

Inspection Report

5 and 6 December 2023



Three Islands

Type of Service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Three Islands 2020 Limited Responsible Individual: Ms Patricia Casement	Registered Manager: Mrs Philomena McIlwaine Date registered: 29 June 2020
Person in charge at the time of inspection: Mrs Philomena McIlwaine	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: 38
Brief description of the accommodation/how the service operates: Three Islands is a nursing home registered to provide care for up to 40 patients with a learning disability. The home is single storey with bedrooms situated across four units; Aran, Rathlin, Boa and Coney. Patients have access to communal lounges, a dining room and outdoor gardens.	

2.0 Inspection summary

An unannounced care and medicines management inspection took place on 5 and 6 December 2023. This was completed by a care inspector (5 December 2023, 9.10am to 6.50pm) and a pharmacist inspector (6 December 2023, 10.05am to 3.30pm).

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

Patients 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.

Areas for improvement were identified as discussed throughout this report and quality improvement plan (QIP) in Section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

RQIA would like to thank the staff for their assistance throughout the inspection.

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, visiting 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.

The medicines management part of the inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Discussions were held with staff and management about how they plan, deliver and monitor the management of medicines in the home.

Questionnaires 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.

The findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly.

Staff said that the manager was very approachable, teamwork was good and that they felt well supported in their role.

Comments received during the inspection were shared with the management team.

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well. Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

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 10 February 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (a) (b) Schedule 2 Stated: First time	The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation.	Partially met
	Action taken as confirmed during the inspection: A review of records evidenced this area for improvement was partially met and is stated for a second time. This is discussed further in section 5.2.1	
Area for improvement 2 Ref: Regulation 27 (4) (b) (d) (i) (iii) (iv) (v) (f) Stated: First time	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home. Specific reference to ensuring: <ul style="list-style-type: none"> • that fire doors are not wedged/propped open • regular fire evacuation drills are carried out to ensure that all staff participate in at least one fire evacuation drill yearly • fire doors are reviewed regularly to ensure they remain operational • the glass to the identified fire exit door is replaced. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered persons must ensure that cleaning chemicals are suitably labelled in accordance with COSHH regulations.	Met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was met.	
Area for improvement 4 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the IPC issues identified during inspection are addressed.	Partially met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was partially met and is stated for a second time. This is discussed further in section 5.2.3	
Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: First time	The registered person shall ensure that where a patient requires repositioning, the frequency of repositioning within recording charts is reflective of the care plan.	Met
	Action taken as confirmed during the inspection: This area for improvement was met as stated.	
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location within each unit, showing what is available at each mealtime.	Met
	Action taken as confirmed during the inspection: This area for improvement was met as stated.	

Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that where a patient is at risk of dehydration: <ul style="list-style-type: none"> a recommended daily fluid target is recorded within the patients care plan and fluid intake chart the action to be taken, and at what stage, if the recommended target is not met must be clearly documented within the patients care plan. 	Partially met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was partially met and is stated for a second time this is discussed further in section 5.2.2	
Area for improvement 4 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that daily evaluation records are meaningful and patient centred.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and is stated for a second time, this is discussed further in section 5.2.2	
Area for improvement 5 Ref: Standard 11 Stated: First time	The registered person shall ensure that a programme of activities is displayed in a suitable format and location within each unit.	Met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Review of two employee recruitment records evidenced that not all relevant pre-employment checks had been completed prior to an offer of employment. Details were discussed with the manager and an area for improvement was stated for a second time.

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 including moving and handling, fire safety and adult safeguarding. However, some staff spoken with were not clear in regards to their roles when reporting incidents in relation to adult safeguarding this was discussed with the manager who agreed to address this. This will be further reviewed at the next inspection

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the patients.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Review of staff duty rotas clearly recorded the hours worked by staff and the person in charge in the absence of the manager.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

5.2.2 Care Delivery and Record Keeping

There was a relaxed, pleasant and friendly atmosphere between patients and staff. Patients' were listening to their favourite music or watching television.

Patients who were less able to mobilise require special attention to their skin care. A sample of care records reviewed evidenced the air wave mattress settings were not recorded in the care plans and gaps in the recording of the repositioning care provided was observed. Details were discussed with the management team and an area for improvement was identified.

A review of care plans for patients who required bespoke one to one care required further patient centred detailing as they lacked details on activities the patient would undertake. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. During the inspection a number of patients were seated within the dining rooms whilst others were either seated within the lounge or their bedroom. Discussion with staff and a number of patients evidenced that this was their personal choice. The choice of crockery and the need for enhancement of the overall dining experience to provide a more patient centred experience was discussed with the manager and an area for improvement was identified.

There was a choice of meals offered and patients said they enjoyed the food provided in the home. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. A menu was displayed with the units.

Staff said they were made aware of the dietary needs of patients in accordance with the recommendations by the Speech and Language Therapist (SALT). However, staff were observed to be adding gravy to the modified meal potentially changing the consistency of the meal who agreed to take advice from the speech therapist regarding this. Information received following the inspection confirmed that this had been done.

Review of a sample of care records specific to the management of daily fluid intake evidenced that the recommended total volume of fluids consumed over a 24-hour period had been included within all patients' care plans however, the action to take and at what stage, if the fluid target is not met was not included. This was discussed with the management team and an area for improvement was stated for a second time.

Daily records were kept of how each patient spent their day and the care and support provided by staff. Review of a sample of these records evidenced that the evaluation of care recorded was not sufficiently patient centred. Details were discussed with the management team and an area for improvement was stated for a second time.

5.2.3 Management of the Environment and Infection Prevention and Control

Observations of patients' bedrooms were found to be personalised with items of memorabilia and special interests. Outdoor spaces and gardens were maintained with areas for patients to sit. It was positive to see that the redecoration of patients' bedrooms had commenced.

Observation of the environment highlighted some areas in which thickening agents and cleaning chemicals were accessible to patients; the potential risks were discussed with the manager and an area for improvement was identified.

Observation of staff practices evidenced that they were not consistently adhering to infection prevention and control (IPC) measures; equipment not effectively cleaned such as the underside of hand gel dispensers, shower trolleys and wheelchairs. Areas of the home requiring further cleaning such as the kitchens on the units including drawers, cupboards and the fridges. Details of these and any other IPC issues identified during the inspection were discussed with the management team who acknowledged that these findings were not in keeping with IPC best practice and an area for improvement was stated for a second time.

A further area for improvement was identified in relation to the monitoring of the infection control processes.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. One patient said; "Everyone is very nice" and "I like it here."

During the inspection a number of patients were observed enjoying some musical entertainment and joining in singing festive songs. Other patients were observed engaged in their own activities such as; watching TV, resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Positive interactions were observed between staff and patients who appeared to enjoy each other's company. The activity planner was on display within the units in the home.

Patients commented positively about the food provided within the home with comments such as; "The food is good", "The food is very nice" and "The food is excellent here."

5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The manager said they felt well supported by senior management and the organisation.

A review of the records of accidents and incidents which had occurred in the home evidenced that these were notified, if required, to patients' next of kin, their care manager and to RQIA. Each service is required to have an adult safeguarding champion for the home. Philomena McIlwaine is the designated adult safeguarding champion for the home.

There was evidence that the manager had a system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action and a time frame for completion.

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. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

5.2.6 Medicines Management

Medicine Records

Patients in nursing homes should be registered with a general medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate. Nurses were reminded that these records should be cancelled and promptly archived when no longer in use to prevent their use in error.

Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct nurses when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If nurses record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Nurses knew how to recognise a change in a patient's behaviour and were aware of the factors that this change may be associated with. Records included the reason for and outcome of each administration.

The management of pain was discussed. Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient's blood sugar was too low or too high.

Care plans and epilepsy management plans were in place where patients required emergency medication for the management of seizures.

Medicine Storage

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be locked to prevent any unauthorised access when not in use. They were tidy and organised so that medicines belonging to each patient could be easily located. The temperature of the medicines storage areas was monitored and recorded. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines.

Medicine Administration

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. The records were found to have been fully and accurately completed. The records were filed once completed.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plans. Consent was recorded and care plans were in place when this practice occurred.

Management and staff audited medicines administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on medicines so that they could be easily audited which is good practice.

Controlled Drugs

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Transfer of Medicines

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

Medicines Governance and Audit

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and nurses were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were reviewed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed. A couple of minor discrepancies were highlighted for monitoring and the appropriate method of measuring doses for various liquid medicines to ensure accuracy was discussed.

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Competency was assessed following induction and then annually. Policies and procedure documents were in place.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes, December 2022

	Regulations	Standards
Total number of Areas for Improvement	4*	5*

* the total number of areas for improvement includes two under the regulations and two under the standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Philomena McIlwaine, 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 21 (1) (a) (b) Schedule 2 Stated: Second time To be completed by: 1 February 2024	<p>The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation.</p> <p>Ref: 5.1 and 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The company have now employed a Recruitment & Compliance officer, to manage all staff recruitment. A new checklist has been created to ensure all pre-employment checks are fully completed, to erradicate the risk of any misses. This will ensure all recruitment compliance follows all legislation.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: Second time To be completed by: 30 January 2024	<p>The registered person shall ensure that the IPC issues identified during inspection are addressed.</p> <p>Ref: 5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>New housekeeping shedules have been designed to ensure attention to detail. A new infection, prevention control audit is in place and completed twice weekly by the head housekeeper, who brings all concerns found to the home manager to action. Good attention to detail of cleaning equipment. All employees reminded of their IPC responsibilities.</p>
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: 1 February 2024	<p>The registered person shall ensure the monitoring and governance arrangements in relation to infection prevention and control (IPC) practices are effective in identifying shortfalls in practice. This is stated in relation but not limited to the environmental cleaning and the kitchens.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Deep cleaning of all four food service areas has been completed. The new housekeeping schedules designed, ensure weekly deep cleaning of same. The twice weekly audit by the head domestic will now pick up discrepancies and concerns and ensure attention to detail in all environmental cleaning.</p>

	New storage equipment in place for , tea,coffee and sugar. New Coloured jugs in place for juices. Food service area is now fully locked at all times, snib locked removed, doors can only be opened by a key. Doors going into the units have their hold open latch removed. All wheelchairs are cleaned nightly, names on wheelchairs and placed in their bedrooms. Shower trolley included in deep cleaning schedule, and shower pillow replaced, due to wear and tear.
Area for improvement 4 Ref: Regulation 14 (2) (c) Stated: First time To be completed by: 1 February 2024	<p>The registered person shall ensure that all parts of the home that patients have access to are free from hazards to their safety. This is stated in reference to:</p> <ul style="list-style-type: none"> • Access to hazards in the unit kitchens • Access to thickening agents <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The four food service areas, are locked at all times. These can now only be opened by key as the snib lock has been removed. This ensure contents in the kitchenettes are inaccessible to residents, without staff supervision.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 1 March 2024	<p>The registered person shall ensure that where a patient is at risk of dehydration:</p> <ul style="list-style-type: none"> • a recommended daily fluid target is recorded within the patients care plan and fluid intake chart • the action to be taken, and at what stage, if the recommended target is not met must be clearly documented within the patients care plan. <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: A meeting was held with all nurses, to discuss their records around residents fluid intake. All patients have an optimal fluid intake care plan in place, these care plans include recommended daily fluid targets for each individual resident and actions to be taken should their daily target not be met.</p>
Area for improvement 2 Ref: Standard 4.9 Stated: Second time	<p>The registered person shall ensure that daily evaluation records are meaningful and patient centred.</p> <p>Ref: 5.1 and 5.2.2</p>

To be completed by: 26 February 2024	Response by registered person detailing the actions taken: All nurses attended a care plan meeting, and supervisions completed to ensure attention to detail when completing daily evaluations. Each nurse is committed to improve the quality of meaningful resident centred daily records. Management will audit regularly, encourage mentorship and accurate feedback to individual nurses on the quality of their written communication.
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 26 February 2024	The registered person shall ensure for those patients who require assistance to change position: <ul style="list-style-type: none"> • care plans are reflective of the type of equipment in use and settings are recorded. • repositioning care provided is contemporaneously recorded Ref: 5.2.2
	Response by registered person detailing the actions taken: The residents individual equipment care plans have been updated to include each piece of equipment that the resident requires. Including appropriate settings that any pressure relieving equipment should be set at for that specific resident. Each healthcare staff member reminded to record repositioning and pressure relief care provided contemporaneously and informed to record if activity refused/ omitted and rationale for same.
Area for improvement 4 Ref: Standard 4 Stated: First time To be completed by: 26 February 2024	The registered person shall ensure for those patients who require bespoke one to one supervision detailed patient centred care plans are in place. Ref: 5.2.2
	Response by registered person detailing the actions taken: Precise resident centred care plans for each bespoke one to one is now available for the staff member supervising that resident. Hard copy on file kept in the residents room and also uploaded onto epiccare digital system for all staff to view and follow.
Area for improvement 5 Ref: Standard 12 Stated: First time	The registered person shall ensure that the dining provision is managed in such a manner as to promote a compassionate and person centred dining experience for patients at all times. Ref: 5.2.2

To be completed by: 26 February 2024	Response by registered person detailing the actions taken: The four dining rooms have been painted in bright cheerful colours. New table clothes are in place that co-ordinate with dining room colours, making the residents dining experience, inviting and enjoyable. All chefs attended training with the NHSCT speech and language team, on modified diets and presentation of same. New plates (non-plastic) are in place for residents on modified diets. New colourful clothing protectors have been purchased for each individual resident. New A4 colourful picture menus are available for staff to communicate meal options with the residents. Objective achieved to enhance dining experience with full team and resident input.
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