Unannounced Follow-up Care Inspection Report
15 August 2019

Three Rivers Care Centre

Type of Service: Nursing Home (NH)
Address: 11 Millbank Lane, Lisnamallard, Omagh BT79 7YD
Tel no: 028 8225 8227
Inspector: Jane Laird

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 provider 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 registered nursing home which provides care for up to 56 patients.

3.0 Service details

Organisation/Registered Provider: Zest Care Homes Ltd **Responsible Individual:** Philip Scott	**Registered Manager:** Charlene Parkin
Person in charge at the time of inspection: Cara Smyth Murray, Deputy Manager 15.15-17.30 hours Asta Lickiene, Registered Nurse Sister 17.30–20.30 hours Nicole Ward, Registered Nurse 20.30–21.40 hours	**Date manager registered:** 18 July 2019
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 registered places:** 56 **Number of patients during inspection:** 44

4.0 Inspection summary

An unannounced inspection took place on 15 August 2019 from 14.45 hours to 21.40 hours following receipt of information from the adult safeguarding team of the Western Health and Social Care Trust (WHSCT) regarding an increase in concerns in relation to care delivery. Prior to the inspection verbal information and completed questionnaires from patient representatives were received which also expressed concerns about the delivery of care. The concerns raised were in relation to inadequate care delivery in regards to the provision of personal care, general presentation of patients, continence management, the quality of bed linen and staff interactions with patients.

The concerns stated above were substantiated and discussed with the Responsible Individual as areas requiring improvement.

As a consequence of our findings, the responsible individual was invited to attend a meeting in RQIA on 22 August 2019, with the intention of issuing two Failure to Comply notices in regards to the health and welfare of patients and the management of infection prevention and control (IPC).

The meeting was attended by Philip Scott, Responsible Individual, and Claire McKenna, Regional Manager. At the meeting the home's representatives provided an update from the previous action plan following the inspection of 30 May 2019. RQIA received assurance that robust action had been taken regarding the management of infection prevention and control (IPC) within the home.

However, they were unable to provide RQIA the necessary assurance in relation to patients' health and welfare and one failure to comply notice was issued under The Nursing Homes Regulations (Northern Ireland) 2005 in relation to Regulation 13 (1) (a) and (b) Health and Welfare of patients, with the date of compliance to be achieved by 28 October 2019.
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:

- environment
- care records
- care practices including the provision of personal care and general presentation of patients.

Further details of areas for improvement identified during the inspection are included within the main body of this report and formed part of the failure to comply notices issued on 27 August 2019.

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
Total number of areas for improvement	*7	*4

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Asta Lickiene, registered nurse, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

One failure to comply notice under Regulation 13 (1) (a) and (b) was issued with the date of compliance to be achieved by 28 October 2019.

FTC Ref: FTC000079 with respect to Regulation 13 (1) (a) and (b)

The enforcement policies and procedures are available on the RQIA website.

https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

Enforcement notices for registered establishments and agencies are published on RQIA's website at https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced combined care, premises, finance and medicines management inspection undertaken between the 18 July 2019 and the 23 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous record of care inspection

The following records were examined during the inspection:

- duty rota for all staff from 5 August 2019 to 18 August 2019
- three patient care records
- a sample of care charts including food and fluid intake charts and reposition charts

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 inspections dated 18 and 23 July 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 27 **Stated:** Second time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.	**Not Met**
	Action taken as confirmed during the inspection: **Concerns remained in respect of the hygiene in many areas of the home. This matter formed part of the enforcement action taken following this inspection.**	
Area for improvement 2 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time	The registered person shall that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.	**Carried Forward to the next inspection**
	Action taken as confirmed during the inspection: **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.**	
Area for improvement 3 **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 effects the wellbeing or safety of any patient.	**Carried Forward to the next inspection**
	Action taken as confirmed during the inspection: **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.**	

6.2 Inspection findings

6.2.1 Health and Welfare

We arrived at the home at 14.45 hours and were greeted by the Deputy Manager and staff who were helpful and attentive. On discussion with staff they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Most of the patients were seated within the lounge area and an activity person was providing entertainment. Other patients remained in bed as per their assessed needs and visitors were observed on various occasions throughout the inspection.

Concerns however, were raised by staff who felt overwhelmed by the level of scrutiny ongoing at present in the home from a number of sources. This was felt by staff to be having a negative impact on morale.

On discussion with relatives they also stated that staff were doing their best but again felt that in general staff morale was low. This was discussed with the responsible person and regional manager at the meeting who agreed to arrange a meeting with relatives.

On review of the duty rota there were adequate staffing levels within the home to meet the needs of the patients. However despite sufficiency of staffing we observed that patients' needs were not always met by the levels and skill mix of staff on duty. A number of identified patient's presentation was below an acceptable standard and relevant staff were requested to attend to the patients needs by the inspector during the inspection. This was discussed with the deputy manager and identified as an area for improvement.

We identified chemicals unsupervised within communal areas of the home and the door to a store room open with chemicals easily accessible to patients. Staff handbags were observed within the dementia unit unattended and razors and other toiletries were left unsecured in ensuite bathrooms presenting as a potential risk to patients' safety. This was discussed with the manager as an area for improvement at a previous care inspection on 21 May 2019 which had been suitably addressed on 18 July 2019 inspection but has not been sustained and has been subsumed into the failure to comply notice.

Bed rail protectors and bed linen were observed to be stained and/or torn on several beds. Clean bedding was observed sitting on top of a bed pan washer in a sluice room and surface stains were evident to the underneath of identified equipment. Hand washing practices were limited across all grades of staff and the use of alcohol gel was not observed throughout the inspection with identified staff observed wearing nail polish.

On review of the linen store it was evident that there was an insufficient supply of clean bed linen. This was discussed with the deputy manager who stated that new bed linen had been purchased and was being stored within a separate area of the home and agreed to communicate this to all relevant staff.

We observed a clinical room door open and unsupervised on several occasions throughout the inspection with access to food thickening agents and supplements. We observed unsupervised access to food within the home that had the potential to be consumed by patients with swallowing difficulties. This was discussed with the responsible individual and has been subsumed into the failure to comply notice.

The actions required to address the concerns identified above are part of the failure to comply notice issued to the nursing home on 27 August 2019 under Regulation 13 (1) (a) and (b) of the Nursing Homes Regulations (Northern Ireland) 2005.

An area for improvement is identified in relation to maintaining patients' personal care.

6.2.2 Record Keeping

On review of three patient care records there were a number of deficits identified. Care plans for bowel management did not document the patients' normal bowel pattern and there was conflicting information within the daily progress records regarding elimination of bowels which had the potential for patient's to be administered unnecessary medicines. We identified that risk assessments and care plans were not consistently reviewed on a monthly basis and dates were missing on a number of care plans. We further identified that the urinary catheter output was not recorded within the daily progress notes for an identified patient. This was discussed with the responsible individual and has been subsumed into the failure to comply notice.

The actions required to address the concerns identified above are part of the failure to comply notice issued to the nursing home on 27 August 2019 under Regulation 13 (1) (a) and (b) of the Nursing Homes Regulations (Northern Ireland) 2005.

6.2.3 Environment

As an outcome of the inspection concerns were identified in regards to the cleanliness of the environment and adherence to best practice in infection prevention and control (IPC).

There was a lack of effective oversight and governance in relation to IPC, including an insufficiently robust auditing system. There was evidence of poor management of hygiene throughout patient bedrooms and communal areas. Furniture and patient equipment was observed to be soiled and not decontaminated after use. The surfaces of a number of floor coverings were damaged and therefore could not be effectively cleaned. IPC training was not embedded into practice.

We observed heavy duty tape secured to a programming device and attached to a washing machine within the laundry and were concerned regarding the potential fire safety and IPC risks. This was discussed with the regional manager and the tape was removed by the homes maintenance personnel and replaced with a holding device. The estates inspector was notified and visited the home on 23 August 2019 and confirmed that appropriate action had been taken.

The actions required to address the concerns identified above are part of the failure to comply notice issued to the nursing home on 27 August 2019 under Regulation 13 (1) (a) and (b) of the Nursing Homes Regulations (Northern Ireland) 2005.

6.2.4 Management and governance arrangements

During a previous care inspection on 18 July 2019, a number of areas for improvement were stated for a second time. Despite assurances provided on the return of the quality improvement plan and the completion of the monthly monitoring visits, the governance and leadership in Three Rivers Care Centre has failed to make or sustain the required improvements.

An area for improvement identified during the 21 May 2019 inspection in relation to care record audits had been met on 18 July 2019 inspection but the improvements had not been sustained. This was discussed with the responsible person and regional manager during the meeting who agreed to discuss this with the manager and monitor during monthly monitoring visits of the home.

The actions required to address the concerns identified above are part of the failure to comply notice issued to the nursing home on 27 August 2019 under Regulation 13 (1) (a) and (b) of the Nursing Homes Regulations (Northern Ireland) 2005.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Asta Lickiene, Registered Nurse, 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 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 DHSSPS 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	
Area for improvement 1 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** With Immediate effect	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. Ref: 6.1 **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.**
Area for improvement 2 **Ref:** Regulation 30 (d) **Stated:** First time **To be completed by:** With Immediate effect	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. Ref: 6.1 **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.**
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 6 **Stated:** First time **To be completed by:** With Immediate effect	The registered person shall ensure that patients' personal care and grooming needs are regularly assessed and met. This includes (but is not limited to): • Patient's finger nails • Facial hair • Footwear • Clothing • Continence management Ref: 6.2.2 **Response by registered person detailing the actions taken:** A daily managers inspection audit was implemented at the time of the inspection. However, following the inspectors feedback this audit has since been reviewed and updated to reflect the specific areas highlighted and ensure that they are monitored more robustly. The audit now includes residents presentation where clothing, footwear and hair are observed in addtion to the standard to which personal hygiene is met including facial hair and fingernails. New nail clippers have been purchased for all residents and staff have been reminded that residents nails should be checked at the time of assisting them with their personal care needs and that action to rectify issues should be taken immediately. Residents continence needs are continually assessed and all residents are assisted to the bathroom on a regular basis or as needs arise.

	Staff have been advised that Residents personal hygiene needs and continence management must be reviewed throughout the day and immediate action taken to ensure needs are met to the highest standard. They have also been reminded that where a Resident refuses assistance and or intervention this must be recorded within the appropriate documentation in a timely manner and the Nurse in Charge informed. Continous refusals should be referred to the Home Manager for further advice and consultation with the Residents Care Manager. Staffing levels and skill mix are monitored and assessed on an ongoing basis. Staff allocation documentation is implemented to ensure staff awareness of responsibility and to ensure they are well supported within the team. Registered Nurses have been reminded of the importance of leadership and the continuous monitoring and observation of both staff teams and of residents in their care throughout the day. All nursing staff have been offered the opportunity to attend the Nurse in Charge two day seminar in November 2019 of which three have requested to attend.

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

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