



Unannounced Care Inspection Report 20 November 2018



Three Rivers Residential Care Home

Type of Service: Residential Care Home
Address: 11 Millbank Lane, Omagh, BT79 7YD
Tel No: 028 82 258227
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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 25 beds that provides care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Zest Care Homes Ltd Responsible Individual: Philip Scott	Registered Manager: Marie Bridget Armstrong
Person in charge at the time of inspection: Sheena Hudson - Rushbrooke, Senior care assistant	Date manager registered: 18 December 2017
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 25

4.0 Inspection summary

An unannounced care inspection took place on 20 November 2018 from 11.00 to 16.30.

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 assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff recruitment and induction. Good practice was also found in relation to communication among the staff team and the staff knowledge of individual residents' needs.

Areas requiring improvement were stated for the second time in regards to the staff duty rota, inappropriate storage in communal bathrooms and the need to complete pre admission assessments.

It was noted during the inspection that the registered manager no longer worked in the home. RQIA was not informed by the responsible individual of this change in the management arrangements. This failure to notify RQIA of the proposed management arrangements was discussed with the senior RQIA management and with the responsible individual to ensure that this matter was actioned. The relevant documentation was submitted to RQIA by the responsible individual the following day.

Residents and one representative said:

- “The food is good, I am content enough in here.” (resident)
- “The staff are very good. They try their best and they are knowledgeable of my relative’s needs.” (resident’s representative)

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Cara Smyth Murray, sister of the nursing home during the inspection. This was further discussed with Charleen Parkin, manager of the nursing home following the inspection. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

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 24 April 2018.

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 previous inspection report, the returned QIP, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the person in charge, 15 residents, five staff and one resident's representative.

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

- staff duty rota
- induction programme for new staff
- staff competency and capability assessments
- two staff files
- three residents' care files
- complaints and compliments records
- accident, incident, notifiable event records
- reports of visits by the registered provider

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 most recent inspection dated 24 April 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 24 April 2018

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 20 (3) Stated: First time	The registered person shall ensure that competency and capability assessments are completed for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.	Met
	Action taken as confirmed during the inspection: A review of two staff competency and capability assessments confirmed these were completed for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. However it was noted that one of these was not signed by the manager. This was discussed with the manager of the nursing home who subsequently confirmed by email that this was completed.	
Area for improvement 2 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall ensure that staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.	Met
	Action taken as confirmed during the inspection: A review of two staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.	

<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans provide a robust rationale as to the need for the use of CCTV in resident's bedrooms. These care plans should be signed by the resident and or their representative, the person who completed them and the registered manager and the Trust care manager.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of two care plans where CCTV is in use in residents' bedrooms confirmed that a robust rationale was in place as to the need for this. These care plans were appropriately signed.</p>		
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a separate staff duty rota is maintained for the residential home.</p>	<p style="text-align: center;">Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the staff duty roster identified that a separate staff duty rota was not in place in the residential home.</p> <p>This area for improvement was stated for the second time.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p>	<p>The registered person shall devise a robust system to ensure that enhanced Access NI disclosure certificates are viewed by the registered manager for all staff prior to the commencement of employment.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of two staff files confirmed that a recruitment checklist was in place so that the manager can ensure that enhanced Access NI disclosure certificates are viewed for all staff prior to the commencement of employment.</p>		

Area for improvement 3 Ref: Standard 19.3 Stated: First time	The registered person shall ensure that Access NI information is managed in line with best practice.	Met
	Action taken as confirmed during the inspection: A review of two staff files confirmed that Access NI information was managed in line with best practice.	
Area for improvement 4 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that a review is undertaken of residents care plans in regard to the ingestion of toiletries. Consideration should be given to the need and effectiveness of these care plans.	Met
	Action taken as confirmed during the inspection: Discussion with the staff on duty and inspection of three care records evidenced that a review of residents care plans in regard to the ingestion of toiletries was completed. Such care plans are now in place where this was identified as an assessed need.	
Area for improvement 5 Ref: Standard 35.1 Stated: First 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.	Not met
	Action taken as confirmed during the inspection: An inspection of the environment identified that there were items of storage in communal bathroom areas. This area for improvement was stated for the second time.	

<p>Area for improvement 6</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the following environmental matters are addressed:</p> <ul style="list-style-type: none"> • wardrobes should be secured to the walls • looped pull cords should be secured to the walls <p>Action taken as confirmed during the inspection: Discussion with the manager of the nursing home and inspection of the environment confirmed that wardrobes and looped pull cords were secured to the walls.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 3.7</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: A review of three care records identified that only one of these records contained a pre admission assessment.</p> <p>This area for improvement was stated for the second time.</p>	<p>Not met</p>
<p>Area for improvement 8</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans are signed by the resident and or their representative, the person completing them and the registered manager.</p> <p>Action taken as confirmed during the inspection: A review of three care plans confirmed that they were appropriately signed.</p>	<p>Met</p>
<p>Area for improvement 9</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff meetings take place on a quarterly basis.</p> <p>Action taken as confirmed during the inspection: A review of the record of staff meetings confirmed that staff meetings took place on a quarterly basis.</p>	<p>Met</p>

Area for improvement 10 Ref: Standard 17.10 Stated: First time	The registered person shall ensure that separate records of complaints are maintained for the residential home.	Met
	Action taken as confirmed during the inspection: An inspection of the record of complaints for the residential home confirmed that these were maintained separately.	

6.3 Inspection findings

6.4 Is care safe?
Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The senior care assistant advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. The senior care assistant further advised that agency staff were rarely used in the residential home and stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible.

No concerns were raised regarding staffing levels during discussion with residents, a resident’s representative and staff. A review of the staff duty roster confirmed that a separate staff duty rota was not in place in the residential home. This area for improvement was stated for the second time.

A review of completed induction records and discussion with the staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with the staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Two staff competency and capability assessments were reviewed and found to be satisfactory. It was noted that one of these was not signed by the manager. This was discussed with the manager of the nursing home following the inspection who subsequently confirmed by email that this was completed.

Review of two staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Staff files reviewed confirmed that Access NI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

Discussion with the staff, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; relevant written records were also retained. Appropriate protection plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns.

A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission. However, it was noted that only one of these records contained a pre admission assessment. This area for improvement was stated for the second time.

The staff advised there were restrictive practices within the home, notably the use of locked doors, keypad entry systems, CCTV within internal environment and the management of smoking materials etc. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of two care plans where CCTV is in use in residents' bedrooms confirmed that a robust rationale was in place as to the need for this. These care plans were appropriately signed.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The staff reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Discussion with the manager following the inspection confirmed that there is an action plan in place in regards to redecoration in the residential home to include painting and new flooring. An inspection of the environment identified that there were items of storage in communal bathroom areas. This area for improvement was stated for the second time.

Inspection of the internal and external environment identified that the home were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

It was established that there were two residents in the home who smoked. Discussion with the senior care assistant confirmed that the records of these residents contained a risk assessment and corresponding care plan in relation to smoking.

Residents and staff spoken with during the inspection made the following comments:

- “I feel safe in here, this place is great.” (resident)
- “I feel very safe in here, I am well looked after and the staff are all good to me.” (resident)
- “There are good staffing levels in the home and as a team we all work well together.” (staff)
- “The staffing levels are perfect, there are sufficient staff on duty.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, adult safeguarding and risk management.

Areas for improvement

Three areas requiring improvement were identified in this domain and were stated for the second time in regards to the staff duty rota, inappropriate storage in communal bathrooms and the need to complete pre admission assessments.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

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

Discussion with the staff on duty established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, 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, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with 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.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dining experience was observed to be calm and peaceful. Staff were observed offering residents choices and were knowledgeable of individual preferences associated with serving of meals. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals would be made to the multi-professional team to address any concerns in a timely manner. In relation to the management of diabetes/insulin administration, the staff spoken with were clear in regards to this pathway in that this is also managed by community nursing services.

The staff advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the staff confirmed that management operated an open door policy in regard to communication within the home.

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

Residents, staff and one resident's representative spoken with during the inspection made the following comments:

- "The food is good, I am content in here." (resident)
- "The food is lovely; you always get a choice for dinner and tea." (resident)
- "We all work well together as a team and there is good communication among us." (staff)
- "The staff are very good. They try their best and they are knowledgeable of my relative's needs." (resident representative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews and communication between residents, staff and other interested parties.

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 care compassionate?

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

The staff and the residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected.

Discussion with staff and residents and their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, 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.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff, residents, representatives 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, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. During the inspection a number of residents were involved in painting activities in the morning, while in the afternoon the residents took part in music activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents, staff and one resident's' visitor/representative spoken with during the inspection made the following comments:

- "The staff are all helpful and kind. I feel very safe in here." (resident)
- "I am content in here. The staff are all good to me; I am very happy." (resident)
- "I am well pleased in here. The staff are all very good and I could go to any of them. It's a great place." (resident)
- "This is the perfect care for the needs of the residents, it's a lovely home to work in." (staff)
- "This home is very suited to my relative's needs." (resident's representative)

Areas of good practice

There were examples of good practice found throughout the inspection 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

6.7 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

A review of the accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

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.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The senior care assistant advised that staff could also access line management to raise concerns and that staff would be offered support.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Following a recent safeguarding investigation one of the recommendations made by the trust was the need for training for staff in the management of diabetes. This was discussed with the manager of the nursing home who confirmed that a module is being made available to ensure this recommendation is addressed.

Discussion with staff and a review of records confirmed that the registered manager of the residential home was no longer employed by the organisation. RQIA was not informed by the responsible individual of this change in the management arrangements. This failure to notify RQIA of the proposed management arrangements was discussed with the senior RQIA management and with the responsible individual to ensure that this matter was actioned. The relevant documentation was submitted to RQIA by the responsible individual the following day.

Staff spoken with during the inspection made the following comments:

- “Charleen (manager of the nursing home) is very approachable.” (staff)
- “We all work well as a team and we can always go to Charleen if there is a problem.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Cara Smyth Murray, sister of the nursing home during the inspection. This was further discussed with Charleen Parkin, manager of the nursing home following the inspection. 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.6 Stated: Second time To be completed by: 30 November 2018	<p>The registered person shall ensure that a separate staff duty rota is maintained for the residential home.</p> <p>Response by registered person detailing the actions taken: A staff duty rota is now completely separated for the Residential home and is maintained for all staff over a 24 hour period and highlights the capacity in which they work. This rota is held centrally for staff use and in the event of an emergency.</p>
Area for improvement 2 Ref: Standard 35.1 Stated: Second time To be completed by: 30 November 2018	<p>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.</p> <p>Response by registered person detailing the actions taken: Washable storage cabinets are available in the communal bathroom areas. Staff have been reminded of the correct storage procedures for required aids and these areas continue to be spot checked on a daily basis and corrective action taken immediately if any unsuitably stored items are found.</p>
Area for improvement 3 Ref: Standard 3.7 Stated: Second time To be completed by: 30 November 2018	<p>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.</p> <p>Response by registered person detailing the actions taken: All potential enquires to the home are now recorded and held in a central file in the Managers office alongside all other paperwork pertaining to preadmission assessment. Staff have been reminded that once residents have been admitted to the residential home all preadmission paperwork including the initial assessments must be retained within the care file until such times as the Residents placement ceases.</p>

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



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