

# Inspection Report

9 June 2023



## Three Rivers Care Centre

Type of service: Nursing Home

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Zest Investment (Omagh) Limited	<b>Registered Manager:</b> Mrs Bernie McDaniel
<b>Responsible Individual:</b> Mr Philip Scott	<b>Date registered:</b> Acting
<b>Person in charge at the time of inspection:</b> Mrs Jenny Grimley, Nursing Sister then joined by Mrs Claire McKenna, Regional Manager	<b>Number of registered places:</b> 56  A maximum of 28 patients in category NH-DE which includes three named residents under RC-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.
<b>Categories of care:</b> Nursing Home (NH) PH – Physical disability other than sensory impairment. DE – Dementia. I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 39
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 56 patients. The home is divided into two units over two floors.	

## 2.0 Inspection summary

This unannounced inspection took place on 9 June 2023, from 9.30am to 4pm. The inspection was conducted by a care inspector.

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

All but one area of improvement from the previous inspection was met. The one area of improvement not met in respect of safe recruitment has been stated for a second time.

Patients said that they were happy with their life in the home and had a good relationship with staff and that staff were kind, caring and supportive. Patients who were unable to articulate their views were seen to be comfortable, content and at ease in their environment and interactions with staff.

Two areas of improvement were identified in respect of patient / representative consultation and genre of music played.

RQIA will be assured that the delivery of care and service provided in Three Rivers Care Centre will be safe, effective, compassionate and well led, in addressing these areas for improvement.

### **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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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 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.

The findings of the inspection were discussed with Mrs Claire McKenna at the conclusion of the inspection.

### **4.0 What people told us about the service**

Staff spoke in positive terms about their roles and duties, the provision of care, staff morale, staffing levels, training and managerial support.

Patients said that they were happy with their life in the home, their relationship with staff and the provision of meals and the general atmosphere in the home. Patients who were less able to articulate their views, were seen to be comfortable, content and at ease in their environment and interactions with staff.

Three relatives said that they felt the care delivery was good and staff were kind and attentive. One relative said; "Everything is a 100%."

## 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 16 September 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There were no obvious hazards observed in the environment at the time of this inspection.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> Second time	The registered person shall ensure that IPC deficits identified during the inspection are addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Appropriate IPC protocols were in place.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 21 (1) (a) (b) <b>Stated:</b> First time	The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Two staff recruitment records were reviewed. One of these records found deficits in the recruitment process as detailed in 5.2.1.  This area of improvement has been stated for a second time.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the management of patients' nutritional care needs to ensure that:</p> <ul style="list-style-type: none"> <li>• SALT recommendations are consistently and accurately recorded within the patients' care records and supplementary recording charts</li> <li>• relevant staff are aware of patients' dietary needs as per SALT and IDDSI terminology.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Appropriate recording of SALT recommendations was in place and seen to be in practice with staff assistance with patients' dietary needs.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning:</p> <ul style="list-style-type: none"> <li>• the care plan contains the recommended frequency of repositioning and any specialised equipment</li> <li>• pressure reducing equipment is set according to the manufactures instructions and as detailed within the care plan</li> <li>• an assessment specific to the risk of skin damage is completed on a monthly basis or more frequently as required.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Care plans and records pertaining to repositioning were maintained appropriately.</p>	<p><b>Met</b></p>

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 37  <b>Stated:</b> First time	The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records were seen to be stored safely and securely.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 14.26  <b>Stated:</b> First time	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of two recently appointed staff members' recruitment records, confirmed evidence that there largely was a robust system in place to ensure staff were recruited correctly to protect patients. However, one staff member's recruitment record did not have a complete employment history or explanation of gaps in employment, nor photographic id of the applicant. An area of improvement has been stated for a second time in respect of recruitment.

Any nurse who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

A matrix of mandatory training provided to staff was in place. This gave good managerial oversight into staff training needs. There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that a range of mandatory and additional training was completed by staff on a regular basis.

A schedule of staff supervision and appraisals was in place.

### 5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly and warm. 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. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. One patient made the following comment; "They (the staff) are very good to me here and I feel safe."

Frailer patients were seen to be attended to on a regular basis with comfort and nutritional care needs.

Care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients' 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 patients' needs; and included any advice or recommendations made by other healthcare professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dinner time meal was appetising, wholesome and nicely presented. There was choice of meals offered. One patient said; "The food is very good and you get what you like." Supervision and assistance was unhurried, organised and person centred.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphagia. Discussions with staff confirmed knowledge and understanding for patients with SALT assessed needs and the procedures the home had put in place at mealtimes to minimise these. Staff said how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet.

Patients were very complimentary about the provision of the meals and were satisfied with the choices available.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.



At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Care records were held confidentially.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff.

The outcomes of visits from any healthcare professional were recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The grounds of the home were nicely maintained.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment was completed on 31 January 2023. There was corresponding evidence recorded of the actions taken in response to the five recommendations made from this assessment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

### **5.2.4 Quality of Life for Patients**

Observations of care practices confirmed that patients were able to choose how they spent their day. It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options. An area of improvement was made for the frequency of patient / representative consultation to be increased, particularly with any proposed changes in the home, which two patients raised issues with.

An area of improvement was made in respect of the genre of music played which was not in keeping with patients' age group and tastes.



The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff. Two patients made the following comments; “I am very happy here. The staff are very good.” and “It couldn’t be better here.”

Visiting musical entertainment was in place in the afternoon. One patient described her enjoyment of the programme of activities and in particular a recent visit of pets to the home, which she spoke warmly of.

### 5.2.5 Management and Governance Arrangements

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

Accidents and incidents were notified, if required, to patients’ next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported to the relevant stakeholders.

There was a system of audits and quality assurance in place. These audits included; infection prevention and control, pressure care, catering and care records.

The home was visited each month by the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. These reports are available for review by patients, their representatives, the Trust and RQIA.

### 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where 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
<b>Total number of Areas for Improvement</b>	1*	3*

\* the total number of areas for improvement includes one that have been stated for a second time and one which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Claire McKenna, Regional 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21(a)(b)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.  Ref: 5.1 and 5.2.1
	<b>Response by registered person detailing the actions taken:</b> THE RECRUITMENT FILE FOR THE IDENTIFIED EMPLOYEE WAS UPDATED IMMEDIATELY WITH EXPLANATION FOR THE EMPLOYMENT GAP NOTED. COPY OF PHOTO ID HAD BEEN MISFILED AND WAS REMEDIED IMMEDIATELY.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.26  <b>Stated:</b> First time  <b>To be completed by:</b> 16 October 2022	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.  Ref: 5.1
	<b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 7(1)  <b>Stated:</b> First time  <b>To be completed by:</b> 9 July 2023	The registered person shall increase the frequency of patient / representative consultation, particularly with any proposed changes in the home.  Ref: 5.2.4
	<b>Response by registered person detailing the actions taken:</b> PROPOSED CHANGES TO THE HOME WERE COMMUNICATED TO THE RESIDENTS/FAMILIES THAT WOULD BE AFFECTED IN MAY 2023 WITH NO OBJECTIONS OR CONCERNS RAISED. ANY FURTHER CHANGES AFFECTING OTHER RESIDENT/FAMILIES WITHIN THE HOME WILL BE COMMUNICATED TIMELY TO PROVIDE ADEQUATE NOTICE OF INTENTION AND TAKE ANY PERSONAL CHOICES INTO CONSIDERATION. AS YET NO PROPOSED CHANGES HAVE TAKEN PLACE.

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 9(5)  <b>Stated:</b> First time  <b>To be completed by:</b> 10 June 2023	The registered person shall ensure the genre of music played in the home is in keeping with patients' age group and tastes.  Ref:5.2.4
	<b>Response by registered person detailing the actions taken:</b> STAFF HAVE BEEN REMINDED TO PLAY MORE AGE APPROPRIATE MUSIC AND TV SHOWS VIA NOTICE TO ALL IN THE STAFF GROUP WHATSAPP..

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



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