



The Regulation and
Quality Improvement
Authority

Three Islands
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**Unannounced Care Inspection
of
Three Islands**

03 November 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 03 November 2015 from 11.00 to 16.30 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

The care in the home was found to be safe, effective and compassionate. The inspection outcomes found no areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 26 September 2014.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Mr David Joseph McAteer registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr D McAteer and Mrs A McAteer	Registered Manager: Mr David Joseph McAteer
Person in Charge of the Home at the Time of Inspection: Mr David Joseph McAteer	Date Manager Registered: 07 May 2009
Categories of Care: NH-LD, NH-LD(E)	Number of Registered Places: 40
Number of Patients Accommodated on Day of Inspection: 39 patients	Weekly Tariff at Time of Inspection: £775.83 - £1840.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- previous care inspection report.

During the inspection, the inspector met with 20 patients, one patient's representative, two nursing and six care staff.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- three patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- policies for communication, death and dying, and palliative and end of life care
- complaints and compliments records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Three Islands was an announced estates inspection dated 07 October 2015. The completed QIP had not been returned at the time of this inspection.

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16 (2) (b) Stated: First time	The registered person shall ensure that the patients risk assessments and care plans are kept under review. Action taken as confirmed during the inspection: Discussion with the registered manager and review of three patients care records evidenced that this requirement had been met.	Met

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 11.7 Stated: First time	It is recommended that the management of wounds is included in the competency assessments for registered nurses.	Met
	Action taken as confirmed during the inspection: Review of a sample of registered nurse competency assessments evidenced that the management of wounds had been included.	

5.1 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively. The policy needs to be reviewed to reflect the regional guidelines on Breaking Bad News. A recommendation has been made.

A sampling of training records evidenced that staff had not completed formal training in relation to communicating effectively with patients and their families/representatives. Training on palliative and end of life care included guidance for breaking bad news as relevant to staff roles and responsibilities. Nursing staff consulted were able to demonstrate their skills and knowledge regarding this aspect of care.

Is Care Effective? (Quality of Management)

There were no patients on the day of inspection in need of palliative or end of life care. Recording within records included reference to the patient's specific communication needs and actions required to deal with barriers such as, language, cognitive ability or sensory impairment.

There was evidence within the records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Two registered nurses consulted, demonstrated their ability to communicate sensitively with patients and/or their representatives when breaking bad news. All staff demonstrated a good awareness, relevant to their role, of the need for sensitivity when communicating with patients and or their representatives.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and staff interactions with patients, it was evident that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and taking the time to offer reassurance to patients as required.

Discussion with twenty patients individually evidenced that patients were happy living in the home. Some patients were unable to verbally express their views due to the frailty of their condition. These patients appeared comfortable and relaxed in their surroundings. No concerns were expressed by any of the patients.

Areas for Improvement

The policy on communicating effectively should be reviewed to reflect regional guidelines.

Number of Requirements:	0	Number of Recommendations:	1
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5.2 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents did not reference best practice guidance such as the Gain Palliative Care Guidelines, November 2013, and included guidance on the management of the deceased person's belongings and personal effects. The registered manager agreed to review the policy to include the relevant reference details.

The registered manager and registered nursing staff on duty during the inspection were aware of the Gain Palliative Care Guidelines November 2013; a copy of which was available in the home.

Training records evidenced that the registered manager and three registered nurses had completed end of life and palliative care training with N. I. Hospice in 2013. A further three days training on palliative and end of life care was completed by the registered manager in 2015. It is recommended that further training in this area is provided for registered nurses and care assistants relevant to their roles and responsibilities.

Discussion with eight staff and a review of three care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the registered manager, eight staff and a review of three care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

While a written protocol was not in place, nursing staff confirmed that the home had access to syringe drivers and other specialist equipment through the local Trust. They also confirmed that they were given the support of the community nursing team as required.

A palliative care link nurse had been identified for the home.

Is Care Effective? (Quality of Management)

A review of three care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also

considered. Care records evidenced discussion between the patient/their representatives and staff in respect of death and dying arrangements.

A key worker/named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Discussion with the registered manager, eight staff and a review of three care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Facilities had been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support had been provided by the staff team.

A review of notifications to RQIA evidenced that the home had notified RQIA of any death which occurred in the home in accordance with Regulation 30 of the Nursing Homes Regulations (NI) 2005.

Is Care Compassionate? (Quality of Care)

Discussion with two nursing staff and a review of three care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. Two nursing consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. From discussion with registered nursing and care staff and a review of compliments records, there was evidence that arrangements were sufficient to support relatives during this time; and relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the registered manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient.

Areas for Improvement

The registered manager should review the policies and procedures on the management of palliative and end of life care to ensure they reflect current best practice guidance such as the Gain Palliative Care Guidelines, November 2013.

Further training on palliative and end of life care should be provided for all nursing and care staff relevant to their roles and responsibilities

Number of Requirements:	0	Number of Recommendations:	2
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5.3 Additional Areas Examined

Consultation with Patients, Staff and Relatives

Discussion took place with 20 patients individually. Comments from patients regarding the quality of care, food and in general the life in the home were very positive. No concerns were brought to the attention of the inspector by any of the patients consulted. Four patients completed questionnaires. A few comments received are detailed below:

- “I’m happy here”
- “I enjoy playing pool in the day centre”
- “I’m going swimming today”

One relative spoke with the inspector. The relative was very complimentary of the care and services provided to their loved one. Some comments received included:

- “excellent care”
- “staff are all very good and caring”
- “we are always kept informed of xxx care and we are very content with everything in Three Islands”

The inspector met with eight staff who commented positively with regard to staffing and the delivery of care. Seven questionnaires were issued to nursing, care and ancillary staff and seven were returned. Staff indicated that they were satisfied or very satisfied that care was safe, effective and compassionate. No concerns were raised.

Some comments received from staff are detailed below:

- “the friendly approach between staff and residents helps to improve the care provided”
- “friendly, approachable staff and management”
- “good communication with relatives”
- “good training in place”

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr David Joseph McAteer, registered manger, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 19.6 Stated: First time To be Completed by: 21 December 2015	The registered manager should review the policy on communicating effectively to ensure it reflects the regional guidelines on Breaking Bad News Reference: Section 5.1		
	Response by Registered Person(s) Detailing the Actions Taken: The Manager will update the policy to incorporate the Regional Guidance for breaking bad news within the allocated timescale.		
Recommendation 2 Ref: Standard 20.1 Stated: First time To be Completed by: 21 December 2015	The registered manager should review the policies and procedures on the management of palliative and end of life care to ensure they reflect current best practice guidance such as the Gain Palliative Care Guidelines, November 2013. Reference: Section 5.2		
	Response by Registered Person(s) Detailing the Actions Taken: The Manager will update the policies and procedures to include up to date best practice within the agreed timescale.		
Recommendation 3 Ref: Standard 32 Stated: First time To be Completed by: 31 March 2016	The registered manager should provide training on palliative and end of life care for all nursing and care staff relevant to their roles and responsibilities Reference: Section 5.2		
	Response by Registered Person(s) Detailing the Actions Taken: The Manager will hold two training sessions in January and February 16 to provide further training for staff in Palliative Care which will compliment the one to one sessions he had already completed.		
Registered Manager Completing QIP	DJ McAteer	Date Completed	17/12/15
Registered Person Approving QIP	Anne McAteer	Date Approved	17/12/15
RQIA Inspector Assessing Response	Bridget Dougan	Date Approved	18/12/2015

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address