



The Regulation and
Quality Improvement
Authority

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

Inspector: Raymond Sayers
Inspection ID: IN021383

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**Announced Estates Inspection
of
Three Rivers Care Centre
Tuesday 02 April 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 announced estates inspection took place on 02 April 2015 from 10.10am to 3.00pm. On inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Nursing Homes Minimum Standards.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP dated 02 May 2012 there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action was not commenced as a result of the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	1

The details of the QIP within this report were discussed with the Manager, Mrs Janet Dodds 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	Registered Manager: Mrs Janet Dodds
Person in Charge of the Home at the Time of Inspection: Mrs Janet Dodds	Date Registered: 16 August 2010
Categories of Care: NH-PH, RC-DE, NH-DE, NH-I	Number of Registered Places: 81
Number of Patients/Residents Accommodated on Day of Inspection: 50	Weekly Tariff at Time of Inspection: As per Trust contract

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 have been met:

Standard 32: Premises and Grounds

Standard 35: Safe and healthy working practices

Standard 36: Fire safety

4. Methods/Process

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

During the inspection the inspector met with the Manager (Mrs Janet Dodds), Assistant Manager (Mrs Claire Jones) and Maintenance Manager/Janitor (Mr Brian Rowley).

The following records were examined during the inspection:

- Fire safety risk assessment plus documentation relating to the maintenance and inspection of the fire safety equipment;
- Legionella risk assessment plus documentation relating to the maintenance and inspection of the water services;
- Documentation relating to the maintenance and inspection of the building engineering services;
- Documentation relating to Lifting Operations and Lifting Equipment control measures;
- Documentation relating to general health & safety control measures.

5. The Inspection:

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 5 March 2015. There were no recommendations or requirements listed as a result of the pharmacy inspection.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.(2)(b)	Complete a survey of all window openings and implement a corrective works action plan to repair and seal gaps formed at window cill/frame junctions. Action taken as confirmed during the inspection: Window cill/frame junctions filled and decorated.	Met
Requirement 2 Ref: Regulation 27.(2)(q)	Verify that Lifting Operations and Lifting Equipment (LOLER) Regulation 9 thorough examination report recommendations have been addressed and control measures implemented. Action taken as confirmed during the inspection: Current passenger lift LOLER report examined and deemed satisfactory. Mobile hoists six monthly LOLER inspection regime not verified as implemented (annual LOLER inspection examined).	Partially Met
Requirement 3 Ref: Regulation 27.(4)(a)	Submit verification that the fire risk assessment works action plan recommendations have been implemented: <ul style="list-style-type: none"> • Lounge fire doors require self-closer devices installed. • Electric apparatus cupboard ceiling requires fire stopping with 1/2 hour fire resistant material. • Kitchen fire exit door requires installation of easy opening device. • Laundry ventilation ducting requires fire damper installation. • Confirm staff fire safety awareness training is completed at a maximum of six monthly intervals. 	Partially Met

	<p>Action taken as confirmed during the inspection: Examined fire risk assessment completed by Mr Leo Larkin on 23 April 2014; noted corrective works implemented but action plan recommendations are not confirmed as complete by the responsible person.</p>	
<p>Requirement 4 Ref: Regulation 27.(4)(d)</p>	<p>Ensure that the smoker room door is FD30S with a self-closer device installed.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Self-closer device installed on smoker room door.</p>	
<p>Previous Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1 Ref: Standard 32</p>	<p>Examine location of soap dispensers and make suitable amendments to prevent soiling of adjacent wall surfaces by detergents.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Relocation of dispensers implemented.</p>	
<p>Recommendation 2 Ref: Standard 32</p>	<p>Install "free-swing" door closer devices on bedroom doors in compliance with NIHTM84.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Dorgard and self-closer devices have been installed.</p>	

5.3 Standard 44: Premises and Grounds

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

Is Care Safe? (Quality of Life)

Documents related to the maintenance of the premises were reviewed during this Estates inspection. These documents included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

Areas for Improvement

N/A

Number of Requirements	N/A	Number Recommendations:	N/A
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5.4 Standard 47: Safe and Healthy Working Practices

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Is Care Safe? (Quality of Life)

Documents relating to the safe operation of the premises, installations and engineering services were presented for review during this Estates inspection. This supports the delivery of safe care. A number of issues were identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

The dependency levels and care of the residents are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

Areas for Improvement

BS7671 periodic inspection report IPN3/0517490 dated 20 February 2015 itemised a number of code 1 and code 2 corrective works requiring attention.

Code 1 works were completed and code 2 improvements are currently scheduled for completion within three weeks.

LOLER Regulation 9 thorough examination inspection reports were completed at an annual frequency, not six monthly as required.

The emergency power generation contract arrangements have not been reviewed within the past two years; the arrangements should be evaluated and emergency generator provision assurances agreed.

Number of Requirements	2	Number Recommendations:	1
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5.5 Standard 48: Fire Safety

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of residents, the management policies and the availability of adequately trained staff. This is recorded in the fire risk assessment. This supports the delivery of effective care. A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

The last fire risk assessment review was completed on 23 April 2014 by an accredited fire risk assessor (in accordance with RQIA correspondence to regulated homes dated January 2013 and April 2015); the report action plan recommended corrective/improvement works were not verified as completed, although it is noted corrective works had been implemented.

Number of Requirements	1	Number Recommendations:	N/A
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5.6 Additional Areas Examined

N/A

6.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Janet Dodds (Manager), Mrs Claire Jones (Assistant Manager) and Mr Brian Rowley (Maintenance Manager/Janitor) 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, The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Nursing Homes Minimum Standards. 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 will be completed by the 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 by the registered manager. Once fully completed, the QIP will be returned to Estates.Mailbox@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 27.(2)(q) Stated: Second time To be Completed by: 28 May 2015	Verify that all mobile hoisting equipment will be subjected to six monthly LOLER regulation 9 "thorough examinations" by a competent person.		
	Response by Registered Manager Detailing the Actions Taken: All Hoisting equipment has had "thorough examination" by a competent person on a six monthly basis. All certificates are available on the website of the company inspecting the equipment.		
Requirement 2 Ref: Regulation 27.(4)(a) Stated: Second time To be Completed by: 28 May 2015	Verify that fire risk assessment action plan recommended control measures are implemented, ensure that the action plan is updated and amended as works are completed.		
	Response by Registered Manager Detailing the Actions Taken: The control measures from the Fire Risk Assessment Plan have been implemented, the action plan has been updated accordingly.		
Requirement 3 Ref: Regulations 14.(2)(a)(b)(c) Stated: First time To be Completed by: 28 May 2015	Verify that the BS7671 Periodic Inspection Report for the electrical installation has been assessed and that corrective/improvement works have been completed to assure compliance with the Electricity at Work Regulations.		
	Response by Registered Manager Detailing the Actions Taken: The BS7671 Periodic Inspection Report has been assessed and all improvement works have been completed in compliance with Electricity at Work Regulations.		
Recommendation			
Recommendation 1 Ref: Standard 35 Stated: First time To be Completed by: 28 May 2015	Review emergency power generation requirements and ensure that plant hire arrangements will meet business continuity needs.		
	Response by Registered Manager Detailing the Actions Taken: Plant Hire arrangements are in place in regards emergency power generation to ensure continuity of business needs.		
Registered Manager Completing QIP	Janet Dodds	Date Completed	27/05/15
Registered Person Approving QIP	Philip Scott	Date Approved	27/05/15
RQIA Inspector Assessing Response	Raymond Sayers	Date Approved	01/06/2015

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