping open fire doors is immediately ceased and kept under review.</p> <p>Ref: Section 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The day following the inspection the door guards on both doors were replaced. Furthermore, both doors have been fitted with an electronic key pad to encourage that the door is kept closed when the area is not in use as an added health and safety measure. CCTV monitoring of the doors is implemented and reports of non compliance sent to the manager via email.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>Ref: Section 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Immediately following the inspection works relating to the environmental issues highlighted were assessed and an action plan implemented to address same. The identified servery worktops will be replaced with stainless steel. Installation date has been scheduled for 19th September 2018. The painter has been made aware of this and plans to redecorate the serverys upon completion. Full completion of works is expected by the end of September 2018</p> <p>PVC panelling for the identified bathroom has been fully replaced with works completed as of 18/09/2018.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the frequency of repositioning is stated on the reposition records in use by staff.</p> <p>Ref: Section 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Repositioning records in use identify an area where 'frequency of repositioning' should clearly be stated in keeping with the relevant care plan. All staff have been reminded to complete these records fully paying particular attention to specifying the frequency. Spot checks will be conducted by the Nursing Sisters and Manager to ensure compliance.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: Immediate</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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: Section 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Improvements will be made to the environment of the Dementia nursing unit to include; rearrangement of furniture to re-establish the fireplace as a focal point and define a dining area, increased provision of Dementia appropriate signage, decorative wall pieces giving sensory stimulus, activity boards in prominent areas and any other means we can provide as suggested in relevant best practice guidance.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.13</p> <p>Stated: First time</p> <p>To be completed by: Immediate</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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: Section 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: The Head Chef has been advised that the daily menu choice must apply to all residents regardless of dietary modification requirements. This will be monitored by the Manager and added into the Mealtime experience audit.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 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>Ref: Section 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: All staff employed by the home receive induction on commencement of work. All agency staff new to the home now receive an induction completed by the Nurse in Charge of the Unit. When agency shifts are booked the agency members profile is placed in the rota along with an agency induction form for the attention of the Nurse in Charge to complete and return. Copies are then retained on file.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</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>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: All residents care files including risk assessments and care plans are updated on a monthly basis by a specified date. All updates are confirmed and signed by the allocated named nurse and entered onto a spreadsheet to be returned to the manager by the 10th day of each month. During the months of August and September the home has focused on care files and indeed at the time of inspection residents notes on both nursing units were in the process of a full review, update and audit. To date all care files with the exception of five over two units have been fully audited by the manager with the remaining five to be completed by 21/9/18.</p>

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



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