



## Announced Care Inspection Report 18 & 23 June 2020



### Three Rivers Residential Care Home

**Type of Service: Residential Care Home (RCH)**

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

**Tel No: 028 8225 8227**

**Inspectors: Laura O'Hanlon and Helen Daly**

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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 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 residential care home registered to provide residential care for up to 25 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Zest Care Homes Ltd  <b>Responsible Individual:</b> Philip Scott	<b>Registered Manager and date registered:</b> Charlene Parkin – 18 July 2019
<b>Person in charge at the time of inspection:</b> Charlene Parkin	<b>Number of registered places:</b> 25
<b>Categories of care:</b> Residential Care (RC) DE – Dementia.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 13

### 4.0 Inspection summary

An announced inspection took place on 18 June 2020 from 10.10 to 19.45 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. RQIA were also informed of ongoing adult safeguarding investigations within the home.

Short notice of the inspection was provided to the person in charge on the day in order to ensure that arrangements could be made to safely facilitate the inspection.

It is not the remit of RQIA to investigate 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 minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The pharmacy inspector completed a remote inspection to validate the areas for improvement identified at the last medicines management inspection.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) procedures
- care delivery
- care records
- medicine records
- environment
- governance and management arrangements

Residents said that they felt safe in the home and that staff were kind to them.

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.

The term 'residents' is used to describe those living in Three Rivers Residential care home.

#### 4.0 Inspection outcome

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

\*The total number of areas for improvement includes one under regulation and one under the standards, which have been carried forward to the next inspection.

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

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
- the returned QIP from the previous care and medicines management inspections
- the previous care and medicines management inspection reports.

The following records were examined during the inspection:

- staff duty rotas
- two staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate
- three staff competency and capability assessments
- care plans for distressed reactions, personal medication records and medication administration records for four residents.

Areas for improvement identified at the last care and medicine management inspections were reviewed and assessment of compliance recorded as either met or carried forward to the next care inspection.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 28 October 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
<b>Area for improvement 1</b> 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.  <b>Action taken as confirmed during the inspection:</b> We reviewed the records of accidents and incidents and identified four incidents where RQIA were not notified.  This area for improvement has not been met and is stated for the second time.	<b>Not met</b>
<b>Area for improvement 2</b> 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.  <b>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.</b>	<b>Carried forward to the next care inspection</b>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> Ref: Standard 27.8 Stated: First time	The registered person shall ensure that equipment in the home is maintained in good working order.  <b>Action taken as confirmed during the inspection:</b> Inspection of the equipment throughout the home confirmed that it was in good working order.	<b>Met</b>

## Areas for improvement from the last medicines management inspection on 9 April 2018

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	<p>The registered person shall ensure that hand-written entries on the medication administration records are verified and signed by two members of staff.</p>	<b>Carried forward to the next care inspection</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager advised that there had been no recent hand-written updates on the medication administration records and this was evidenced on the medication administration records which were submitted for review.</p> <p>This area for improvement is carried forward for review at the next inspection.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	<p>The registered person shall ensure that detailed care plans are in place for the management of distressed reactions.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>We reviewed care plans for the management of distressed reactions for four residents and found that the care plans provided sufficient detail to direct the care required.</p> <p>There was evidence that the care plans were reviewed at least monthly. The reason for and outcome of administration of these medicines were recorded.</p>	

## 6.2 Inspection findings

### 6.2.1 Staffing

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would

be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The staff reported that they all work together for the benefit of the residents. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. The staff further advised that morale among the team was much improved as the staffing arrangements had stabilised.

Staff also said that dealing with the COVID-19 outbreak had been challenging, however, they had been kept well informed of COVID-19 guidance by the management team and had continued to ensure that any affected residents were well cared for. Staff said:

- “There has been a great turnaround. The staffing is much improved. We have new staff on board and morale is much improved.”
- “We have had good consistent staff and there has been limited staff sickness. Staff feel very well supported. The staffing levels are great; more stable.”

We reviewed three staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager’s absence.

Two staff recruitment records were reviewed. This confirmed that the required pre-employment checks including AccessNI and references were completed for all new staff prior to commencement of employment in the home. However, it was noted that the AccessNI certificate was retained on the staff members’ files for longer than necessary. This was identified as an area for improvement to ensure that this record is retained in accordance with the timescale outlined in the AccessNI code of practice.

### **6.2.2 Infection prevention and control procedures**

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available.

One of the domestic staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff. We observed that domestic staff used PPE according to the current guidance.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE before entering the unit they were working in. Staff told us that they continued to work in one unit only and had designated areas for taking breaks which helped reduce contact with staff who were working within other areas of the home.

PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

The manager told us that staff use of PPE was monitored through direct observations and the completion of relevant audits; staff were kept updated with regional guidance relating to PPE and were encouraged to support each other in the correct use of this equipment.

### 6.2.3 Care delivery

We observed that residents' looked well cared for; they were well groomed and nicely dressed. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in the interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- "I am very happy, I feel safe in here. The staff are very kind to me."
- "I like it here; the staff are good and very kind."
- "We couldn't be looked after any better here."
- "I like to stay in my own room. I am very happy and the staff are all very good. The food is lovely."

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was still suspended due to the current pandemic. The activity co-ordinator and/or care staff assisted residents to make phone or facetime calls with their families; this helped to reassure relatives that their loved one was well. In addition, a drive through was arranged so that residents could see their families outside the home.

We observed the serving of lunch and found this to be a pleasant and unhurried experience for residents. Staff were helpful, attentive and demonstrated their knowledge of residents' preferences. The food on offer was well presented; food was kept warm until residents were ready to eat and staff provided discreet assistance and encouragement to those residents who required this.

### 6.2.4 Care records

We reviewed three care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the residents. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of assessments, care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance. For example, any recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

## 6.2.5 Environment

An inspection of the home was undertaken; this included observations of a number of bedrooms, ensuites, bathrooms, lounge and dining areas and storage areas. All of the residents are currently located on the first floor due to ongoing work on the ground floor.

Resident's bedrooms were found to be personalised with items of memorabilia and special interests displayed. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

## 6.2.6 Governance and management arrangements

There is a clear management structure within the home and the manager was available throughout the inspection process. The manager retains oversight of the home. The manager confirmed that she undertakes a daily walk around the home. All staff spoken with commented positively about the manager and described her as supportive and approachable. Comments from staff included:

- “There has been a robust approach from the manager and she is a visible presence on the floor. I feel I could approach her if I had a problem.”
- “Staff feel well supported from the manager. The management are out on the floor at least once a day and they are both very approachable.”

A system of audits was in place in the home. Examples of such audits reviewed were, the management of IPC and Control of Substances Hazardous to Health (COSHH). Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion. These audits were being initially completed fortnightly; however, the frequency of completion had reduced. Discussion took place with the manager as to the frequency of these and she agreed to review this.

A review of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction or complaint were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome. Records of compliments were also retained in the home.

An inspection of accidents and incident reports highlighted four instances whenever RQIA was not notified in keeping with regulation. This area for improvement was stated for the second time.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report of the visit dated 11 May 2020 was provided to the inspector following the inspection. This report was noted to have been completed in a robust and effective manner. An action plan within the report had been developed to address any issues identified which include timescales and person responsible for completing the action.

The manager advised us that due to the COVID-19 restrictions and the reduced footfall within the home, monthly monitoring visits from the regional manager were not completed for March and April 2020 but ongoing support via telephone and short visits to the home continued.

Following the inspection a copy of the monthly monitoring report for May 2020 was forwarded to RQIA which provided an overview of the residential home. As a consequence, the area for improvement identified in the QIP was not reviewed on this occasion and will be carried forward for review at the next inspection.

### Areas of good practice

Evidence of good practice was found in relation to maintaining residents' dignity and privacy. We observed friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

### Areas for improvement

One new area for improvement was identified in relation to staff recruitment records. One area for improvement was stated for a second time in relation to statutory notifications.

Two areas for improvement were carried forward for review at the next inspection in relation to monthly monitoring reports and medicines management.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. The environment was clean and tidy. Feedback from residents evidenced that they were very satisfied with the standard of care being provided.

## 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/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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29 (3) and (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 August 2019	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.  Ref: 6.1 and 6.2.6.
	<b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30 (1) (d)  <b>Stated:</b> Second time  <b>To be completed by:</b> 19 June 2020	The registered person shall ensure that RQIA are informed of any incidents where medical advice or attention is sought.  Ref: 6.1 and 6.2.6.
	<b>Response by registered person detailing the actions taken:</b> Following the Inspection and further clarification from the Inspector via email the three outstanding notifications were submitted retrospectively. All notifications including those where the GP is informed solely for notification purposes and not for medical advice will now be submitted to RQIA going forward.

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: 9 May 2018</p>	<p>The registered person shall ensure that hand-written entries on the medication administration records are verified and signed by two members of staff.</p> <p>Ref: 6.1</p> <p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 19.3</p> <p>Stated: First time</p> <p>To be completed by: 19 June 2020</p>	<p>The registered person shall ensure that the AccessNI certificate is retained in accordance with the AccessNI code of practice.</p> <p>Ref: 6.2.1.</p> <p><b>Response by registered person detailing the actions taken:</b> The two files viewed by the Inspector were reviewed by the Home Manager and both Access NI certificates were removed immediately following inspection. Going forward only the Access NI certificate number and date will be held and not the data obtained within, by way of providing evidence that necessary pre-employment checks have been completed.</p>

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



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