Inspection Report

10 February 2023

Three Islands

Type of service: Nursing
Address: 62 Main Street, Toomebridge, BT41 3NJ
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Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Three Islands 2020 Limited **Responsible Individual:** Ms Patricia Mary 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 (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: This home is a registered Nursing Home which provides care for up to 40 patients. This is a single storey home with bedrooms situated on the ground floor over 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 inspection took place on 10 February 2023 from 9.40am to 6.05pm by a care inspector.

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.

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.

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. Patients' comments included: "This is home sweet home", "I would like to stay here", "Getting good care", "I feel safe here" and "I am very happy here". Seven questionnaires were received; six from patients and one from a relative. The respondents were very satisfied with the overall provision of care.

Staff said that the manager was very approachable, teamwork was good and that they felt well supported in their role. One staff member said: "Great continuity of staff" and a further staff member said "I love it here". There was no response from the online staff survey.

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

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 3 June 2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 44 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

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. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Review of the training matrix evidenced that the Mental Capacity Act (Northern Ireland) 2016 deprivation of liberty safeguards (DoLS) training had not been completed by all staff relevant to their role. Details were discussed with the manager who agreed to have this training completed by all staff. Following the inspection written confirmation was received from the manager that relevant action had been taken to address this with ongoing monitoring of training to ensure full compliance.

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). However, not all staff names on the duty rota were included within the NISCC checklist and a record of any staff pending registration with NISCC had not been maintained. This was discussed with the manager who confirmed the registration status of all staff prior to the completion of the inspection. Following the inspection the manager confirmed in writing that relevant action had been taken to address this with ongoing monitoring from management.

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 identified.

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.

The inspector requested a sample of registered nurses competency and capability assessments for taking charge of the home in the absence of the manager and found these to have been completed.

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 clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated patients' favourite music or television programme for those who were on bed rest.

Patients who were less able to mobilise require special attention to their skin care. A sample of care records reviewed evidenced conflicting information regarding the frequency of repositioning and a number of recorded entries exceeded the recommended frequency of repositioning. Details were discussed with the management team and an area for improvement was identified.

After lunch patients attended the daycentre which is adjacent to the main building for an afternoon of activities. Most patients within the units attended for activities with the exception of a small number of patients. The inspector observed these patients to be left without appropriate supervision. This was discussed with the manager who advised that the units are normally always supervised to ensure the safety of patients and agreed to communicate with relevant staff and to monitor going forward.

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.

One staff member was observed to be standing when assisting a patient with their meal. This was discussed with the manager who requested the staff member to sit beside the patient. The manager further agreed to monitor this type of practice during daily walk arounds and to address with relevant staff as necessary.

There was a choice of meals offered and patients said they very much 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 not displayed within any of the four units. This was discussed with the manger and an area for improvement was identified.

Staff said they were made aware of the dietary needs of patients in accordance with the recommendations by the Speech and Language Therapist (SALT). Observation of the meals served to patients evidenced that staff were providing the correct diet as recommended by SALT.

The manager advised that an electronic care record system had recently been introduced to the home and that staff were continuing to enhance their knowledge/skills of the system. Review of three patients' care records evidenced that care plans and risk assessments were reviewed regularly however, moving and handling risk assessments had been incorrectly completed for two patients and information regarding the use of bedrails or skin integrity was not consistently recorded within care plans. Details were discussed with the management team who agreed to have these records reviewed. Following the inspection written confirmation was received from the manager that relevant action had been taken to address this with ongoing monitoring from management to ensure sustained compliance.

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 not been included within all patients care plans or the action to take and at what stage if the fluid target is not met. This was discussed with the management team and an area for improvement was identified.

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 identified.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was neat and tidy and 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.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, a number of fire related issues were observed including three fire doors wedged/propped open; a gap between four identified double fire doors, fire evacuation drills not being maintained by the home management and glass to a fire exit door cracked. Details were discussed with the manager and an area for improvement was identified.

The home's most recent fire safety risk assessment was completed on 30 June 2022. There were no areas for improvement identified within this assessment.

Observation of the environment identified a number of maintenance related issues requiring repair and/or redecoration. The furniture and décor of the home in general was worn/tired and in need of refurbishment. Identified bedroom furniture, bed rail protectors, floor coverings and chairs had surface damage and a relaxation room was also being used to store patient equipment. This was discussed with the manager who advised that refurbishment work was scheduled to commence within the home. Following the inspection the manager and the responsible individual provided written confirmation of the action taken to address these issues with ongoing review dates to address all other issues to ensure that the home is well maintained.

Observation of the environment highlighted some areas in which cleaning items were not suitably labelled in accordance with Control of Substances Hazardous to Health (COSHH) regulations; the potential risks were discussed with the manager and an area for improvement was identified.

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 and that any outbreak of infection was reported to the Public Health Agency (PHA).

Observation of staff practices evidenced that they were not consistently adhering to infection prevention and control (IPC) measures, including a number of staff wearing a wrist watch/jewellery; inappropriate storage of patient equipment and personal protective equipment (PPE) in communal bathrooms; linen trolleys without lids and a number of shower chairs were stained underneath. 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 identified.

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 good here" and "I enjoy the activities here."

During the inspection a number of patients participated in arts and crafts, board puzzles and relaxation therapy in the afternoon with the activity coordinator. 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.

The activity coordinator was very enthusiastic in her role and positive interactions were observed between staff and patients who appeared to enjoy each other's company. The activity planner was on display within the day centre but not within the home and an area for improvement was identified.

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."

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

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.

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.

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 (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	4	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Philomena McIlwaine, Manager and Ms Theresa McIlwaine, Clinical Lead, 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:** First time **To be completed by:** From the date of inspection	The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation. Ref: 5.1
	Response by registered person detailing the actions taken: Three islands nursing home will ensure all pre-employment health checks are sent along with job offers. So, that the pre-employment health checks are completed and returned to three islands nursing home, before the member of staff commences employment.

Area for improvement 2 **Ref:** Regulation 27 (4) (b) (d) (i) (iii) (iv) (v) (f) **Stated:** First time **To be completed by:** From the date of inspection	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: • 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. Ref: 5.2.3
	Response by registered person detailing the actions taken: • Fire doors have been fitted with “Dorguard fire door retainers” to ensure they meet the fire safety requirements. • Weekly fire checks are maintained. A new fire drill file has been commenced outlining and auditing all fire safety measures including unannounced fire evacuation drills. Three have been completed since inspection targeting different staff to ensure all staff have fulfilled a minimum of one fire evacuation drill a year. • Fire doors are reviewed regularly by fire safety - J. Gurney. Last inspected June 2022 - with no issues or concerns noted. J. Gurney sent email confirmation on the 13.2.23 again confirming his satisfaction of fire doors. Fire doors are checked regularly throughout the year by Three Islands. A new file is in place for 2023 ensuring that all record relating to fire safety including measurements of the fire doors when closed and confirming any gap is no more than 4mm(max) as per J. Gurney fire safety. • The cracked glass in day care room 3 door - was previously ordered and replaced on 15.2.23.

Area for improvement 3 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** From the date of inspection	The registered persons must ensure that cleaning chemicals are suitably labelled in accordance with COSHH regulations. Ref: 5.2.3
	Response by registered person detailing the actions taken: Two domestics where on duty on the day of inspection - Both domestics have re-sat and completed their COSHH training on the 13.2.23 - on spot checks since the inspection management have noted all chemicals have been labelled with names and dates appropriately as per COSHH regulations. Three Islands will ensure accurate chemical names and dates are labeled and recorded on each substance used in daily cleaning. Domestic staff have updated their COSHH training on 13.2.23 and underwent SPOT checks to ensure embedding of learning.
Area for improvement 4 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** From the date of inspection	The registered person shall ensure that the IPC issues identified during inspection are addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken: • Wrist watches/jewellery – all staff compliant with 'bare below elbow' and 'hand hygiene and PPE' policies including the 5 moments of hand hygiene in hand washing. Staff Nurses at Three Islands wear fob watches to remain compliant with IPC protocols throughout shift. No jewellery/watches permitted except for a plain wedding band. • Storage of PPE – PPE is stored securely in each unit separately. It is audited and only used by that same unit, removed for specific activities to prohibit spread of infection. • Linen trolleys – all linen trolleys have lids, always in place. • Shower chairs – all shower chairs are intact and in good condition. Three Islands staff are aware and updated to their responsibilities to follow infection control protocols and cleaning shower chairs after each use. Deep cleaning regimes are introduced each night and audits in lace to measure individual staff standards.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 17 February 2023	The registered person shall ensure that where a patient requires repositioning, the frequency of repositioning within recording charts is reflective of the care plan. Ref: 5.2.2 **Response by registered person detailing the actions taken:** Three Islands will ensure each resident's repositioning chart is reflective of the same residents Care Plan. Each Nurse on duty for each shift will audit and sign to confirm that the resident is repositioned accordingly and investigate incongruences to this before shift ends.
Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** From the date of inspection	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. Ref: 5.2.2 **Response by registered person detailing the actions taken:** Each unit in Three Islands has a colourful picture menu board vividly displaying the weekly menu choices. The unit's staff are responsible for updating the board with daily menu choices and engaging with residents to determine their choice, feedback, and appetite.

Area for improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 17 February 2023	The registered person shall ensure that where a patient is at risk of dehydration: • 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. Ref: 5.2.2
	Response by registered person detailing the actions taken: As explained to the inspector and written in the RQIA report - EPICCARE is a new online care plan system in three islands nursing home. Nurses are actively working on transferring all documentation from hardcopy care plans over to the new EpicCare online system. • An optimal fluid intake target and care plan is in place in each residents' EpicCare online record . All resident's optimal fluid intake is monitored by the reporting Nurse of each shift and any subsequent actions taken should the fluid target not be met. • EpicCare was introduced into Three Islands for January 2023. We have increased the number of Touch Care pads on each unit. The provider will have updated the system to record fluids consumed by each resident on Touch Care to feed into EpicCare and calibrate shift/daily fluid intake. All staff received further training update on EpicCare/Touch Care on weekend of 23.2.23.
Area for improvement 4 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** From the date of inspection	The registered person shall ensure that daily evaluation records are meaningful and patient centred. Ref: 5.2.2
	Response by registered person detailing the actions taken: : Nurses have been further trained, provided proforma checklist template and engaged in reflective practice discussions to record qualitative patient-centered daily rotas. Factual details will be evaluated determining a resident's health and well-being.

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. Ref: 5.2.4
To be completed by: From the date of inspection	**Response by registered person detailing the actions taken:** Each of Three Islands four units have a colour picture board displaying weekly/monthly activities encouraging resident planning, participative and personal scheduling.

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

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