

# Unannounced Care Inspection Report 01 November 2016



## Three Islands

**Type of Service: Nursing Home**  
**Address: 62-66 Main Street, Toomebridge, BT41 3NJ**  
**Tel no: 028 7965 0650**  
**Inspector: Bridget Dougan**

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

## 1.0 Summary

An unannounced inspection of Three Islands Nursing Home took place on 01 November 2016 from 11.00 to 15.30 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

The home was found to be warm, well decorated, fresh smelling and clean throughout. There was evidence of competent and safe delivery of care on the day of inspection. Staff also confirmed that there were good communication and support systems in the home, including; staff appraisal and staff supervision systems, staff meetings and staff were required to attend a 'handover meeting' when commencing duty.

One recommendation has been made in respect of staff induction records.

### **Is care effective?**

Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals. Care records reflected the assessed needs of patients, were kept under review and where appropriate adhered to recommendations prescribed by other healthcare professionals.

There were no requirements or recommendations made.

### **Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients stated that they felt content living in the home and that staff were good and kind to them. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There were no requirements or recommendations made.

### **Is the service well led?**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. Systems were in place to monitor and report on the quality of nursing and other services provided. Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There were no requirements or recommendations made.

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.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with David Joseph McAteer, 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.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 06 June 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mr D McAteer & Mrs A McAteer	<b>Registered manager:</b> Mr David Joseph McAteer
<b>Person in charge of the home at the time of inspection:</b> Mr David Joseph McAteer	<b>Date manager registered:</b> 07 May 2009
<b>Categories of care:</b> NH-LD, NH-LD (E)	<b>Number of registered places:</b> 40

### 3.0 Methods/processes

Prior to inspection we analysed the following records:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection we met with 30 patients, three registered nurses, five care staff, one cook and one domestic staff.

Questionnaires for patients (four) relatives (six) and staff (six) to complete and return were left for the registered manager to distribute. One patient and six members of staff completed and returned questionnaires within the required time frame.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- staff recruitment records
- staff training records
- staff induction records
- staff supervision and appraisal planner
- complaints and compliments records
- accident and incident records
- records of quality audits
- minutes of staff meetings
- minutes of patient meetings
- monthly monitoring report
- sample of patients care records.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 06 June 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider, as recorded in the QIP will be validated at the next medicines management inspection.

## 4.2 Review of requirements and recommendations from the last care inspection dated 03 November 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 19.6 <b>Stated:</b> First time <b>To be Completed by:</b> 21 December 2015	The registered manager should review the policy on communicating effectively to ensure it reflects the regional guidelines on Breaking Bad News	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The policy on communicating effectively was reviewed on 21 December 2015 and reflected the regional guidelines on Breaking Bad News.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 20.1 <b>Stated:</b> First time <b>To be Completed by:</b> 21 December 2015	The registered manager should review the policies and procedures on the management of palliative and end of life care to ensure they reflect current best practice guidance such as the Gain Palliative Care Guidelines, November 2013.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The policies and procedures on the management of palliative and end of life care were reviewed on 21 December 2015 and reflected best practice guidelines.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time <b>To be Completed by:</b> 31 March 2016	The registered manager should provide training on palliative and end of life care for all nursing and care staff relevant to their roles and responsibilities.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of staff training records evidenced that the majority of nursing and care staff had received training on palliative and end of life care on 04 October 2016.	

## 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rotas for the weeks commencing 17, 24 and 31 October 2016 evidenced that the planned staffing levels were adhered to.

Discussion with patients and staff evidenced that there were no concerns regarding staffing levels.

The registered manager informed us that there were systems in place for the safe recruitment and selection of staff, and staff consulted confirmed that they had only commenced employment once all the relevant checks had been completed. Three staff personnel files were viewed and we were able to evidence that all the relevant pre-employment checks had been completed.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff were mentored by an experienced member of staff during their induction. Records for three staff members were reviewed and found to be generally well completed and dated and signed by the inductee and inductor. A recommendation has been made for the registered manager to countersign all completed induction records.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Training records evidenced that the majority of staff had completed mandatory training to date. Additional training had been completed by registered nurses in various topics including venepuncture, catheterisation, peg feeds, palliative care and falls prevention. This training was provided by the Trust as part of a pilot programme.

Staff clearly demonstrated the knowledge, skills and experience necessary to fulfil their role, function and responsibility.

A planner was in place to ensure all staff received supervision and appraisal and there was evidence that supervision and appraisal meetings had taken place with the majority of staff to date in 2016.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were also notified appropriately.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were sufficiently robust.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

**Areas for improvement**

One recommendation has been made in respect of staff induction records.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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**4.4 Is care effective?**

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. There was evidence of regular communication with representatives within the care records.

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 the registered manager.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff also confirmed that regular staff meetings were held, that they could contribute to the agenda and the meeting and minutes were available. The review of the minutes of staff meetings evidenced the registered manager had held general staff meetings and subsequent meetings with the individual groups of staff when required. Staff confirmed they found the level of communication from the registered manager to be very good and clarified what was expected of them.

Patients and their representatives expressed their confidence in raising concerns with the home’s staff/ management.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely.

Observation of the lunch time meal confirmed that patients were given a choice in regards to, food and fluid choices and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately. The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. A choice was also available for those on therapeutic diets. Patients all appeared to enjoy their lunch. Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients spoken with were complimentary regarding the care they received and life in the home. Those patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives on the quality of the service provided. We were informed that patient forum meetings were held at least monthly. The minutes of these meetings were available in the home and confirmed that regular meetings were held at least monthly in 2016 and there was evidence of actions taken to address any issues identified. The registered manager also held an 'open surgery' on Sundays and relatives were encouraged to meet with the registered manager and discuss any concerns they may have regarding the care and services provided. Patients and relatives were also surveyed on an annual basis regarding the quality of nursing and other services provided. A report was prepared and included follow up action to be taken. The annual quality report for 2015 was displayed on the notice board in the main hallway of the home and showed a high level of satisfaction by patients and relatives.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. One patient and six staff completed questionnaires. Some comments are detailed below.

### Staff

- "Risk assessments are in place to identify any potential risks to service users. Regular training updates given and information shared to all staff."
- "Manager will discuss various things with service users at patient forum."
- "Manager very approachable and deals with any concerns promptly. All information from staff meetings/training is available for all staff after training. All opinions/suggestions discussed."
- "I am a cleaner; we do not get a report at the start of our shift."
- "I have worked here for 11 years. It is a good home and I do not have any concerns."
- "This is a very nice place to work. Great atmosphere and good teamwork."

## Patients

One patient completed a questionnaire and indicated that they were very satisfied with regard to the care received. No additional comments were provided on the questionnaire. However, eight patients told us that they were happy and content living in the home and that staff were good and kind to them.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients knew the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was current and displayed. Discussion with the registered manager and observations evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the registered manager and staff, and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, complaints and incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

Discussion with the registered manager and review of records for August, September and October 2016 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised, as discussed in the previous sections.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with David Joseph McAteer, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to the [web portal](#) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

**Statutory requirements - None**

### Recommendations

**Recommendation 1**

**Ref:** Standard 39

**Stated:** First time

**To be completed by:**  
30 November 2016

The registered manager should countersign all completed induction records.

**Reference: Section 4.3**

**Response by registered provider detailing the actions taken:**

All completed induction records will be countersigned by the registered manager for future employees

*\*Please ensure this document is completed in full and returned to the web portal\**



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