



Unannounced Enforcement Care Inspection Report 6 February 2019



Three Islands

Type of Service: Nursing Home (NH)
Address: 62-66 Main Street, Toomebridge, BT41 3NJ
Tel No: 0287965 0650
Inspector: Michael Lavelle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care up to 40 persons.

3.0 Service details

Organisation/Registered Providers: Mr Donal McAteer Mrs Ann McAteer	Registered Manager: David Joseph McAteer
Person in charge at the time of inspection: David Joseph McAteer	Date manager registered: 7 May 2009
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 40 With associated physical disabilities.

4.0 Inspection summary

An unannounced inspection took place on 6 February 2019 from 10.30 hours to 14.00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection sought to assess the level of compliance achieved in relation to two Failure to Comply (FTC) Notices. The areas identified for improvement and compliance with the regulation were in relation to care records and infection prevention and control. The date of compliance with the notices was 6 February 2019.

The following FTC Notices were issued by RQIA:

FTC ref: FTC000019 issued on 11 December 2018

FTC ref: FTC000020 issued on 11 December 2018

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

The findings of this report will provide Three Islands with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- the failure to comply notices.

The following records were examined during the inspection:

- four patient care records
- environmental cleaning records
- infection prevention and control (IPC) training records
- IPC, environmental and care records audits.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 November 2018

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

6.2 Review of areas for improvement from the last care inspection dated 28 November 2018

This inspection focused solely on the actions contained within the Failure to Comply Notices issued on 11 December 2019. The areas for improvement from the last care inspection on 28 November 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

6.3 Inspection findings

FTC Ref: FTC000019

Notice of failure to comply with regulation 16 (1) and (2)(b) of The Nursing Homes Regulations (Northern Ireland) 2005

16. —

(1) The registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.

*(2) The registered person shall ensure that –
(b) the patient's plan is kept under review.*

In relation to this notice the following five actions were required to comply with this regulation.

- the registered person must ensure that staff are provided with training relevant to their role and responsibilities in relation to the completion and management of patient care records
- the registered person must ensure all patients have up to date and individualised care plans in place to direct staff in the delivery of care
- the registered person must ensure that patient care records reflect the specific recommendations of the multi professional team
- the registered person must ensure that care records are reviewed and evaluated regularly in accordance with regulations
- the registered person must ensure sufficiently robust audit and governance systems are in place to quality assure patient care records.

Evidence was available to validate compliance with this Failure to Comply Notice, as detailed below.

Review of four patient care records evidenced they had all been recently rewritten. They all contained a robust nursing assessment and a selection of individualised care plans specific to the needs of each patient. Each care record reflected the recommendations from the multidisciplinary team including Social Workers, Opticians, Epilepsy Nurse Specialist, Dieticians and Speech and Language Therapists. There was evidence that the care records and associated risk assessments had been evaluated since they were rewritten. Review of care plan audits evidenced a robust system was in place. Audits identified deficits and generated an associated action plan. These in turn were discussed and actioned by named nurses with oversight from the registered manager. The registered manager confirmed a new auditing system has been introduced and the home is availing of professional support from a healthcare consultant. Review of training records and discussion with the registered manager confirmed care plan development training was delivered to senior management within Three Islands by Northern Health and Social Care Trust (NHSCT) staff and the learning has been disseminated among the registered nurses. Further training is being sought by the registered manager via the NHSCT In Reach project and the Clinical Education Centre.

FTC Ref: FTC000020**Notice of failure to comply with regulation 13 (7) of The Nursing Homes Regulations (Northern Ireland) 2005****13. —**

(7) The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.

In relation to this notice the following seven actions were required to comply with this regulation.

- the registered person must ensure that infection prevention and control training is fully embedded into practice with all staff
- the registered person must ensure personal protective equipment (PPE) is readily available and utilised in line with best practice guidance
- the registered person must ensure an urgent review of the hygiene of the environment and patient equipment is undertaken and actioned as appropriate
- the registered person must ensure the standard of environmental cleaning throughout the home and decontamination of patient equipment is improved
- the registered person must ensure staff adhere to best practice guidance in the management of linen, waste and colour coding of cleaning equipment
- the registered person must ensure equipment provided for use by patient's is in good working order, properly maintained and suitable for the purpose for which it is to be used
- the registered person must ensure sufficiently robust audit and governance systems are in place to quality assure the management of infection prevention and control practice.

Evidence was available to validate compliance with this Failure to Comply Notice, as detailed below.

Observation of practice across all grades of staff evidenced infection prevention and control (IPC) practices were fully embedded into practice with staff demonstrating very good knowledge. Review of records confirmed recent delivery of IPC and control of substances hazardous to health (COSHH) training with additional training planned. PPE was readily available throughout the home and new PPE dispensing units were observed to be in each unit in the home. Discussion with the registered manager and review of the environment evidenced a deep clean had taken place since the last care inspection and broken/damaged equipment had been discarded and replaced. The home was clean, uncluttered and fresh smelling and cleaning/decontamination records were well maintained. Improvements were observed in the laundry in relation to management of linen and discussion with domestic staff evidenced good knowledge in relation to colour coding of waste and cleaning equipment. Staff confirmed new colour coded equipment had been purchased since the previous care inspection. Equipment provided for patient use was in good working order and discussion with the registered manager and review of records evidenced a robust system was in place to audit the environment and IPC practice. IPC audits identified deficits and there was very good oversight from the registered manager who shared the outcome of the audits with staff during weekly reviews. A new template for IPC audits has been developed and is being implemented with support from a healthcare consultant.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.4 Conclusion

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

7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection. The attached QIP contains the areas for improvement carried forward from the last care inspection on 28 November 2018. This inspection focused solely on the actions contained within the Failure to Comply Notices issued on 11 December 2019.

The registered provider has confirmed that actions have been completed to address the areas for improvement identified during the last care inspection and has returned the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 (1) (d) Stated: First time To be completed by: 31 December 2018	The registered person shall give notice to RQIA without delay of the occurrence of all head injuries and injuries to patients that require medical intervention. All relevant notifications identified in this report should be submitted retrospectively.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Regulation 10 (1) Stated: First time To be completed by: 31 December 2018	The registered persons must ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Action required to ensure compliance with The Care Standards for Nursing Homes 2015	
Area for improvement 1 Ref: Standard 12 Stated: Third time To be completed by: 31 January 2019	The registered person shall review the dining experience to ensure that meal times are delivered in accordance with best practice guidance, for example, Nutritional Guidelines and menu checklist, March 2014.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 11 Stated: Second time To be completed by: 31 January 2019	The registered person shall ensure that meaningful activities for all patients are provided and the duties of the activities manager are reviewed.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

<p>Area for improvement 3</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2019</p>	<p>The registered person shall review the general nursing home environment to ensure that patient areas are appropriately personalised and that appropriate signage and information is displayed in a suitable format for the patients accommodated.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
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