



The **Regulation** and
Quality Improvement
Authority

Unannounced Enforcement Care Inspection Report 28 October 2019



Three Rivers Residential Care Home

Type of Service: Residential Care Home
Address: 11 Millbank Lane, Lisnamallard, Omagh,
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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: 14

4.0 Inspection summary

An unannounced inspection took place on 28 October 2019 from 10.15 to 15.00.

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 sought to assess the level of compliance achieved in relation to one Failure to Comply (FTC) Notice issued on 27 August 2019. The areas identified for improvement and compliance with the regulation were in relation to the health and welfare of residents. The date of compliance with the notice was 28 October 2019.

The following FTC Notice was issued by RQIA:

FTC ref: FTC000080 issued on 27 August 2019.

Evidence was available to validate compliance with the Failure to Comply Notice.

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	*3	*1

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

- 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 failure to comply notice

During the inspection the inspector met with 10 residents and two staff.

The following records were examined during the inspection:

- infection prevention and control audits
- risk management daily check audits
- care file audits

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 15 August 2019

This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 27 August 2019. The areas for improvement from the last care inspection on 15 August 2019 were not reviewed as part of the inspection and are carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

6.2 Inspection findings

FTC Ref: FTC000080

Notice of failure to comply with regulation 13 of The Residential Care Homes Regulations (Northern Ireland) 2005

Health and Welfare of residents

Regulation 13.–

- (1) *The registered person shall ensure that the residential care home is conducted so as –*
- (a) *to promote and make proper provision for the health and welfare of residents;*
 - (b) *to make proper provision for the care and where appropriate, treatment and supervision of residents.*

In relation to this notice the following three actions were required to comply with this regulation.

- Hazardous cleaning chemicals, denture cleaning tablets, resident razors and other toiletries are stored in a secure location at all times.
- Risk management is evident through daily monitoring by management/person in charge.
- Audits of COSHH and environmental hygiene are carried out with sufficient regularity and detail to ensure the health and welfare of the residents.

Evidence was available to validate compliance with this Failure to Comply Notice.

There were no hazardous cleaning chemicals observed unsecured or accessible to residents. It was noted that new locks were fitted to cupboards in en-suite bathrooms and were not visible to residents. Overall most of the bedrooms reviewed, confirmed that denture cleaning tablets, resident razors and other toiletries were stored in the secure cupboard.

However we identified two bedrooms where these cupboards were unlocked and there was access to denture cleaning tablets, resident razors and toiletries. We were told that these residents try to manage their personal care independently and staff support this, hence the access to toiletries. The manager and the operations manager discussed further action which will be taken to ensure this matter is managed definitively.

Discussion with the manager and staff confirmed that the manager undertakes a daily walk around the home. In addition to this the deputy manager completes an audit three times daily; in the morning, at lunchtime and in the evening. The purpose of this audit of the environment is to identify any possible risks. A written record was maintained of this audit.

We noticed that explicit audits of COSHH were not contained in the audit tool for the management of infection prevention and control and recommended that it should be the operations manager provided written confirmation that this was completed.

A detailed audit of the management of infection prevention and control was completed weekly. This audit reviews staff practices and the cleanliness of the environment. There was an action plan in place with agreed completion timeframes and this was signed off, when completed.

Additional areas inspected

Residents' views

During the inspection we met with approximately 10 residents. Residents were observed to be well dressed. The majority of the residents were engaged in a reading group with a member of staff reading to them. Residents could be seen to be comfortable, relaxed and at ease in their interactions with staff.

Staff views

The staff told us there had been positive improvements in the home, staff morale had improved and staffing arrangements stabilised

Staff told us about the individual needs of residents and how these would be met in the home. They also said that the deputy manager was a visible presence throughout the home and described her as supportive and approachable.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.3 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice.

7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection. The attached QIP contains the areas for improvement carried forward from the last care inspection on 15 August 2019. This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 27 August 2019.

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 registered provider has confirmed that actions have been completed to address the areas for improvement identified during the last care inspection and has returned 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>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>
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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