The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Three Islands**

Provider: **Three Islands 2020 Limited**

Date of Inspection: **19 December 2024**

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
Service Profile – Three Islands is a nursing home registered to provide care for up to 40 patients with a learning disability over and under the age of 65. 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 inspection took place on 19 December 2024 from 9.20 am to 5.30 pm by two care inspectors and an estates inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and if the service is well led. A variation to the registration of the home to include four new bedrooms was also reviewed as part of this inspection.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. However, improvements were required within the care records, supervision at meal times, auditing process, GDPR and the display of the menus.

Seven areas for improvement identified at the previous inspection were assessed as met with two further areas being stated for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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. Refer to Section 3.2 for more details.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 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: "Staff are very good", "Food is good", "They do good activities here" and, "I'm happy here".

Patients told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

A visitor spoke very positively in regard to the care delivery in the home. They told us that they felt, "The care is very good. The staff do all they can for the patients. My relative is very happy here. We have no concerns".

Staff felt they worked well together and enjoyed engaging with the patients. There was a good working relationship between staff and the home's management team.

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing. The manager confirmed on the day of the inspection that the planned staffing levels in the home had been reviewed in view of the proposed new bedrooms.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Visitors to the home were mostly satisfied with the services provided, all comments made were passed to the manager to review and action as necessary.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially any changes to care, that they needed to assist them in their caring roles. Handover sheets containing the pertinent patient details were updated daily and shared with staff. It was observed however that these hand over sheets were accessible outside the office and other patient information was accessible on entrance to the units. This was discussed with the manager and an area for improvement was identified.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care. A restrictive practice register was monitored and reviewed monthly.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. Records of repositioning evidenced gaps in the recording of the care provided and limited evidence of the checks on the patients' skin was available. Care plans also were not fully reflective of the pressure reliving equipment in use including the settings for same. This was discussed with the manager and an area for improvement was stated for a second time.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed and analysed monthly for patterns and trends to identify if any further falls could be prevented. Staff consulted were aware of the actions to take if they came across a patient who had fallen. A review of accident records confirmed that the appropriate actions had been taken following a fall in the home and the correct persons notified of the accident.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. Patients were safely positioned for their meals however, it was observed, one patient was not provided direct supervision as prescribed in their care plan and in accordance with the guidance from the Speech and Language therapist (SLT). This was identified as an area for improvement. Patients told us the food was good.

The menus on display in the home were not in an appropriate format for the patient group, small typing and difficult to read. This was discussed with the manager and an area for improvement identified.

Patients confirmed that activities took place in the home. An activities planner was available for review. Activities included games, painting, seasonal activities, musical entertainment and other arts and crafts. Patients were observed enjoying a painting activity and examples of their art work and pottery was on display.

Patients spoken with told us they enjoyed living in the home and that staff were friendly. One patient told us, "The staff are nice; I like it here".

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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.

A care plan for a patient who requires bespoke one to one care was not sufficiently detailed to direct the care required. An area for improvement was stated for a second time.

Care records reviewed evidenced that these in some instances lacked sufficient detail such as mobility care plans, epilepsy care plans and skin integrity care plans. These deficits had not been identified through the care plan audit. This was discussed with the manager and an area for improvement in regards to the robust auditing of the care records was identified.

Monthly evaluation of care was not patient centred and appeared to be a repetition of the previous entry. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy and patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The home had been tastefully decorated for Christmas and patients had been involved in decorating. There were several Christmas Trees strategically placed around the home.

Fire safety measures were in place to protect patients, visitors and staff in the home. Actions required from the most recent fire risk assessment had been completed in a timely manner. Staff had been involved in fire drills as part of their training.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. However, it was observed that there was only vinyl gloves available throughout the home not in keeping with infection Prevention and Control(IPC) best practice guidance. This was addressed by the manager.

A variation to the registration of the home for four new bedrooms with en-suites and four additional quiet rooms was also reviewed as part of this inspection. Each bedroom and en-suite was found to be fully furnished and decorated to a high standard. Likewise each quiet room had been suitably furnished, and again decorated to a high standard. A number of minor issues were discussed regarding bedroom door locks, door numbers, call pull cords and the correct labelling of call points at the nurse call panels. The home provided evidence subsequent to the inspection on 20 December 2024 confirming to our satisfaction that these issues had been fully addressed.

All estates documentation relating to the building works undertaken, including the Building Control completion certificate and the commissioning certificates for alterations to the mechanical and electrical services was available at the time of the inspection. The fire risk assessment had also been reviewed by a suitably accredited risk assessor and was noted as being 'tolerable'.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Philomena McIlwaine has been the registered manager in this home since 29 June 2020.

Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance.

Review of a sample of records evidenced that a whilst there was a system for reviewing the quality of care, other services and staff practices was in place such as care record, environmental and IPC audits. However, when deficits were identified, no action plan was developed to address the issues. This was discussed with the manager and an area for improvement was identified.

There was a system in place to manage any complaints received. A compliments log was maintained and any compliments received were shared with staff.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	2	6*

* the total number of areas for improvement includes 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 16 (1) **Stated:** First time **To be completed by:** 19 December 2024	The registered person shall ensure patients are supervised whilst eating and drinking as directed by the SLT guidance and care plan. Ref: 3.3.2 **Response by registered person detailing the actions taken:** All staff members received written communication from management, to remind themselves of each patients SLT care plan and to review the copy in each units kitchenette and always follow this exactly. Staff who where on shift during the inspection who left a patient unsupervised have each completed a supervision and signed that they are in agreement with the manager.
Area for improvement 2 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 1 March 2025	The registered person shall ensure the system in place for the auditing of care records is reviewed to ensure deficits are identified and addressed. Ref: 3.3.3 **Response by registered person detailing the actions taken**: Auditing system has been addressed and changed, to ensure an action plan is completed highlighting clearly all deficits that are identified, with a timeframe scheduled for actions to be addressed and who is responsible to complete the actions, and then this signed off as complete by the manager, so that all deficits are addressed and nothing is missed. Ensuring to "close the loop" in our current auditing system.
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 2025	The registered person shall ensure for those patients who require assistance to change position: • care plans are reflective of the type of equipment in use and settings are recorded. • repositioning care provided is contemporaneously recorded Ref: 3.3.2

	Response by registered person detailing the actions taken: Meeting held with all nurses regarding their care plans, documentation and recording. Support provided, care plan training sourced with an outside trainer, completed with all nurses on the 3/2/25 and the 10/2/25 to ensure they have a clear understanding on completing, detailed careplans that are fully explanatory of the person centred care each individual patient requires for all activities of daily living. All staff received via writing a reminder to ensure when they complete any repositioning of a patient that they record it accurately, in a timely manner and ensure it reflects the timeframes as per care plan and as per patient choise.
Area for improvement 2 **Ref:** Standard 4 **Stated:** Second time **To be completed by:** 1 February 2025	The registered person shall ensure for those patients who require bespoke one to one supervision detailed patient centred care plans are in place. Ref: 3.3.3
	Response by registered person detailing the actions taken: Meeting held with all nurses regarding their care plans, documentation and recording. Support provided, care plan training sourced with an outside trainer, completed with all nurses on the 3/2/25 and the 10/2/25 to ensure they have a clear understanding on completing, detailed careplans that are fully explanatory of the person centred care each individual patient. All named nurses for patients with bespoke one to one supervision have updated their care plans to ensure they reflect exact detail of care that each patient requires daily/nightly.
Area for improvement 3 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 19 December 2024	The registered person shall ensure that any record retained in the home which details patient information is stored securely in accordance with the General Data Protection Regulation (GDPR) and best practice guidance and that records are not accessible to visitors to the home. Ref:3.3.1
	Response by registered person detailing the actions taken: The care review sheet, which included patient name and date of annual care review has been removed from noticeboard outside clinical lead office, and into the locked treatment room. Patient Handover Sheets, enclosed in a box with lid has been moved from the table outside the clinical lead officer to the locked treatment room. Patient "bath schedule book" has been moved from each unit entrance to the locked nurses station.

Area for improvement 4 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 19 December 2024	The registered manager must ensure menus are displayed in an appropriate format. Ref: 3.3.2
	Response by registered person detailing the actions taken: New Menu Boards in place, extra large, bright colourful picture menus in place, with bold print writing also explaining the options available. Positioned at eyelevel for patients on wheelchairs/ seated in the dining room to easily view and read the menu.
Area for improvement 5 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 19 December 2024	The registered person shall ensure the monthly evaluations of care are detailed and patient centred. Ref 3.3.3
	Response by registered person detailing the actions taken: Training has been sourced and provided for all nurses on the 3/2/25 and the 10/2/25 to remind them on the importance of their documentation. Ensuring all documentation is person centred to each patient, commenting on all activities of daily living and ensuring a comprenshive evaluation of each individuals needs and care provided is maintained ensuring their documentation is relateable to each patients specific care plan that they evaluate.
Area for improvement 6 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 1 March 2025	The registered person shall ensure a time bound action plan is developed to address any deficits found throughout the auditing processes. This is stated in reference but not limited to the IPC and environmental audits. Ref:3.3.5
	Response by registered person detailing the actions taken: Auditing system has been addressed and changed, to ensure an action plan is completed highlighting clearly all deficits that are identified, with a timeframe scheduled for actions to be addressed and who is responsible to complete the actions, and then this signed off as complete by the manager, so that all deficits are addressed and nothing is missed. Ensuring to "close the loop" in our current auditing system.

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