

Inspection Report

8 September 2021



Three Rivers Residential Care Home

Type of service: Residential Care Home

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

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Zest Investment (Omagh) Limited Responsible Individual: Mr Philip Scott	Registered Manager: Ms Jillian Claire McKenna – not registered
Person in charge at the time of inspection: Ms Jillian Claire McKenna	Number of registered places: 25
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 9
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 25 persons living with dementia. Resident bedrooms are located over the two floors. Residents have access to communal lounges, dining rooms and a garden. There is also a registered Nursing Home under the same roof.	

2.0 Inspection summary

An unannounced inspection took place on 8 September 2021 from 9.30 am to 6.35 pm by a care inspector.

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

Areas for improvement were identified in relation to the completion of the monthly monitoring reports, care records, environment, the storage of harmful products and Infection Prevention and Control (IPC) deficits.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. It was observed that staff treated residents with kindness and compassion.

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

Based on the inspection findings and discussions held RQIA were assured that compassionate care was being delivered in Three Rivers Residential Care Home and that the management team had taken relevant action to ensure the delivery of safe, effective and well led care.

The findings of this report will provide the management team with the necessary information to improve staff practice and the resident experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. The daily life within the home was observed along with how staff went about their work. A range of documents was examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the Person in Charge at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with nine residents and two staff. No questionnaires were returned and we received no feedback from the staff online survey.

Residents told us that they were satisfied with the care delivery in the home. They described staff as "good" and "very kind" and said that there was enough staff available and that they get help and assistance when they need it. Observation during the inspection indicated that residents' needs were met.

Staff spoke positively about working in the home and advised that despite pressures; there was good team work within the home. Staff spoken with said that the residents were all safe and well looked after.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 18 June 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 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.	Not met
	Action taken as confirmed during the inspection: Discussion with the manager confirmed that these visits were not undertaken. This area for improvement has been stated for the second time.	
Area for Improvement 2 Ref: Regulation 30 (1) (d) Stated: Second time	The registered person shall ensure that RQIA are informed of any incidents where medical advice or attention is sought.	Met
	Action taken as confirmed during the inspection: An inspection of the records of accidents and incident confirmed that these were appropriately managed and reported.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 19 (3) Stated: First time	The registered person shall ensure that the Access NI certificate is retained in accordance with the Access NI code of practice.	Met
	Action taken as confirmed during the inspection: A review of a recruitment record confirmed that these were appropriately stored.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents. Review of records confirmed that staff were provided with an induction on commencement of their employment.

There were systems in place to ensure staff were trained and supported to do their job. For example staff were provided with a range of training including mandatory training.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met. During discussion with the manager we were advised of some challenges in staffing in relation to recruitment difficulties. The manager was advised to inform the commissioning trust and to keep RQIA informed as necessary.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff were appropriately registered with their professional body and systems were in place to ensure this remained live. Newly appointed care staff were supported to register with the Northern Ireland Social Care Council (NISCC).

It was noted on the day of the inspection that there was enough staff in the home to respond to the needs of the residents in a timely way. Staff said there was good team work and that they felt well supported in their role, were satisfied with the current staffing levels and the level of communication between staff and management. Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to residents' requests for assistance promptly and in a caring and compassionate manner.

Residents said that staff were always available and were kind to them.

5.2.2 Care Delivery and Record Keeping

When we walked around the home; the atmosphere was calm and relaxed. We observed residents able to walk around freely and music was playing softly in the background.

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. In addition, residents' care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

It was observed that staff respected resident privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. We observed staff supporting residents when they were upset or redirecting residents when they were unsure as to what was happening around them.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. Where residents were at risk of falls; measures were put in place to reduce this risk such as alarm mats and crash mats.

Good nutrition and a positive dining experience are important to the health and social well-being of residents. We observed the dining experience and noted that there was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. The tables were set with condiments and a variety of drinks available. Residents said that they had enjoyed their meal and the company of others. Residents could also choose to take their meals in their own rooms if they wished.

The dining experience was calm and unhurried. It was observed that residents were enjoying both their meal and the overall dining experience. Supervision and support from staff was readily available where this was required.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents' care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. However on review of one care record we noted where the care plan contained contradictory information in relation to modified dietary recommendations from the Speech and Language Therapist (SALT). This was identified as an area for improvement to ensure that the care plans accurately reflect recommendations from SALT.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

At times some residents may be required to use equipment that can be considered to be restrictive such as alarm mats. It was established that safe systems were in place to manage this aspect of care. We noted within deprivation of liberty care plans for those residents who require the use of close circuit television (CCTV) cameras that this was not explicitly detailed. This was discussed with the manager who agreed to address this going forward.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents' individual likes and preferences were reflected throughout the records.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents looked well cared for in that they were well dressed with attention to detail in regards to personal appearance.

Staff reported that the care provided to the residents was of a high standard and was person centred.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that it was well maintained. Residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Fire exits and corridors were observed to be clear of clutter and obstruction.

Whilst the majority of the environment was well maintained we observed within a communal bathroom that the flooring was torn and in an identified bedroom the flooring required replacement. This was discussed with the manager and identified as an area for improvement.

We observed within the office that there was unsecured access to cigarettes and chocolate which could potentially be harmful. This was discussed with the manager and identified as an area for improvement.

The home's most recent fire safety risk assessment was completed on 11 August 2020. The manager confirmed following the inspection that any recommendations identified within this assessment were addressed and that arrangements were in place to review the fire risk assessment.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents, staff and Care Partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided.

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the Department of Health and infection prevention and control (IPC) guidance.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. We discussed the use of vinyl gloves with the management team as not effective for personal care intervention and advised regarding the most appropriate type of glove in accordance with IPC guidance. This was identified as an area for improvement.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff said that the manager was approachable and accessible.

There has been a change to management arrangements for the home since the last inspection. The regional manager is currently the acting manager with the assistance of a trainee manager who has recently commenced employment with the company.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager completed regular audits of falls, IPC and the home's environment. Where deficits were identified the audit process included an action plan with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements have been made.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. We identified an incident where RQIA should have been notified. This was discussed with the manager and this notification was submitted to RQIA following the inspection.

There was an effective system in place to manage complaints which were seen as an opportunity to for the team to learn and improve.

Monthly monitoring visits by the responsible individual or their chosen representative had not been completed in several months. During the inspection written confirmation was received confirming that these visits would commence with immediate effect and a copy of the report would be forwarded to RQIA following each monthly visit. This area for improvement has been stated for the second time.

6.0 Conclusion

Residents were supported by staff in Three Rivers Residential Care Home; the interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents.

The environment was clean, tidy and overall was well maintained. Staff responded to the needs of the residents and provided support in a timely way. Care was provided in a caring and compassionate manner.

Areas for improvement were identified in relation to the completion of the monthly monitoring reports, care records, environment, the storage of harmful products and IPC deficits.

Based on the inspection findings and discussions held RQIA were assured that compassionate care was being delivered in Three Rivers Residential Care Home and that the management team had taken relevant action to ensure the delivery of safe, effective and well led care.

7.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2011)**.

	Regulations	Standards
Total number of Areas for Improvement	*1	4

*The total number of areas for improvement includes one regulation which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Jillian Claire McKenna, Manager, and Bernie McDaniel, Trainee Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 29 (3) and (4) Stated: Second time To be completed by: With Immediate effect	<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: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: A scheduled plan of sharing the responsibility of completing monthly monitoring reports between the Director and sister home Manager was submitted to RQIA as an interim measure whilst the Regional Manager is currently unavailable to do so in the role additional role of Acting Home Manager. Reports will be forwarded as requested.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 6.2 Stated: First time To be completed by: With Immediate effect	<p>The registered person shall ensure that all care plans accurately reflect recommendations from the Speech and Language Therapist.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: SALT recommendations were clarified for the patients identified on the day of inspection and any discrepancies amended within care plans and diet/fluid type quick reference charts. An instant communication reminder to all staff of updated diet/fluid types was also sent in the home group whatsapp.</p>
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: With Immediate effect	<p>The registered person shall ensure that the flooring in an identified bedroom and in a communal bathroom is replaced.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The identified bedroom and communal bathroom were already scheduled for flooring replacements prior to the inspection to be completed upon contractors receipt of materials delivery.</p>
Area for improvement 3 Ref: Standard 28.3 Stated: First time	<p>The registered person shall ensure that cigarettes and any other harmful products are stored securely.</p> <p>Ref: 5.2.3</p>

To be completed by: With Immediate effect	Response by registered person detailing the actions taken: Resident cigarettes and other potentially harmful items are no longer permitted to be kept in the care station desk drawers. Any such items should be stored in the locked clinical room. An instant communication to this effect was also sent in the home group whatsapp.
Area for improvement 4 Ref: Standard 28.7 Stated: First time	The registered person shall ensure that staff have sufficient access to nitrile gloves for the provision of personal care interventions. Ref: 5.2.3
To be completed by: 8 October 2021	Response by registered person detailing the actions taken: Rather than vinyl gloves, nitrile supplies were sourced and available throughout the home and ongoing from Fri10/09/21.

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



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