The Regulation and Quality Improvement Authority

Inspection Report

8 September 2021

Three Rivers Care Centre

Type of service: Nursing Home
Address: 11 Millbank Lane,
Lisnamallard, Omagh,
BT79 7YD
Telephone number: 028 8225 8227

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Zest Investment (Omagh) Limited **Responsible Individual:** Mr Phillip 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:** 56 A maximum of 28 patients in category NH-DE accommodated in the Strule Unit, a maximum of 28 patients in category NH-I and a maximum of 4 patients in category NH-PH accommodated in the Drumragh Unit.
Categories of care: Nursing Home (NH) PH – Physical disability other than sensory impairment. DE – Dementia. I – Old age not falling within any other category.	**Number of patients accommodated in the nursing home on the day of this inspection:** 35
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 56 patients. The home is divided into two units; Strule unit which provides dementia nursing care on the ground floor and Drumragh unit on the first floor which provides nursing care for all other categories of care listed above. Patient bedrooms and living areas are located over two floors and all bedrooms are single occupancy with an en-suite. Patients have access to communal lounges, dining areas and an outdoor space. There is also a registered Residential Care Home under the same roof.	

2.0 Inspection summary

An unannounced inspection took place on 8 September 2021, from 9.35 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 pressure area care, provision of meals, Speech and Language Therapist (SALT) recommendations, risk management, record keeping regarding management of weight loss, infection prevention and control (IPC) and monthly monitoring visits. One area for improvement has been carried forward for review at the next inspection as detailed in section 5.1.

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

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' 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 patients, relatives, staff or the Commissioning Trust.

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

Questionnaires and 'Tell Us' cards were provided to give patients 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 management team at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with ten patients and ten staff during the inspection. Patients told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. There were no returned questionnaires and we received no feedback from the staff online survey.

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role.

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 Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 12(b) **Stated:** Second time	The registered person shall implement a system to ensure that records show the current balance of patients' monies held within the home at any time **Action taken as confirmed during the inspection**: Review of relevant records and discussion with the management team evidenced that this area for improvement has been met.	**Met**
Area for improvement 2 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time	The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals. This is in specific reference to care plans and daily records: • accurately reflecting patients' level of assistance with mobilising • containing clear information regarding the recommended type of wound care dressing for patients • containing clear information regarding patients' recommended daily fluid intake	**Met**

	• that patients requiring enhanced supervision have a care plan in place which is reflected within the patient's daily progress notes • that care plans specific to deprivation of liberty safeguards are personalised for each patient • that appropriate trust panel DoLS agreement forms are held within each patient's care folder, where applicable.	
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the manager evidenced that this area for improvement has been met.	
Area for improvement 3 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health.	**Met**
	Action taken as confirmed during the inspection: Observation of the environment and discussion with staff evidenced that this area for improvement has been met.	
Area for improvement 4 **Ref:** Regulation 30 (d) **Stated:** First time	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the nursing home which adversely affects the wellbeing or safety of any patient.	**Met**
	Action taken as confirmed during the inspection: Review of accident and incident records and discussion with the manager evidenced that this area for improvement has been met.	
Area for improvement 5 **Ref:** Regulation 13 (1) (a)(b) **Stated:** First time	The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of care and accident records evidenced that this area for improvement has been met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 **Ref**: Standard 28 **Stated:** First time	The registered person shall review and revise the management of medicines which are provided for patients who are temporarily absent from the home. **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**	**Carried forward for review at the next inspection**
Area for improvement 2 **Ref**: Standard 12 **Stated:** First time	The registered person shall ensure that the daily menu is displayed to reflect the meal choices available. **Action taken as confirmed during the inspection**: Pictorial menus were on display within each dining area to reflect the meal choices.	**Met**
Area for improvement 3 **Ref**: Standard 13 **Stated:** First time	The registered person shall ensure that adult safeguarding protection plans are: • kept under regular review and updated when necessary • discuss any changes with the patient, care manager and next of kin **Action taken as confirmed during the inspection**: Review of a sample of adult safeguarding records and discussion with the manager evidenced that this area for improvement has been met.	**Met**

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. The manager advised that additional training had been scheduled with ongoing monitoring to ensure full compliance.

Review of a sample of employee recruitment records evidenced that robust systems were in place to ensure that patients are protected.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Staff said that teamwork was good and whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the patients but that staffing levels can be affected by short notice absenteeism on occasions. Staff also stated that they were aware of the homes recruitment drive and welcomed the addition of new employees to enhance the availability of cover during short notice absence.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Patients said that they felt well looked after and that staff were attentive. One patient commented “the staff look after us well” and a further patient referred to the staff as “very friendly people”.

5.2.2 Care Delivery and Record Keeping

It was observed that staff respected patients’ privacy by their actions such as knocking on doors before entering, discussing patients’ care in a confidential manner, and by offering personal care to patients discreetly. This is good practice.

Patients who were less able to mobilise require special attention to their skin care. Whilst most care records relating to repositioning were maintained, a number of recorded entries exceeded the recommended frequency of repositioning. Care records for one patient did not include an updated assessment regarding the risk of skin damage and the pressure relieving mattress was not set in accordance to the patient’s weight. There was conflicting information in a further patient’s care records regarding the recommended frequency of repositioning and the use of specialised equipment was not recorded within the patients care plan to direct the relevant care. This was discussed in detail with the manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients told us they very much enjoyed the food provided in the home.

Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. The staff were wearing the correct personal protective equipment (PPE) and assisted patients with their meal appropriately. However, one staff member was observed standing whilst assisting a patient with their meal. This was discussed with the manager who acknowledged that this was not good practice and agreed to monitor this during her daily walk arounds and to address with relevant staff where necessary.

A pictorial menu was displayed within communal lounges offering a choice of meals. There was a variety of drinks available and food was attractively presented by the catering staff and smelled appetising. Care staff were delegated to transport meals on trays from the heated trolleys to patients who choose to have their lunch in their bedroom.

Whilst most staff were observed carrying trays with meals covered, one staff member was observed carrying a plate of food uncovered to a patient's bedroom. On entering the patient's bedroom several minutes later, the inspector identified that the meal had been placed on an over bed table in front of the patient who was asleep and poorly positioned in bed. This was brought to the immediate attention of the nurse in charge of the unit who acknowledged that the meal was no longer warm and the patient was not alert or correctly positioned to safely eat or drink. The nurse removed the meal and agreed to offer the patient an alternative when they were alert and ready to eat. This was discussed with the management team and an area for improvement was identified.

Staff told us how they were made aware of patients' nutritional needs to ensure that recommendations made by SALT were adhered to. Discussion with several staff evidenced that they provided incorrect information regarding the nutritional needs for one patient. Further review of a number of patients' fluid charts evidenced that the recommended fluid consistency as per SALT was either incorrectly recorded or not recorded within all charts to direct relevant care. This was discussed with the manager and an area for improvement was identified.

A pair of scissors and an unlabelled topical cream was identified within an unlocked store in the dementia unit. This was brought to the immediate attention of the nurse in charge who removed the items to a secure place. The importance of ensuring that all areas of the home are hazard free was discussed with the management team and an area for improvement was identified.

Review of four patient care records evidenced that whilst most risk assessments and care plans were reviewed on a monthly basis, a number of malnutrition universal screening tool (MUST) assessments had either not been completed within the required timeframe or only partially completed. It was further identified that a referral to a dietician regarding a patient's weight loss provided incorrect information regarding the patient's MUST assessment. Whilst there was evidence that patients' weights were being checked at least monthly to monitor weight loss or gain the date was not recorded but the month and year only. These deficits were discussed in detail with the management team and an area for improvement was identified.

Review of a sample of daily fluid intake charts evidenced that the recommended amount of daily fluid was totalled over the 24 hour period and recorded within the patients daily progress notes. Care plans reviewed contained the action to take if a patient has not consumed their daily fluid target. However, on review of one patient's total fluid intake it was lower than the recommended target and there was no evidence that a doctor had been contacted as directed within the care plan. This was discussed with the management team who agreed to review the patient's care records and liaise with the doctor where necessary. The manager further advised that this would be monitored closely to ensure that all relevant care records are updated and necessary referrals made for any patient at risk of dehydration.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Corridors and fire exits were clear of clutter and obstruction. The home was warm, clean and comfortable. There was evidence that a number of areas had recently been painted or had flooring replaced. A number of walls were identified with surface damage. This was discussed with the maintenance man and the manager who confirmed that these would be repaired and that refurbishment works were

ongoing including the replacement of identified furniture with surface damage to ensure the home is well maintained.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

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.

There were a number of practices which were not in keeping with IPC best practice. For example; a member of staff was observed wearing nail polish, a specific type of glove used in the delivery of care was unavailable, net pants were observed outside of packaging, one staff member was observed pulling their face mask down to speak with a patient and a number of patient equipment was also observed stored within en-suites. IPC issues were discussed in detail with the management team and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Patients confirmed that they could go out for a walk when they wanted, remain in their bedroom or go to a communal room when they requested.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients 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

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. One staff member said: "the new (trainee) manager is wonderful."

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 management team were very supportive, approachable and accessible.

There were systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis. There was evidence that incidents were reported to the local Trust appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. 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.

Monthly monitoring visits by the responsible individual or their chosen representative had not been completed in several months. This was discussed with the management team and during the inspection written confirmation was received that the responsible individual would commence these visits with immediate effect. The manager further agreed to forward a copy of the report to RQIA following each monthly visit. This was identified as an area for improvement.

6.0 Conclusion

Patients were seen to be content and settled in the home and in their interactions with staff. Staff treated patients with respect and kindness. Care was provided in a caring and compassionate manner.

Areas for improvement were identified in relation to pressure area care, provision of meals, SALT recommendations, risk management, record keeping regarding management of weight loss, IPC and monthly monitoring visits. One area for improvement has been carried forward for review at the next inspection as detailed in section 5.1.

Based on the inspection findings and discussions held RQIA were assured that compassionate care was being delivered in Three Rivers Care Centre 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 were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3	*5

*The total areas for improvement includes one standard which has been carried forward for review at the next inspection.

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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure as far as reasonably practicable that all parts of the home which patients have access are free from hazards to their safety. Ref: 5.2.2
	Response by registered person detailing the actions taken: The items identified on the day of inspection were removed immediately and had inadvertently been left on a linen trolley whilst staff were assiting patients to rise. Notices have now been placed on stores and trolleys. An instant communication was also sent in the home group whatsapp.
Area for improvement 2 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that IPC deficits identified during the inspection are addressed. Ref: 5.2.3
	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. Patient's personal chairs stored in their unused en-suites were removed immediately to a store area. Further reminders have been given to staff to ensure net pants remain in packaging, nail polish is not acceptable and facemasks must remain properly placed ove the nose and mouth at all times.
Area for improvement 3 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that monthly monitoring visits are completed and a copy of the report forwarded to RQIA following each visit until further notice. Ref: 5.2.5
	Response by registered person detailing the actions taken: A scheduled plan of sharing the responsibility of completeing monthly monitoring reports between the Director and sister home Manager was submitted to RQIA as an interim measure whilst the Regional Manager is currently unavailablel to do so in the role additional role of Acting Home Manager. Reports will be forwarded as requested.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 23 August 2019	The registered person shall review and revise the management of medicines which are provided for patients who are temporarily absent from the home. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 8 October 2021	The registered person shall ensure that where a patient has been assessed as requiring repositioning: • the care plan contains the recommended frequency of repositioning and any specialised equipment • repositioning charts accurately reflect the frequency of repositioning as directed within the care plan • pressure reducing equipment is set according to the manufactures instructions and as detailed within the care plan • an assessment specific to the risk of skin damage is completed on a monthly basis or more frequently as required. Ref: 5.2.2
	Response by registered person detailing the actions taken: Patient care plans with identified deficits/discrepancies have since been reviewed and amended. Monitoring of these details and consistency is carried out within the home audit processes in relation to wound care, pressure care and care files.
Area for improvement 3 **Ref:** Standard 12 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that the provision of meals is safe and effective. With specific reference to ensuring: • that meals are covered on transportation • patients are alert and positioned correctly • food is not left unattended with patients who require assistance and/or supervision with eating. Ref: 5.2.2

	Response by registered person detailing the actions taken: The staff member idenitified on the day of inspection was an Agency worker. Expected standards for the provision of meals were addressed with them directly and raised as a learning point with the supplying agency. An instant communication reminder to all staff was also sent in the home group whatsapp.
Area for improvement 4 **Ref:** Standard 12 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that all relevant staff are knowledgeable regarding patients dietary needs as per SALT recommendations and daily fluid intake charts contain the correct fluid type as per SALT. Ref: 5.2.2
	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.
Area for improvement 5 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that nutritional screening is completed on a monthly basis using a validated assessment tool, or more frequently depending on individual assessed need. The date that the patient is weighed must be recorded within relevant monitoring/assessment charts. Ref: 5.2.2
	Response by registered person detailing the actions taken: Care files identified that had missing or incomplete MUST entries have now been assessed accordingly. Monthly unit weight monitoring charts have now been amended to include the exact date the patient was weighed. An instant communication reminder to all nursing staff on the importance of full and accurate completion of MUST assessments was also sent in the home group whatsapp. Dietetic services have also been contacted to provide referesher training - awaiting same.

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

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care