



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 12 December 2019



## Three Rivers Care Centre

**Type of Service: Nursing Home**  
**Address: 11 Millbank Lane, Lisnamallard,**  
**Omagh, BT79 7YD**  
**Tel No: 028 8225 8227**  
**Inspector: Jane Laird**

[www.rqia.org.uk](http://www.rqia.org.uk)

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 56 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Zest Care Homes Limited  <b>Responsible Individual:</b> Philip Scott	<b>Registered Manager and date registered:</b> Charlene Parkin 18 July 2019
<b>Person in charge at the time of inspection:</b> Charlene Parkin	<b>Number of registered places:</b> 56
<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> 37

### 4.0 Inspection summary

An unannounced inspection took place on 12 December 2019 from 09.10 hours to 17.15 following information from the Western Health and Social Care Trust (WHSCT) regarding an increase in safeguarding referrals and concerns raised by a member of the public regarding care delivery.

It is not the remit of RQIA to investigate whistleblowing/adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- care records
- management and governance arrangements
- care practices including the provision of personal care and general presentation of patients

The inspection also sought to validate the areas for improvement identified at the most recent inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*5	*4

\*The total number of areas for improvement includes five regulations and three standards which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Charlene Parkin, registered manager, as part of the inspection process. 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 inspection dated 28 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 28 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for all staff from 2 December 2019 to 15 December 2019
- incident and accident records
- four patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records

- complaints record
- a sample of monthly monitoring reports from October 2019

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 30 (d) Stated: Second 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 effects the wellbeing or safety of any patient. <b>Action taken as confirmed during the inspection:</b> Review of records evidenced that this area for improvement had been met.	<b>Met</b>
<b>Area for improvement 2</b> Ref: Regulation 13 (4) Stated: Second time	The registered manager shall ensure that written confirmation of current medication regimens is obtained for all admissions/re-admissions to the home. <b>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.</b>	<b>Carried forward to the next care inspection</b>
<b>Area for improvement 3</b> Ref: Regulation 13 (4) Stated: Second time	The registered manager shall ensure that medicine refrigerator temperatures are maintained between 2°C - 8°C to ensure that medicines are stored at the manufacturers' recommended temperature. <b>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.</b>	<b>Carried forward to the next care inspection</b>
<b>Area for improvement 4</b> Ref: Regulation 5 (1)	The registered person shall ensure that any service user currently accommodated in the home that does not have an individual written	<b>Carried forward to the next care</b>

<p><b>Stated:</b> Second time</p>	<p>agreement is provided with one. A full copy of the signed agreement should be retained on the service user's file.</p> <p>Where an HSC trust-managed service user does not have an identified person to act as their representative, the service user's individual agreement should be shared with their HSC trust care manager.</p> <p>Agreements must be kept up to date with any changes agreed in writing by the service user or their representative.</p> <p><b>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.</b></p>	<p><b>inspection</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 12 (b)</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p><b>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.</b></p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 14 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall implement a system to ensure that patients' monies are not used to either purchase items or pay for additional services e.g. hairdressing, for those patients who have insufficient funds.</p> <p>The current practice of using patients' monies should cease immediately and the amount identified as owed should be reimbursed back to the monies held on behalf of patients.</p> <p>RQIA should be informed of the date when the monies have been reimbursed.</p> <p><b>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.</b></p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 24</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all complaints received are:</p> <ul style="list-style-type: none"> <li>• appropriately recorded and investigated</li> <li>• provide whether or not the complainant is satisfied with the outcome</li> <li>• relevant staff are provided with training on how to manage complaints</li> </ul>	<p><b>Met</b></p>



	<p><b>Action taken as confirmed during the inspection:</b> Review of records evidenced that this area for improvement had been met.</p>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b>  Ref: Standard 28 Stated: First time</p>	<p>The registered person shall review and revise the management of medicines which are provided for patients who are temporarily absent from the home.</p> <p><b>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.</b></p>	<b>Carried forward to the next care inspection</b>
<p><b>Area for improvement 2</b>  Ref: Standard 28 Stated: First time</p>	<p>The registered manager shall implement a robust audit system for the management of medicines. Where shortfalls are identified, action plans to address these should be developed and implemented.</p> <p><b>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.</b></p>	
<p><b>Area for improvement 3</b>  Ref: Standard 14.25 Stated: First time</p>	<p>The registered person shall implement a system for reconciling patients' items held in the safe place at least quarterly. A record should be maintained to show that the items have been checked. The records should be signed by the person undertaking the reconciliation and countersigned by a second member of staff to evidence that they have taken place.</p> <p>The records should include the details of the items withdrawn from and returned to, the safe place, along with the dates the activity took place.</p> <p><b>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.</b></p>	<b>Carried forward to the next care inspection</b>
<p><b>Area for improvement 4</b>  Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that a robust record of patient bowel movements is maintained to include the following:</p> <ul style="list-style-type: none"> <li>• A care plan detailing the patients normal frequency of bowel movements and what action to take if the patients bowels have not moved within this time frame</li> <li>• Comments within the daily progress notes of when the patients bowels have not moved</li> </ul>	

	with a clear record indicating the action taken	
	<b>Action taken as confirmed during the inspection:</b> Review of records evidenced that this area for improvement had been met.	

## 6.2 Inspection findings

### 6.2.1 Staffing provision

We arrived at the home at 09.10 hours and observed staff who were helpful and attentive and appeared confident in their delivery of care. The majority of patients were seated within one of the lounges whilst others remained in bed as per their assessed needs.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Staffing rotas for weeks commencing 2 December 2019 and 9 December 2019 were reviewed and evidenced that the planned staffing levels were adhered to on most occasions. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff also stated that they felt supported by management. Comments included:

- “Very positive here now”
- “Lots of improvements made over the past few months”
- “Staff morale is good”
- “Manager is very supportive”
- “One of the best homes I have worked in”

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff understood the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with management or the nurse in charge.

### Areas for improvement

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.2.2 Patient Health and Welfare

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner. There was a relaxed atmosphere within the home and patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Three Rivers Care Centre.



We also sought the opinion of patients on staffing via questionnaires. Three questionnaires were returned from patients who were very satisfied with the service provision across all four domains.

Patients’ bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home’s environment and the recent improvements that had been made.

Consultation with 18 patients individually, and with others in small groups, confirmed that living in Three Rivers Care Centre was a positive experience.

**Patient comments included:**

- “Very happy here”
- “Staff are looking after me well”
- “Good staff”
- “No concerns”
- “Staff are very good”
- “Staff are nice”

**Representatives’ comments:**

- “Manager always approachable”
- “Could not fault this place”
- “Staff are very attentive”
- “Very compassionate and understanding”

We also sought relatives’ opinion on staffing via questionnaires. Two questionnaires were returned from patient representatives. The respondents were very satisfied with the service provision across all four domains. Comments included; “The staff are helpful and caring”, “Where there is an issue it is dealt with effectively and quickly” and “My ..... is well looked after”.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

**Areas for improvement**

There were no areas for improvement identified during the inspection in this domain.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.2.3 Management of patient care records**

Review of four patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patients. We reviewed the management of nutrition, patients’ weight, management of falls, continence management and wound care. There was evidence of regular communication with families and other healthcare professionals within the care records. A system was also in place to audit patient care records and each patient had a key worker.

Review of care records in relation to bowel management evidenced that a robust system was in place within the Strule unit and the manager agreed to transfer this good practice across to the Drumragh unit.

Supplementary care charts in relation to fluid intake were reviewed which evidenced that directions within the patient's care plan regarding recommended fluid consistency and daily set target had been consistently transferred across to all relevant documentation. Review of repositioning charts for two patients clearly stated the frequency of repositioning on each individual chart and the condition of their skin; which was also reflected in a sample of care plans. However, there were gaps within both charts which were not in keeping with the recommended frequency of repositioning. This was discussed with the management team who acknowledged the shortfalls in the documentation and agreed to communicate the importance of accurate recording with all relevant staff. This was identified as an area for improvement.

### Areas for improvement

An area for improvement was identified in relation to the recording of repositioning.

	Regulations	Standards
Total number of areas for improvement	0	1

### 6.2.4 Management and governance arrangements

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. For example, falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records, hand hygiene and environment audits were also carried out monthly and where there were deficits identified an action plan was implemented.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the regional manager. Copies of the report were available for patients, their representatives, staff and trust representatives and provided detailed and robust information in relation to the conduct of the home including an overview of care records, complaints, the environment, accidents and incidents and adult safeguarding. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

The manager confirmed that she was carrying out daily walk arounds of the home to ensure effective communication with patients, patient representatives and staff. Discussion with staff confirmed that the manager was more visible within the home and is supportive and responsive to any suggestions or concerns raised.

## Areas for improvement

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Charlene Parkin, registered manager, as part of the inspection process. 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 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 Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate effect</p>	<p>The registered manager shall ensure that written confirmation of current medication regimens is obtained for all admissions/re-admissions to the home.</p> <p>Ref: 6.1</p>
	<p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 23 August 2019</p>	<p>The registered manager shall ensure that medicine refrigerator temperatures are maintained between 2°C - 8°C to ensure that medicines are stored at the manufacturers' recommended temperature.</p> <p>Ref: 6.1</p>
	<p><b>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.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 5 (1)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 September 2019</p>	<p>The registered person shall ensure that any service user currently accommodated in the home that does not have an individual written agreement is provided with one. A full copy of the signed agreement should be retained on the service user's file.</p> <p>Where an HSC trust-managed service user does not have an identified person to act as their representative, the service user's individual agreement should be shared with their HSC trust care manager.</p> <p>Agreements must be kept up to date with any changes agreed in writing by the service user or their representative.</p> <p>Ref: 6.1</p>
	<p><b>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.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 12 (b)</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p>Ref: 6.1</p>

<b>To be completed by:</b> 23 August 2019	<b>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.</b>
<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 14 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 August 2019	<p>The registered person shall implement a system to ensure that patients' monies are not used to either purchase items or pay for additional services e.g. hairdressing, for those patients who have insufficient funds.</p> <p>The current practice of using patients' monies should cease immediately and the amount identified as owed should be reimbursed back to the monies held on behalf of patients.</p> <p>RQIA should be informed of the date when the monies have been reimbursed.</p> <p>Ref: 6.1</p> <p><b>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.</b></p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	<p>The registered person shall review and revise the management of medicines which are provided for patients who are temporarily absent from the home.</p> <p>Ref: 6.1</p>
<b>To be completed by:</b> 23 August 2019	<b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> 23 August 2019	<p>The registered manager shall implement a robust audit system for the management of medicines. Where shortfalls are identified, action plans to address these should be developed and implemented.</p> <p>Ref: 6.1</p> <p><b>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.</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 14.25  <b>Stated:</b> First time	<p>The registered person shall implement a system for reconciling patients' items held in the safe place at least quarterly. A record should be maintained to show that the items have been checked. The records should be signed by the person undertaking the reconciliation and countersigned by a second member of staff to evidence that they have taken place.</p>

<p><b>To be completed by:</b> 26 August 2019</p>	<p>The records should include the details of the items withdrawn from and returned to, the safe place, along with the dates the activity took place.</p> <p>Ref: 6.1</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 January 2020</p>	<p><b>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.</b></p> <p>The registered person shall ensure that where a patient requires repositioning a record is maintained to reflect the recommended frequency of repositioning as per care plan.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> On the day of inspection the gaps in both of the repositioning charts referred to had been noted by management during the daily unit walkabout process. Furthermore, this had been highlighted to the relevant staff present at the time. Following the inspection all staff have been reminded of the importance of accurate recording and this remains a daily focus for the management team.</p>

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





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