

Unannounced Care Inspection Report 13 August 2020



Three Islands

Type of Service: Nursing Home
Address: 62-66 Main Street, Toomebridge BT41 3NJ
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Inspector: Bronagh Duggan

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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 DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide care for up to 40 persons with learning disabilities.

3.0 Service details

Organisation/Registered Providers: Mr Donal McAteer Mrs Ann McAteer	Registered Manager and date registered: Philomena Mcllwaine 29 June 2020
Person in charge at the time of inspection: David Joseph Mc Ateer upon arrival Philomena Mcllwaine from approximately 11.30 onwards	Number of registered places: 40 With associated physical disabilities
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: 39

4.0 Inspection summary

An unannounced inspection took place on 13 August 2020 from 09.30 to 18.45. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this RQIA decided to undertake an inspection to this home.

It is not the remit of RQIA to investigate complaints/whistleblowing/adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management

The findings of this report will provide the home 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	*2	2

*The total number of areas for improvement include two which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Philomena Mc Ilwaine, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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 following records were examined during the inspection:

- Staff duty rota
- Care records
- Accidents and incidents
- Compliments and complaints
- Monthly monitoring reports
- Sample of governance audits / checks

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Ten questionnaires were returned from patients within the identified timescale. Positive responses were reflected in all the returned questionnaires.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 30 July 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that patients at risk of developing pressure damage have a robust repositioning schedule in place. This should be appropriately care planned for, direct staff as to the frequency of repositioning/skin checks and reviewed as required in keeping with the patient's needs.	Partially Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of a sample of care records showed there had been improvement with regards to assessment, care plans, body charts, and evaluation records in place with regards to supporting patients at risk of pressure damage. However it was noted from review of a sample of repositioning charts that these had not been updated when required. This area for improvement has been stated for a second time on the QIP appended to this report.	
Area for improvement 2 Ref: Regulation 16 (2) (b) Stated: First time	The registered person shall ensure patient care plans are kept under review. This area for improvement is made in reference to management of falls.	Partially met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of care plans showed improvements with regards to the recording of actions and management of falls. However from the sample of records viewed it was noted that	

	care plans and risk assessments were not always updated accordingly. This area for improvement has been stated for a second time in the QIP appended to this report.	
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6.2 Inspection findings

6.2.1 Staffing

We arrived at the home at 10.00 am the deputy manager was in charge of the home; the registered manager arrived at approximately 11.30 am. We discussed staffing levels for the home. Staff duty rotas for the period of 9 August 2020 until 22 August 2020 were reviewed. Records showed shifts were covered and there were stable staffing arrangements in place. We discussed the arrangements for one to one staffing to support identified patients. We noted from review of the duty rota that it did not accurately reflect the staff on duty during the inspection. This issue was discussed with the registered manager, an area for improvement was identified.

Staff spoken with were generally satisfied with the staffing levels in the home. Staff shared on occasion there may be short notice sickness reported; if this was the case staff confirmed every effort would be made to cover same.

We met with staff and discussed their experiences of working in the home. Staff confirmed they were aware of the reporting arrangements in the home and who to speak with if they had any concerns. Staff spoken with confirmed there was good team working within the home. Staff showed they were aware of the individual needs of patients.

Comments received from staff included:

- "It's good, staffing is ok, manager is very supportive."
- "It is a good place, management are good they are approachable."
- "There is good teamwork, management are very supportive of staff. I enjoy my work very much."
- "Staffing is sometimes better than others. Philomena is very supportive. There is good teamwork, we all help each other. The nurses (have) different backgrounds, (we) all bring something different."

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid 19; signage was displayed throughout the home regarding handwashing technique. The manager confirmed all patients and staff had temperatures taken twice daily. PPE supplies and hand sanitization was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which

included regular cleaning of touch points throughout the home to minimise the risk of infection spread.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required; review of training records showed staff including domestic staff had completed training in infection prevention and control.

6.2.3 Environment

During a walk around the home it was found to be warm, clean and tidy. The home is split into four self-contained units which include communal living areas, dining rooms, bathrooms, toilet areas and patients' individual bedrooms. Communal areas including lounges, dining areas and bathrooms were found to be clean and tidy. It was noted two relaxation rooms were storing excess chairs and equipment; this issue was discussed with the registered manager who confirmed the excess equipment would be removed thus freeing up the rooms for patient use if desired.

We found patients bedrooms were personalised and nicely decorated with individual styles reflected and personal mementos displayed. The registered manager advised plans were in place for repainting communal areas within the home; however this work had been delayed due to the Covid 19 situation. The registered manager confirmed the repainting would be completed when deemed safe to do so.

6.2.4 Care delivery

We observed staff practice in the home; interactions with patients were upbeat and friendly. Staff showed good knowledge of patients' individual needs. Patients were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of their personal preferences. Staff were observed supporting patients to participate in different activities including arts and crafts; some patients confirmed they liked listening to music and watching TV, while others were supported to go for a walk outside within the home's private grounds. Some patients required one to one support from staff; this was reflected on the duty rota. Staff confirmed during discussions that they were aware at the beginning of each shift if they were supporting a patient on a one to one basis.

Patients were observed relaxing in their bedrooms, while others rested in the communal sitting rooms or on seating throughout the general areas. Residents appeared comfortable; staff were available throughout the day to meet their needs.

Comments from patients included:

- "I like it here."
- "The staff are all very nice, it's a good place."
- "I love it, don't want to leave."
- "I am ruined here, have everything I want, it's great."
- "Am very happy, the food is great."

6.2.5 Care records

A sample of three care records was reviewed; the registered manager advised all care records were in the process of being updated using a new format. Review of records showed that the

work was progressing. Records included an assessment of needs, risk assessments, care plans and daily evaluation records. Care needs assessments and risk assessments were reviewed and updated on a regular basis or as any changes occurred.

During the previous inspection two areas for improvement were identified in relation to pressure care and repositioning records, and recording of information in relation to falls management. Improvement was observed in both these areas; however, we found some records were not fully completed. Therefore, the areas for improvement have been stated for a second time in the QIP appended to this report. In addition one further area for improvement was identified in relation to care records. It was noted from two of the care records reviewed they did not accurately reflect the patients' needs. This issue was discussed with the registered manager. An area for improvement was identified.

6.2.6 Governance and management arrangements

There was a clear management structure within the home. The registered manager retains oversight of the home and confirmed she felt well supported during recent months by the responsible persons. Staff spoken with confirmed they were kept well informed of changes as they happened.

We reviewed a sample of audits which were completed on a regular basis including IPC, falls, complaints, hand hygiene, environment, medication, and the use of restrictive practices. Where actions were identified, there was evidence to show when they had been addressed. There was a system in place regarding the reporting of notifiable events. Review of the records showed that they were effectively documented and reported to other relevant organisations as necessary.

A review of a sample of training records showed mandatory training was maintained on an up to date basis. There was a system in place regarding the management of complaints. We discussed with the registered manager how the complaints template could be improved to clearly reflect the complaints process and outcome. The registered manager confirmed any complaints received by the home would be investigated and responded to in the identified time period. A complaints analysis was completed on a monthly basis to help identify any patterns or trends.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports for May, June and July 2020 were reviewed. The reports had been completed remotely due to the Covid 19 situation; the information provided an overview of the status of the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, team work, staff training, promoting individual interests of patients, and the completion of regular audits.

Areas for improvement

Two new areas for improvement were identified during the inspection these related to the duty rota, and updating of care records.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Two areas for improvement identified during the previous inspection have were partially met and have been stated for a second time on the QIP appended to this report. Two new areas for improvement were identified in relation to the duty rota and updating of care records.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Philomena Mc Ilwaine, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return 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 13 (1) (a) (b) Stated: Second time To be completed by: 15 August 2020	<p>The registered person shall ensure that patients at risk of developing pressure damage have a robust repositioning schedule in place. This should be appropriately care planned for, direct staff as to the frequency of repositioning/skin checks and reviewed as required in keeping with the patient's needs.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: We have put new repositioning charts in place. These indicate prescribed repositioning timeframes for each client. They also indicate the position on repositioning. These charts will be included in monthly audits to ensure good practice.</p>
Area for improvement 3 Ref: Regulation 16. (2) (b) Stated: Second time To be completed by: 15 August 2020	<p>The registered person shall ensure patient care plans are kept under review.</p> <p>This area for improvement is made in reference to management of falls.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Each patient's care file has the modified Harrogate model of falls risk assessment. The number of falls will be reflected in monthly evaluations and each patient identified at risk has a falls' intervention tool.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: 15 August 2020	<p>The registered person shall ensure the staff rota reflects staff working over a 24 hour period and the capacity in which they were working</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: There is a new off duty in place which reflects the number of staff working over a 24 hour period on the premises, and the capacity in which they are working.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2020</p>	<p>The registered person shall ensure the care plans for the two identified individuals are reviewed and updated to ensure they accurately reflect their needs.</p> <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: Both identified care plans have been reviewed and updated to accurately reflect their assessed needs.</p>

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



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