

Inspection Report

3 June 2021



Three Islands

Type of Service: Nursing Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Registered Provider: Mr Donal McAteer and Mrs Ann McAteer Registered Persons: Mr Donal McAteer and Mrs Ann McAteer	Registered Manager: Philomena Mcllwaine Date registered: 29/06/2020
Person in charge at the time of inspection: Philomena Mcllwaine	Number of registered places: 40
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 39
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 40 persons. The home is divided in four units, Aron, Boa, Coney and Rathlin which provides care for people with learning disabilities.	

2.0 Inspection summary

An unannounced inspection took place on 3 June 2021 at 09:50 am until 17:50 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff, are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in Three Islands was safe, effective, and compassionate and that the home was well led. Some minor works were required to the home's environment and an area for improvement was made.

The findings of this report will provide the Registered Persons with the necessary information to improve the quality of the service provided.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the Registered Manager was provided with details of the findings.

4.0 What people told us about the service

Thirty one patients and six staff were met with during the inspection. Patients in keeping with their level of understanding confirmed they were happy with their life in the home and relationships with staff. There were eight completed questionnaires received from patients; responses indicated that patients were very satisfied with the care provided. Staff spoke positively about their experiences of working in the home and the support received from the manager.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 13 August 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time	The registered person shall ensure that patients at risk of developing pressure damage have a robust repositioning schedule in place. This should be appropriately care planned for, direct staff as to the frequency of repositioning/skin checks and reviewed as required in keeping with the patient's needs.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records maintained showed individual repositioning schedules were in place and these were maintained on an up to date basis.	
Area for improvement 2 Ref: Regulation 16. (2) (b) Stated: Second time	The registered person shall ensure patient care plans are kept under review. This area for improvement is made in reference to management of falls.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records showed care plans and risk assessments were reviewed and updated as necessary to help improve falls management.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: First time	The registered person shall ensure the staff rota reflects staff working over a 24 hour period and the capacity in which they were working.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of the duty rota showed it accurately reflected staff working over the 24 hour period and the capacity in which they worked.	

Area for improvement 2 Ref: Standard 4.4 Stated: First time	The registered person shall ensure the care plans for the two identified individuals are reviewed and updated to ensure they accurately reflect their needs.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of the two identified care records showed they had been reviewed and updated to accurately reflect the patient's needs.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. There was a robust system in place to ensure staff were recruited correctly to protect patients as far as possible. All staff were provided with a comprehensive induction programme to prepare them for working with the patients, this also included agency or temporary staff.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics and regular staff supervision sessions were held.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the patients.

The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, some patients were supported to go for a walk outside of the home whilst others participated in events inside.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said they liked living in the home and staff were always available.

There were safe systems in place to ensure staff were recruited and trained properly; and that patients' needs were met by the number and skill of the staff on duty.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager outlined the safeguarding champion arrangements for the home

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on a regular basis. Staff told us they would be confident about reporting concerns about patients' safety and poor practice.

It was noted that patients and their relatives were provided with information on how to raise a concern or complaint about care or any service they received in the home. This information was displayed in a central part of the home. There were no new complaints recorded since the previous inspection.

Staff were observed to be prompt in recognising patients' needs and responding to their requests. Staff were aware of the importance of communicating clearly and simply with patients; they were respectful, and sensitive to patient's needs. For example staff were observed engaging in conversations with patients about subjects that interested them such as their favourite football team or places they like to go.

There were systems in place to ensure patients felt safe in the home.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

A sample of bedrooms, storage spaces, dining rooms, and communal areas such as lounges and bathrooms were reviewed. There was evidence that the environment was warm, clean and tidy. A review of records showed that safety checks and environmental audits were in place and regularly monitored.

Patients' bedrooms were personalised with items important to them. It was noted that the paintwork in general areas including corridors, skirting's and door frames was chipped and scratched in areas. This issue was discussed with the manager, as was the need to improve upon the carpet in an identified bedroom which was badly stained, and to ensure washable covers were maintained on pull cords in identified bathrooms and toilet areas. An area for improvement was identified.

Fire safety measures were in place and were well managed to ensure patients, staff and visitors to the home were safe. Fire exits were observed to be kept clear. Staff had completed training in fire safety. The most recent fire safety risk assessment was completed in May 2021 there were no recommendations made.

There were systems in place to ensure the home environment was maintained safely, one area for improvement was identified in relation to general environmental improvements.

5.2.4 How does this service manage the risk of infection?

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as face masks.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. Visiting arrangements were managed in line with DoH and IPC guidance.

There were effective systems in place to reduce the risk of outbreaks of infection in the home.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Patients who required this care had this clearly record in their care records, these records were maintained on an up to date basis.

Examination of records and discussion with the Manager and staff confirmed that the risk of falling and falls were well managed. For example, when a patient has had a fall it is good practice to review and update the patients risk assessment and care plan to assess if anything more could be done regarding the management of falls. Review was evidenced in the care records reviewed.

There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

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 could include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Staff were made aware of patients' nutritional needs and information regarding patients individual dietary needs was maintained in each servery kitchen.

There was choice of meals offered to patients, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

There were systems in place to ensure patients received the right care at the right time.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

Patients' needs were assessed 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. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

Each patient should have an annual review of their care, arranged by their care manager or Trust representative. A record of the meetings, including any actions required, was provided to the home.

There were effective systems in place to ensure care records reflected the needs of patients.

5.2.7 How does the service support patients to have meaning and purpose to their day?

Discussion with patients, in keeping with their level of understanding, confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Some patients confirmed they liked to go for a walk out around the grounds of the home, while others were observed engaging in arts and crafts activities.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting arrangements were in place which included a scheduled booking system which the manager confirmed had positive benefits to the physical and mental wellbeing of patients. The manager advised staff in the home were following DOH guidelines in relation to planned visiting.

There were systems in place to ensure patients had choices and purpose to their day with activities and outings arranged.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. There has been no change in the management of the home since the last inspection.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The Manager completed regular audits some of which included IPC measures, hand hygiene, patients weights, care plans, complaints information and wound care.

There was a system in place to manage complaints. Although there had been no new complaints since the previous inspection the manager confirmed any complaints received would be seen as an opportunity for the team to learn and improve.

Staff commented positively about the manager and described her as being supportive, approachable and always available for guidance. Staff said "Philomena is excellent, very approachable" and is "very focused on holistic care".

A record of compliments received about the home was kept and shared with the staff team, this is good practice. This included a large number of cards and messages with words of thanks and appreciation.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

There were effective management systems in place to ensure the quality of care and services provided were maintained and to help drive improvement.

6.0 Conclusion

Patients were found to be comfortable and relaxed in the home. There were systems in place to ensure staff induction and training was maintained on an up to date basis. Staff were satisfied that there were appropriate numbers on duty to meet the needs of the patients. The environment was warm, clean and tidy. Staff spoke positively about working in the home. There were systems in place to reduce the risk of outbreaks of infection and to ensure the regular review and audit of care provision with in the home.

As a result of this inspection one area for improvement was identified, this related to general environmental improvements in respect of paint work, the carpet in an identified bedroom and ensuring washable covers are in place on pull cords in the identified bathrooms and toilet areas. Details can be found in the Quality Improvement Plan included.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	0	1

The Area for improvement and details of the Quality Improvement Plan were discussed with Philomena Mc Ilwaine, 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 Care Standards for Nursing Homes (April 2015)

Area for improvement 1

Ref: Standard 44

Stated: First time

To be completed by:
3 September 2021

The registered person shall ensure the following environmental improvements are made:

- General area paintwork should be improved upon including for example corridors, skirting's and door frames throughout the home.
- Carpet in the identified bedroom should be improved upon or replaced.
- Washable covers should be added to pull cords in the identified bathrooms and toilet areas.

Ref: 5.2.3

Response by registered person detailing the actions taken

. The paintwork on the skirting and architraves is done on a regular basis, and was done during Lockdown. It is an ongoing work in progress as it is being constantly touched up because of the type of patients we cater for who can mobilise themselves. Wheelchairs, hoists and trolleys cause most of the damage, and while we have protective coverings on most of the doorframes, these scrapes still materialise. We have an active maintenance man who is constantly touching up these areas; but has highlighted that after touching up a particular area, the next day his work can be undone. We will continue to maintain the effort to keep these areas presentable.

' The carpet in the identified bedroom has been dealt with. It is washed with a Rotawash machine weekly, or when required, as the patient who sleeps in that room regurgitates on a regular basis.

.Washable covers have been added to all pull cords in the identified bathrooms and toilet areas.

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



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