

Inspection Report

Name of Service: Three Rivers Care Centre
Provider: Zest Investment (Omagh) Limited
Date of Inspection: 19 and 20 May 2025

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 Philip Scott
Registered Manager:	Mrs Bernie McDaniel
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 71 patients.</p> <p>The Drumragh unit on the ground floor provides accommodation for patients with general nursing care needs and the Camowen units on the first floor provides accommodation for patients living with dementia.</p> <p>There are a range of communal areas throughout the home.</p>	

2.0 Inspection summary

An unannounced inspection took place on 19 May 2025, from 9.30am and 3.30pm and on 20 May 2025, from 9.20am to 1.25pm, by a care inspector.

This inspection was undertaken to evidence how the home is performing in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care. Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Full details, including the three areas of improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients who were able to make their wishes known said they enjoyed living in the home. Some of the comments shared by patients included; "This is really a very good home in every way. All is very good. I couldn't be cared for any better", "All is very good here surely. The food is superb" and "I am really glad I came here. I love the company, the safety and the food and the staff are all friendly." Those patients who were unable to make their wishes known appeared to be relaxed and comfortable in their surroundings.

Four visiting relatives said they were very happy with the care in the home and that staff were kind and attentive.

Staff spoke positively about their roles and duties, staffing levels and the provision of training. They also said that the home was well managed. They also said that they had the appropriate training to look after patients and meet their needs. They said that the team communicated well and the management was readily available to discuss any issues and concerns should they arise.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

An effective system was in place to ensure staff had up-to-date registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Any nurse who is in charge of the home in the absence of the manager has a competency and capability assessment completed for this responsibility.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were respectful, understanding and sensitive to residents' needs.

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. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment or locked door facility that could be considered restrictive. It was established that systems were in place to safeguard patients and to manage this aspect of care. However, care planning and reviews for those patients prescribed bedrails lacked detail and clear account of risks. An area of improvement was made.

Discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Breakfast included a choice of a hot meal. The dinner time meal was appetising

and wholesome. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

A planned programme of activities was in place for those patients who wished to participate in.

3.3.3 Management of Care Records

Patients' needs were assessed by a suitably qualified member of staff 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.

Care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Care staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment

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

An area of improvement was made in respect of paintwork to a designated smoking lounge and an identified bedroom ceiling and a malodour in an identified bedroom carpet, to make good cleaning.

Cleaning chemicals were stored safely and securely.

The grounds of the home were well maintained.

The home's fire safety risk assessment was completed on 4 September 2024. This assessment had six recommendations made as a result. Confirmation was received from the manager confirming that these recommendations have been addressed. 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.

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.

3.3.5 Quality of Management Systems

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, aligned named workers and to RQIA. A monthly analysis of accidents and incidents was carried out but this analysis did not seek to establish any detail of trends or patterns or subsequent actions taken. An area of improvement was made for this to be put in place.

There was evidence that complaints were managed correctly and that records of complaint were suitably maintained.

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

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. These reports were informative and detailed and included action plans to address any issues identified. The reports are available for review by patients, their representatives, the Trust and RQIA.

4.0 Quality Improvement Plan/Areas for Improvement

Three areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Bernie McDaniel, Registered 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 (1) (c) Stated: First time To be completed by: 20 June 2025	<p>The registered person shall ensure care planning and reviews for bedrail usage are in adequate detail to account for risks and subsequent actions.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Nurses have been instructed to include the following aspects within care plans & monthly evaluations of same for those persons using bedrails:</p> <ol style="list-style-type: none"> 1. Review & update the relevant Bedrail risk assessment. 2. Clearly state why any benefits of Bedrail use outweighs any identified risks & so remain appropriate for a resident's condition. This will also include why alternatives would be inappropriate or present increased risks in other areas. 3. Ensure the use of protective covers & their correct positioning to prevent injury/entrapment is recorded within the relevant care plan. 4. Document any accidents/incidents involving Bedrails & the date/time of reported immediately to Manager/Maintenance as appropriate. How issues were resolved/managed should also be noted. 5. Record date of last maintenance check from the Bedrail safety quality record.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 44 (1) Stated: First time To be completed by: 20 June 2025	<p>The registered person shall ensure paintwork to the designated smoking lounge and the identified bedroom ceiling and the malodour in an identified bedroom carpet are made good.</p> <p>Ref:3.3.4</p> <p>Response by registered person detailing the actions taken: Painting redecoration to both identified areas has now been completed. Flooring in the identified bedroom was scheduled for replacement prior to the inspection & this has now been completed. All completed actions have been noted on the home redecoration schedule.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 35 (8)</p> <p>Stated: First time</p> <p>To be completed by: 20 June 2025</p>	<p>The registered person shall ensure that the analysis of accidents and incidents seeks to establish if there are any trends or patterns with subsequent actions taken.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Trends or patterns for individual residents are already identified by the Named nurse when completing monthly care plan evaluations. Actions taken are documented e.g. medication review requested, physio referral made, OT referral made & the Manager is made aware of same.</p> <p>The Manager already completes a monthly analysis which identifies overall trends or patterns such as the time of day, or a specific unit where falls are more prevalent which informs decisions on staffing arrangements to meet resident needs & ensure safety.</p> <p>The monthly audit documentation will be further developed to include an area to formally record identified trends or patterns overall & individually noting the action taken by Management or Named Nurses.</p>
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The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews