



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow-up Care Inspection Report 15 August 2019



Three Rivers Residential Care Home

Type of Service: Residential Care Home
Address: 11 Millbank Lane, Omagh BT79 7YD
Tel No: 028 8225 8227
Inspector: Laura O'Hanlon

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 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 registered residential care home which provides care for up to 25 residents.

3.0 Service details

Organisation/Registered Provider: Zest Care Homes Limited Responsible Individual: Phillip Scott	Registered Manager: Charlene Parkin
Person in charge at the time of inspection: Cara Smyth Murray, Deputy Sister	Date manager registered: Charlene Parkin – 18 July 2019
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 25 Number of residents accommodated on the day of the inspection: 16

4.0 Inspection summary

An unannounced inspection took place on 15 August 2019 from 14.45 to 21.40 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection was undertaken following information received by RQIA which raised concerns in relation to:

- inadequate care delivery in regards to the provision of personal care, general presentation of residents, continence management and the quality of bed linen
- staff interactions with residents

The following areas were examined during the inspection:

- environment
- care records
- care practices including the provision of personal care, general presentation of residents and staff interactions with residents

The concerns raised were not substantiated in the residential home. However concerns were identified during the inspection in regards to the health and welfare of residents, the environment and the management of infection prevention and control (IPC). As a result of this inspection one failure to comply notice was issued. This is discussed further in section 4.1 of this report.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	*1

*The total number of areas for improvement includes three areas which have been carried forward for review at the next care inspection

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Asta Lickiene, registered nurse, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

Following the inspection senior management in RQIA met and it was agreed that the responsible individual would be invited to attend a meeting in RQIA, with the intention of issuing two failure to comply notices in regards to the health and welfare of residents and the management of infection prevention and control (IPC).

The intention meeting was held on 22 August 2019; the responsible individual Phillip Scott and Claire McKenna, regional manager were in attendance. The responsible individual outlined the actions that would be taken to address the concerns identified. RQIA received some assurance that action had been taken regarding the management of IPC within the home. However we were not sufficiently assured that the necessary improvements to ensure full compliance in regards to the health and welfare of residents had been made. We remained concerned about the potential impact this may have on the delivery of care in the home.

As a result one failure to comply notice was issued under The Residential Care Homes Regulations (Northern Ireland) 2005: Regulation 13.- (1) (a) and (b) health and welfare of residents. The date for compliance to be achieved is 28 October 2019.

A further inspection will be undertaken to validate that compliance has been achieved and sustained.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 July 2019.

5.0 How we inspect

- Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:
- the registration status of the home
- written and verbal communication received since the previous care inspection
- notifications of accidents and incidents
- the previous record of care inspection

The following records were examined during the inspection:

- staff duty rotas
- extracts of care records
- RQIA certificate of registration

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 18 July 2019

The most recent inspection of the home was an unannounced care inspection. This QIP is due to be returned to RQIA by 9 October 2019.

6.2 Review of areas for improvement from the last care inspection dated 18 July 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 (1) (d) Stated: First time	The registered person shall ensure that RQIA are informed of any incidents where medical advice or attention is sought.	Carried forward to the next care inspection
	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.	

Area for improvement 2 Ref: Regulation 29 (3) and (4) Stated: First time	The registered person shall ensure that the visits by the registered provider's representative are completed on a monthly basis and a written report made available in relation to this visit.	Carried forward to the next care inspection
	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.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 35.1 Stated: First time	The registered person shall ensure that there are systems in place to ensure adequate standards of infection prevention and control is maintained in the home.	Not Met
	Concern remained in respect of the management of infection prevention and control within the home. This matter formed part of the enforcement action taken following this care inspection.	
Area for improvement 2 Ref: Standard 27.8 Stated: First time	The registered person shall ensure that equipment in the home is maintained in good working order.	Carried forward to the next care inspection
	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.	

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 18 July 2019 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

On arrival to the home at 14.45 we were advised that the manager was on planned leave. Initial discussions confirmed that the Deputy Sister was the person in charge of the home.

6.3.1 Staffing arrangements

We reviewed the staff duty rota and identified that it accurately reflected the staff working in the home. The person in charge in the absence of the manager was identified on the rota. A new deputy manager has been appointed to oversee the residential home and is currently working on their induction.

Discussion with the staff confirmed that the planned staffing levels were adequate to meet the needs of the residents. There were no concerns raised by residents in relation to the staffing arrangements. One comment made by a resident was:

- “The staff here are very good. They are kind to me. If I want anything they come to me fairly quickly.”

The staff were knowledgeable in regards to the needs and expressed preferences of the residents. Staff were observed undertaking their roles in an unhurried and discreet manner.

6.3.2 Care Practices

We observed staff assisting residents and providing support to retire to bed. Staff attended to residents' needs in a caring and timely manner. We saw that residents in this home were appropriately dressed and well presented; personal care and continence needs were managed in a respectful and discreet way. Interactions between the staff and the residents were compassionate. Staff endeavoured to promote independence where possible by enabling residents to undertake tasks safely by themselves.

6.3.3 Management of infection prevention and control

A number of concerns were identified in relation to the management of infection prevention and control (IPC) throughout the home. There was a lack of effective oversight and governance in relation to IPC; including an effective auditing system.

Concerns included but are not limited to the following: staining observed on hand towels and other dispensers; areas of the home were unclean and significant dust observed; rust was observed on cupboards used by residents; identified furniture observed to be torn, chipped or damaged rendering it impossible to be effectively decontaminated; and resident equipment stored in cupboards and in a sluice room. Staff training in the management of IPC was therefore not embedded into practice.

Some of these issues were identified at the previous care inspection; however the situation had deteriorated significantly. At the meeting the responsible individual provided assurances that robust action had been taken regarding the management of IPC within the home.

6.3.4 Environment

An inspection of the environment was completed. We found that residents' bedrooms were personalised with photos and memorabilia. The bed linen was observed to be clean and appropriate.

There were two bedrooms without a bed therefore not fit for use as a bedroom and inappropriate storage in a bedroom including a resident's personal documentation. This was identified as an area for improvement to ensure that these bedrooms were returned for use as bedrooms.

We also identified a number of areas of concern in relation to the environment. These included: an unknown substance was observed in a vinegar container sitting in a dining room for use by residents; soap was sitting with a set of dentures in a container; and yogurts for resident use were observed sitting in a dining room window.

In addition to this, hazardous cleaning chemicals were observed unsecured and accessible by residents thus posing a risk to residents' health and welfare. Denture cleaning tablets, razors and other toiletries were observed being openly available to residents in ensuite bathrooms. This posed potential risks to residents' safety.

At the intention meeting the responsible individual provided some assurances that immediate action had been taken to address some of these issues. However RQIA were concerned that there may be a potential impact on the health and welfare of residents. Given the seriousness of the concerns identified at this inspection, a failure to comply notice under Regulation 13. - (1) (a) and (b) of the Residential Care Homes Regulations (Northern Ireland) 2005 was issued.

6.3.5 Care Records

We reviewed one care record in the residential home. We were satisfied that this record was maintained in accordance with the regulations and standards. The record contained an up to date assessment of needs, care plans and risk assessment; to direct and inform care provision. Care records were reviewed and updated on a regular basis. Care plans recorded the individual choices and preferences of residents.

The care records reflected multi professional input into the needs of the residents. Any recommendations made by professionals were referred to within care plans and risk assessments.

Assessments and associated care plans were in place in regards to the management of falls, continence care, nutrition and restrictive practices. These care plans were reviewed on a monthly basis. Where a specific area of need was identified for example the management of a urinary tract infection; there was a care plan devised and reviewed.

6.3.6 Management and governance arrangements

During the inspection as stated above, concerns were identified in regards to the cleanliness of the environment, management of COSHH and adherence to best practice in IPC. Therefore there was a lack of effective oversight and governance in relation to these matters. In addition, during the inspection of 18 July 2019 an area requiring improvement was identified in regards to the management of IPC. This was concerning as any improvement was not sustained and the situation had considerably deteriorated.

The actions required to address the concerns identified above form part of the failure to comply notice issued to the residential home under Regulation 13. - (1) (a) and (b) of the Residential Care Homes Regulations (Northern Ireland) 2005.

Areas for improvement

One area for improvement was made to ensure that the identified storage is removed from one bedroom and that there were beds available within the other two bedrooms.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Asta Lickiene, registered nurse, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 (1) (d) Stated: First time To be completed by: 19 July 2019	<p>The registered person shall ensure that RQIA are informed of any incidents where medical advice or attention is sought.</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>
Area for improvement 2 Ref: Regulation 29 (3) and (4) Stated: First time To be completed by: 1 August 2019	<p>The registered person shall ensure that the visits by the registered provider's representative are completed on a monthly basis and a written report made available in relation to this visit.</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>
Area for improvement 3 Ref: Regulation 18 (2) (c) Stated: First time To be completed by: 15 September 2019	<p>The registered person shall ensure that ensure that the identified storage is removed from one bedroom and that there are beds made available within the other two identified bedrooms.</p> <p>Ref: 6.3.4</p> <p>Response by registered person detailing the actions taken: The items stored in the identified bedroom have now been cleared. Beds are now available in the 2 bedrooms identified without same. It is worth noting that these bedrooms were not in use at the time of the inspection.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.8 Stated: First time To be completed by: 18 August 2019	<p>The registered person shall ensure that equipment in the home is maintained in good working order.</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>

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



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