



Unannounced Enforcement Care Inspection Report 28 October 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: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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 nursing home registered to provide nursing care for up to 56 persons.

3.0 Service details

<p>Organisation/Registered Provider: Zest Care Homes Ltd</p> <p>Responsible Individual: Philip Scott</p>	<p>Registered Manager and date registered: Charlene Parkin – 18 July 2019</p>
<p>Person in charge at the time of inspection: Charlene Parkin</p>	<p>Number of registered places: 56</p> <p>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.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 39</p>

4.0 Inspection summary

An unannounced inspection took place on 28 October 2019 from 10.15 to 15.00 hours.

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.

The inspection sought to assess the level of compliance achieved in relation to one Failure to Comply (FTC) Notice issued on 27 August 2019. The areas identified for improvement and compliance with the regulation were in relation to the health and welfare of patients. The date of compliance with the notice was 28 October 2019.

The following FTC Notice was issued by RQIA:

FTC ref: FTC000079 issued on 27 August 2019.

Evidence was available to validate compliance with the Failure to Comply Notice.

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 11 areas which have been carried forward for review at the next care inspection.

4.2 Action/enforcement taken following the most recent inspection dated 25 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 25 October 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:

- the registration status of the home
- written and verbal communication received since the previous care inspection
- notifications of accidents and incidents
- the previous record of care inspection
- the failure to comply notice.

During the inspection the inspector met with approximately 20 patients, one patient's relative and four staff.

The following records were examined during the inspection:

- infection prevention and control audits
- risk management daily check audits
- care file audits.

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 previous inspection dated 25 October 2019

This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 27 August 2019. The areas for improvement from the last care inspection on 25 October 2019 were not reviewed as part of the inspection and are carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

6.2 Inspection findings

FTC Ref: FTC000079

Notice of failure to comply with Regulation 13 of Nursing Homes Regulations (Northern Ireland) 2005

Health and Welfare of patients

Regulation 13.–

- (1) The registered person shall ensure that the nursing home is conducted so as –*
- (a) to promote and make proper provision for the nursing, health and welfare of patients;*
 - (b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.*

In relation to this notice the following six actions were required to comply with this regulation:

- hazardous cleaning chemicals, patient razors and other toiletries are kept in a secure location at all times
- the clinical room door is kept locked when not occupied by staff
- food thickeners are stored within a secure location
- there is availability of linen within each unit that is appropriate and fit for purpose
- audits of care records, COSHH and environmental hygiene are maintained with sufficient frequency and detail to ensure the health and welfare of the patients
- records of audits are available for inspection.

Evidence was available to validate compliance with this Failure to Comply Notice.

There were no hazardous cleaning chemicals observed unsecured or accessible to patients. It was noted that new locks were fitted to cupboards in ensuite bathrooms which were not visible to patients. Overall in most of the bedrooms reviewed, patient razors and other toiletries were stored in the secure cupboard. However, we identified one bedroom where the patient's cupboard was unlocked and there was access to denture cleaning tablets, patient razors and toiletries. We were told that this may have been purchased by a relative so as to ensure there was an adequate supply of toiletries. The manager and the operations manager discussed further action which will be taken to ensure this matter is managed definitively.

Observations during the inspection confirmed that the clinical room door was kept locked when not occupied by staff.

We observed the food thickeners were stored within the locked clinical room.

Discussions with staff and observations of the linen cupboards confirmed there was an adequate supply of bed linen in the home. The staff reported that there was new bed linen purchased in the nursing home. Observations of the bedding in place verified that it was appropriate and fit for purpose.

There was evidence in patients' care records of care file audits. There were a number of these audits completed and a planner was in place for the completion of the remaining care files. There was an action plan in place with agreed completion timeframes and this was signed off, when completed.

Discussion with the manager and staff confirmed that the manager undertakes a daily walk around the home. In addition to this, the deputy manager completes an audit three times daily; in the morning, at lunchtime and in the evening. The purpose of this audit of the environment was to identify any possible risks to the health and welfare of patients. A written record was maintained of this audit.

We noticed that explicit audits of COSHH were not contained in the audit tool and advised that it should be. The operations manager provided written confirmation that this was completed.

Records of audits were available for inspection.

Additional areas inspected

Patients and relatives views

During the inspection we met with approximately 20 patients. Patients were observed to be well dressed. Patients could be seen to be comfortable, relaxed and at ease in their interactions with staff. One patient stated:

- "This is a great place. I feel safe and secure. The staff are lovely; very helpful."

We spoke with a relative. We were informed that they were very happy with the care provided to their relative in the nursing home. We were advised that there is good communication between the staff and the family and that the patient's wishes were respected by staff.

Staff views

The staff told us there had been positive improvements in the home, staff morale had improved and staffing arrangements had stabilised. The staff advised that any changes in the home have been fully embraced by staff for the benefit of the patients and that there was good team work.

Staff told us about the individual needs of patients and how these would be met in the home. They also said that the deputy manager was a visible presence throughout the home and described her as supportive and approachable.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.3 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice.

7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection. The attached QIP contains the areas for improvement carried forward from the last care inspection on 25 October 2019. This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 27 August 2019.

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	
Area for improvement 1 Ref: Regulation 30 (d) Stated: Second time To be completed by: With Immediate effect	<p>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.</p> <p>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.</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: Second time To be completed by: With immediate effect	<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>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.</p>
Area for improvement 3 Ref: Regulation 13 (4) Stated: Second time To be completed by: With Immediate effect	<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>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.</p>
Area for improvement 4 Ref: Regulation 5 (1) Stated: Second time To be completed by: 30 September 2019	<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>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.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 12 (b)</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2019</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> <hr/> <p>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.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2019</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> <hr/> <p>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.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 24</p> <p>Stated: First time</p> <p>To be completed by: 25 November 2019</p>	<p>The registered person shall ensure that all complaints received are:</p> <ul style="list-style-type: none"> • appropriately recorded and investigated • provide whether or not the complainant is satisfied with the outcome • relevant staff are provided with training on how to manage complaints <hr/> <p>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.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2019</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> <hr/> <p>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.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2019</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> <hr/> <p>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.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2019</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> <hr/> <p>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.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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"> • 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 • Comments within the daily progress notes of when the patients bowels have not moved with a clear record indicating the action taken <hr/> <p>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.</p>

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



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