



Unannounced Care Inspection Report 18 July 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 from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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: Philip Scott	Registered Manager and date registered: Charlene Parkin – 18 July 2019
Person in charge at the time of inspection: Charlene Parkin	Number of registered places: 25
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 17

4.0 Inspection summary

An unannounced inspection took place on 18 July 2019 from 07.15 to 15.45.

This inspection of the residential home was undertaken by a care inspector. An inspection of the nursing home was undertaken at the same time by a nursing inspector. The estates inspector joined the inspection to complete an inspection of the premises. This will be reported under a separate report.

The inspection assessed progress with all areas for improvement identified in the home during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction and training and record keeping.

Areas requiring improvement were identified in relation to infection prevention and control practices, the need to replace items of equipment, the management of accidents and incidents and the monthly monitoring reports completed on behalf of the registered provider.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Charlene Parkin, manager, Claire McKenna, regional operations manager and Cara Smyth Murray, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 20 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 20 November 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records were examined which included:

- staff duty rotas
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training schedule
- two staff recruitment and induction records
- three residents' records of care
- complaint records
- staff supervision schedule
- fire safety records
- policy on adult safeguarding and whistleblowing
- a sample of governance audits/records

- accident/incident records
- monthly monitoring reports from January to April 2019
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 last care inspection dated 20 November 2018

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: Second time	The registered person shall ensure that a separate staff duty rota is maintained for the residential home.	Met
	Action taken as confirmed during the inspection: A review of the staff duty rota confirmed that there was a separate rota in place for the residential home.	
Area for improvement 2 Ref: Standard 35.1 Stated: Second time	The registered person shall ensure that items of storage are removed from communal bathroom areas. Any aids required to be stored in these areas should be placed in enclosed washable cabinets.	Met
	Action taken as confirmed during the inspection: Observations of the communal bathroom areas confirmed that there were no items of inappropriate storage within these areas.	

Area for improvement 3 Ref: Standard 3.7 Stated: Second time	The registered person shall ensure that a pre admission assessment is undertaken by the registered manager or a senior member of staff prior to the resident's admission to the home.	Met
	Action taken as confirmed during the inspection: A review of care records confirmed that a pre admission assessment was undertaken where possible. Where this was not completed an explanation was recorded in regard to the emergency admission arrangements.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

On arrival to the home we found that the majority of residents were in bed. There were a small number of residents who through their own choice were already up and dressed. These residents were having some tea and toast.

Staff were observed reporting for duty at 07.45 hours to allow for the night shift to provide their hand over which included how residents slept and any changes or issues arising. Staff also received their allocated duties for the provision of care which included assisting and supervising residents with their personal care in accordance with their individualised care plan, medicine administrations and scheduled activities planned for the day.

As the morning progressed we observed staff in various areas assisting residents with their personal care and serving breakfast. Some of the residents choose to have their breakfast within their bedrooms while others preferred the dining room. Call bells were being answered promptly by staff. The atmosphere with the home was considered to be warm and calm with staff assisting and conversing with residents in a friendly, respectful manner.

We spoke with the residents and we were informed that they felt safe in the home. The residents further advised that if they required assistance, all they have to do is ask and it would be provided in a timely manner; day or night.

Discussion with the staff on duty confirmed they were mostly satisfied with the staffing arrangements in the home and that the planned staffing levels were maintained. Some staff expressed concern where there was only one member of senior care staff on duty overnight. We spoke with the manager in regards to this. We were advised that where possible there are two senior care staff on duty overnight however there were occasions where this was not available. Where this had occurred the manager advised that an additional care assistant was on duty. The manager was advised to keep this situation under close review.

The manager confirmed that the staffing levels in the home were reviewed in accordance with the needs and dependencies of the residents. During the inspection we saw how residents' needs were met in a prompt, compassionate manner.

A review of the duty rota confirmed that the manager's hours were recorded and that it accurately reflected the staff and the capacity in which they were working in the home. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the residents and to support the care staff.

We reviewed two staff competency and capability assessments which are completed to provide assurances in the absence of the manager. These assessments were found to be satisfactory.

Review of two staff recruitment and selection files retained included all required employment documentation; completion of pre-employment checks including Enhanced Access NI check which is the vetting of applicants to ensure they were suitable to work in the home. A review of an induction programme and discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

The manager confirmed that monthly checks were completed to ensure that care workers maintained their registration with Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified. New care staff were required to join the NISCC register as soon as possible following commencement of employment.

A review of staff training records was undertaken and confirmed that the required mandatory training was completed. Additional training was also provided to support staff in their roles. Staff said they were provided with a wide range of training which enabled them to keep up to date and ensure residents receive good care in accordance with their person centred care plan.

The home had a policy/procedure in place for adult safeguarding. The manager explained that they were working closely with the local trust in relation to an adult safeguarding concern. Staff demonstrated knowledge and understanding of the principles of adult safeguarding and knew what action to take if an allegation or actual abuse occurred. A list of out of hours contact numbers to support staff was displayed on notice boards in staff areas. Review of training records confirmed that staff had completed training in relation to adult safeguarding. Staff were aware of their obligations in relation to whistleblowing.

The manager explained that the management of falls included the use of an adapted "falls tools kit" to enable proactive management including identification of trends and patterns to ensure measures were in place to minimise the identified risk. Referrals were being made to the trust falls clinic so that a comprehensive assessment can be undertaken. Review of care records confirmed this.

Inspection of the premises confirmed that all areas were clean including wash hand basins. An adequate supply of resources such as; disposable aprons, gloves and liquid hand soap. Seven step wash hand written and pictorial guidance notices were positioned within toilets/bathrooms throughout the home. It was noted that there was staining on toilet roll holders and paper towel dispensers. This was identified as an area for improvement to ensure compliance with the standards.

The home was found to be warm. Bedrooms were personalised with photographs and personal items. However we identified a number of chairs which were torn and a sensor mat that was in a poor state of repair. This was identified as an area for improvement to ensure compliance with the standards.

Comments made by staff during the inspection included:

- “The residents are safe; there is good care provided to them.”
- “I have completed recent mandatory training including fire safety and moving and handling.”
- “The staffing levels are ok.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction and training,

Areas for improvement

The following areas were identified for improvement in relation to infection prevention and control and equipment.

	Regulations	Standards
Total number of areas for improvement	0	2

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We reviewed three care records; they included an up to date assessment of needs, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records reviewed also reflected the multi-professional input into the residents' health and social care needs and were updated regularly to reflect the changing needs of the individual residents. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

We saw and staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home for example staff confirmed that residents choose what time they would like to rise and retire.

The manager explained that when a resident requires nursing intervention/s, for example wound care, or if a resident was awaiting an alternative nursing placement, then the district nurse would be contacted and undertake a comprehensive nursing assessment and develop a nursing care plan. The district nurse subsequently becomes accountable and responsible for the care prescribed with regular monitoring visits carried out. Records of visits would be retained.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records, falls, and staff handwashing were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

Discussion with the manager and staff confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. We observed during the staff handover where a handover sheet is used by staff to ensure all information is passed on for follow up.

Minutes of staff meetings were reviewed during the inspection. Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home. However some of the staff shared their concerns regarding the lack of communication among the staff team. One example shared was where changes were made to care records and no explanation or rationale was provided from the management. The need to develop further systems to aid staff communication was discussed during feedback and the manager agreed to review this.

We could see from review of care records, along with accident and incident reports that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Comments made by residents and staff during the inspection were:

- “I have no complaints; if I want anything all I have to do is ask.” (resident)
- “Communication is ok, if I wanted anything I could go to the manager.” (staff)
- “Communication is not great for example things are not always explained or a rationale provided.” (staff)
- “This is a good staff team and we all work well together.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We observed that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents easily interacting with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to. The manager confirmed that the staff in the home promoted a culture and ethos that supported the values of dignity and respect.

Information was displayed in the home for residents for example regarding the daily menu. Residents could also make choices on a daily basis regarding their preferences at meal times.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed, whether they liked to be checked during the night, how they like to be helped with care and how they choose what to wear.

Discussion with residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls risk and nutrition, where appropriate. Residents who spoke with the inspector confirmed that staff were very good in this regard and would respond immediately if they had any pain or had any discomfort.

Comments made by residents and staff during the inspection were:

- "I get my papers every day." (resident)
- "It's a great home. I am very happy here." (resident)
- "The residents can get up whenever they want." (staff)

Areas of good practice

There were examples of good practice found in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The manager described how the focus of care in the home was to support the residents as best as possible. The manager maintains oversight in the home of staff training to ensure staff are equipped to do their jobs. The manager confirmed that systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

We reviewed the system in place to deal with complaints raised by residents, their family members or others. We looked at the records of complaints since the last inspection and could see that they were managed appropriately.

We reviewed the system in place for notifying next of kin, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. Records reviewed identified a number of incidents where RQIA were not informed. This was identified as an area for improvement to ensure compliance with the regulations.

There was a training matrix in place which showed completion of mandatory training and other additional training related to resident's needs. For example training records maintained in the home showed that staff had completed training in nutrition.

We reviewed the records of the monthly visits completed by the registered provider's representative. We found that the only record of these reports available in the home was for January and February 2019. This was discussed during feedback and confirmation was provided by the regional manager that the monthly visits were completed to date. It was agreed these would be forwarded for review by email. However this information was not received. This was identified as an area for improvement to ensure that these visits are completed on a monthly basis and a written report prepared.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and maintaining good working relationships.

Areas for improvement

The following areas were identified for improvement in relation to notification of accidents and incidents and the availability of monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	2	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 Charlene Parkin, manager, Claire McKenna, regional operations manager and Cara Smyth Murray, deputy manager, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p> <p>To be completed by: 19 July 2019</p>	<p>The registered person shall ensure that RQIA are informed of any incidents where medical advice or attention is sought.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Following discussion with the Inspector on the day of the inspection it was clarified to the Home Manager that RQIA should be informed in all instances where medical attention is sought even on occasion where the service user does not attend hospital but a GP is contacted for telephone advice or information.</p> <p>Immediately following the inspection all incidents submitted to the manager are fully reviewed and RQIA are informed where medical advice is sought even if the service user does not attend hospital or has required a home visit by a medical professional.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 29 (3) and (4)</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2019</p>	<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>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Visits by the registered provider's representative are carried out monthly and written reports are available of same as soon after as possible.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2019</p>	<p>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.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A general staff meeting took place on the afternoon of the same day of the inspection 18/07/19. The areas identified as poorly cleaned were revisited with the Domestic team with emphasis on attention to detail in cleaning underneath hand towel, toilet roll and soap/gel dispensers. The patient equipment identified as not effectively cleaned was brought to the attention of all Nursing, Care and Domestic staff and the items were immediately cleaned thereafter. The infection control audit was increased to weekly and upon completion of same a clear action plan continues to be formulated detailing the timeframe and persons responsible for addressing the defecits within.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2019</p>	<p>The registered person shall ensure that equipment in the home is maintained in good working order.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A full audit of Residential Units was completed following inspection and all items identified as in need of repair have been removed from use. Both residential units have been amalgamated into one to utilise all resources and to accommodate refurbishment plans as ongoing.</p>

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



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