



Unannounced Care Inspection Report 28 November 2018



Three Islands

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

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

| | |
|--|---|
| Organisation/Registered Provider: Mr Donal McAteer Mrs Anne McAteer | Registered Manager: Mr David Joseph McAteer |
| Person in charge at the time of inspection: Elaine Mackle – registered nurse | 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 |

4.0 Inspection summary

An unannounced inspection took place on 28 November 2018 from 09.05 hours to 20.00 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 assessed progress with any areas for improvement identified during the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing arrangements at the home including staffing levels and staff training and development, communication between staff and with other key stakeholders such as members of the multi-disciplinary team. Further good practice was found in relation to staff's knowledge of patients' wishes, preferences and assessed needs and the care and attention provided to patients as required. The management of complaints and maintaining good working relationships were also found to be satisfactory.

However, whilst staff were knowledgeable in regards to patient's needs, the care records failed to validate that patient care needs were identified, planned for, delivered and reviewed as required.

The general management of infection prevention and control throughout the home was below a satisfactory level and it was of concern that governance arrangements in the home had failed to identify the issues.

A number of areas for improvement are identified in the main body of the report.

As a consequence of this inspection we felt it necessary to make contact with the commissioning Trust to ensure that patient care needs were being appropriately met. Contact was also made with Environmental Health in regards to hygiene management.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 2 | *3 |

*The total number of areas for improvement includes one under the care standards which has been restated for a second time and further one under the care standards which has been restated for a third and final time.

Details of the Quality Improvement Plan (QIP) were discussed with David Joseph McAteer, registered manager and Anne McAteer, responsible person as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

Concerns identified during the inspection on 28 November 2018 identified that patient care records were not sufficiently detailed. Care records failed to provide the sufficient, comprehensive detail to guide and direct staff in the specifics of patient care. This included patients at high risk of weight loss, patients requiring a modified diet due to dysphagia, and patients requiring care intervention for epilepsy. The poor quality and absence of detail in the care records had the potential to pose significant risk to patients. As a result of the findings a failure to comply notice was subsequently issued on 11 December 2018 with regard to a breach of regulation 16 of the Nursing Homes Regulations (Northern Ireland) 2005.

In addition the inspection identified deficits in compliance with Infection Prevention and Control (IPC). Infection prevention and control issues had been stated previously following the inspection of 22 February 2018 and it was of significant concern that we were unable to evidence sustained improvements. Staff training in IPC was inadequate and there was little evidence that it was embedded into practice. Staff use of personal protective equipment (PPE), hand hygiene, and use of colour coded equipment was poor. Multiple areas throughout the home were maintained below a satisfactory hygiene level. The governance arrangements established failed to identify the deficits evidenced during the inspection. The poor management of infection prevention and control and the absence of adequate quality assurance had the potential to pose significant risk to patients. As a result of the findings a failure to comply notice was subsequently issued on 11 December 2018 with regard to a breach of regulation 13(7) of the Nursing Homes Regulations (Northern Ireland) 2005.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 22 February 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 22 February 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

There were no further actions required to be taken following the most recent 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
- written and verbal communication received since the previous care inspection
- the registration status of the home
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with 10 patients and 10 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the nurse in charge with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 19 November 2018 and 26 November 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Standard 35 of the Care Standards for Nursing Homes 2015

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 the most recent inspection dated 22 February 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 22 February 2018

| Areas for improvement from the last care inspection | | |
|--|--|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| <p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> | <p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to the following:</p> <ul style="list-style-type: none"> • review the provision of paper towel and soap dispensers in some bathrooms, showers, and patient's bedrooms. • effective cleaning shower chairs and the undersides of the lids of clinical waste bins and ensuring appropriate bins are in place • appropriate use of PPE when serving the mid-morning drinks and snack • ensuring the surface of plastic crockery is not compromised • ensuring that decanted food items stored in the fridges are labelled and dated • ensuring alcohol gel dispensers are replaced when empty | <p>Not met</p> |

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| | <p>Action taken as confirmed during the inspection: Review of the environment and observation of practice evidenced limited progress in relation to the previously identified deficits. Significant concerns were identified in compliance with infection prevention and control practices and the registered manager was unable to evidence sustained improvement. This formed part of the failure to comply notice issued on 11 December 2018. This is discussed further in 6.4.</p> <p>This area for improvement is not met and forms part of the enforcement action taken as a consequence of this inspection.</p> | |
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| <p>Area for improvement 1 Ref: Standard 19 Stated: Second time</p> | <p>The registered person shall ensure that staff adopt a person centred care approach, and communicate with patients in a manner that was sensitive and understanding of their needs.</p> <p>Action taken as confirmed during the inspection: Observation of care delivery confirmed that staff were knowledgeable regarding the care needs of the patients and delivered a patient centred approach.</p> | Met |
| <p>Area for improvement 2 Ref: Standard 12 Stated: Second time</p> | <p>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.</p> <p>Action taken as confirmed during the inspection: Review of meal times evidenced that this area for improvement has not been met. The detail of which is included in 6.6.</p> <p>This area for improvement is stated for a third and final time. Non-compliance may lead to enhanced enforcement action.</p> | Not met |

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| <p>Area for improvement 3</p> <p>Ref: Standard 8</p> <p>Stated: Second time</p> | <p>The registered person shall review the current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.</p> | <p>Not met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Significant deficits were identified in the governance arrangements for the home. The detail of which is included in 6.7.</p> <p>This area for improvement is not met and is subsumed into a regulation.</p> | | |
| <p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> | <p>The registered person shall ensure the staffing rota clearly identifies the following:</p> <ul style="list-style-type: none"> • the nurse in charge of the home in each shift • the first name and surname of each member of staff • the hours worked by the manager and in what capacity • hours worked by the staff | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Review of the staffing rota evidenced the above had been addressed satisfactorily.</p> | | |
| <p>Area for improvement 5</p> <p>Ref: Standard 14.3</p> <p>Stated: First time</p> | <p>The registered person shall ensure that patients are safely transported by wheelchair.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Observation of practice confirmed patients were transported safely within the home.</p> | | |
| <p>Area for improvement 6</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> | <p>The registered person shall ensure that environmental issues identified during this inspection are actioned. Specifically:</p> <ul style="list-style-type: none"> • the lead of an identified patient call bell should be within the reach of patients • the doors of two identified vanity units should be repaired • declutter the identified lounge and remove the damaged mattress | <p>Met</p> |

| | | |
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| | <p>Action taken as confirmed during the inspection: Observation of the environment evidenced that the above had been addressed.</p> | |
| <p>Area for improvement 7 Ref: Standard 4 Stated: First time</p> | <p>The registered person shall ensure that care records are improved in the following areas. Specifically:</p> <ul style="list-style-type: none"> • the individual needs of patients should be fully reflected • the date when care plans are devised should be clearly recorded • patient's food and fluid intake is contemporaneously recorded to reflect patient's food and fluid intake | Partially met |
| | <p>Action taken as confirmed during the inspection: Review of three patient care records evidenced food and fluid intake was well recorded and that some care plans recorded the date they were devised.</p> <p>However little to no detail regarding individualised/person centred care needs was evident from the care records reviewed. Given the seriousness of this issue this formed part of the failure to comply notice issued on 11 December 2018. The detail is contained within 6.5.</p> <p>This area for improvement has been subsumed into the failure to comply notice issued on 11 December 2018.</p> | |
| <p>Area for improvement 8 Ref: Standard 11 Stated: First time</p> | <p>The registered person shall ensure that meaningful activities for all patients are provided and the duties of the activities manager are reviewed.</p> | Not met |
| | <p>Action taken as confirmed during the inspection: Observation of activities provision in the home evidenced this area for improvement has not been met. This is discussed further in 6.6.</p> <p>This area for improvement is not met and is stated for a second time.</p> | |

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|--|---|----------------|
| Area for improvement 9 Ref: Standard 35.16 Stated: First time | The registered person shall ensure the annual report is completed in sufficient detail to be in accordance with the regulations and care standards. | Met |
| | Action taken as confirmed during the inspection: Review of the annual report evidenced it was in sufficient detail to be in accordance with the regulations and care standards. | |
| Area for improvement 10 Ref: Standard 46 Stated: First time | The registered person shall ensure that IPC and cleaning audits are further developed. | Not met |
| | Action taken as confirmed during the inspection: Review of IPC and cleaning audits evidenced that this area for improvement is not met. This is discussed further in 6.7. This area for improvement has been subsumed into the failure to comply notice issued on 11 December 2018. | |

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from weeks commencing 19 November 2018 and 26 November 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Patients spoken with indicated that they were well looked after by the staff and were happy living in Three Islands. We also sought the opinion of patients and relatives on staffing via questionnaires. None were returned in the timescale for inclusion in this report.

Review of two recruitment files demonstrated that they were generally well maintained. Some employment gaps were noted that had not been explored. This was discussed with the registered manager who agreed to review recruitment practices.

Staff confirmed during discussions that newly appointed staff completed a structured orientation and induction programme, however this was not evident in one file reviewed. This was discussed with the registered manager who agreed to review as part of the recruitment process. A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients, however staff training in relation to IPC was not embedded into practice.

We reviewed accidents/incidents records from April 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were not maintained appropriately for example two head injuries and one injury to a patient that required medical intervention were not reported to RQIA. An area for improvement under the regulations was made.

Review of records confirmed that on a six monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. We suggested that analysis of falls, accidents and incidents should be on a more frequent basis. From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls. The registered manager agreed to enhance his review of accidents as recommended.

Significant concerns were identified in relation to the adherence to best practice in IPC this included:

- stained and damaged patient equipment
- poor hygiene of the general environment
- poor hand hygiene practices
- personal protective equipment (PPE) was not being readily available throughout the home
- deficits in staff knowledge regarding IPC
- absence of robust cleaning schedules
- inadequate quality assurance and governance around IPC

There were concerns regarding staff knowledge in respect of IPC. For example, some staff were unaware of the importance of using a full range of personal protective equipment (PPE) and the potential for transmission of infection. All grades of staff were observed not effectively washing their hands at the appropriate times, particularly after contact with patient's and the patient's environment. Discussion with staff and review of records evidenced that the effect of training on practice and procedures lacked robust oversight. This was discussed with the registered manager and formed part of the failure to comply notice issued on 11 December 2018.

Review of the environment and observation of practice evidenced limited progress in relation to the deficits identified during the care inspection on 22 February 2018. Significant concerns were identified in compliance with IPC practices and the registered manager was unable to evidence appropriate governance processes to drive and sustain improvement. High level feedback was given to the registered manager and responsible person regarding all the deficits identified during the inspection. This formed part of the failure to comply notice issued on 11 December 2018.

A review of the home’s general environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, laundry, activities area and storage areas. The home was found to be warm in most areas and fresh smelling. A number of unsecured wardrobes were observed throughout the home and identified to the registered manager. Some flooring and skirting boards in identified areas of the home were observed to have significant surface damage and should be repaired or replaced to facilitate effective cleaning.

During review of the environment substances that are hazardous to health were observed to be stored in an unlocked sluice that patients could easily access. This was discussed with the registered manager who arranged for the door to be locked immediately. Staff should ensure they are vigilant at all times to potential risks to patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing levels and staff communication skills with patients.

Areas for improvement

An area for improvement under regulation was identified in relation to notification of notifiable events.

Areas for improvement in relation to the poor management of IPC were identified in the failure to comply notice issued.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 0 |

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Staff who we met with stated that that if they had any concerns, they could raise these with nursing staff or the registered manager. Staff spoke positively about working within the home. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues.

Whilst staff demonstrated good knowledge of the care needs of patients', significant concerns were identified in respect of the management of care records. Review of three patient care records provided little to no detail regarding individualised/person centred care needs. There were repeated examples of when no care plan was in place to direct the care required for patients who were at risk of weight loss, prescribed supplements, patients requiring a modified diet due to dysphagia, patients requiring care for epilepsy, patients who exhibit behaviours that challenge and patients requiring sedation. For an identified patient there were noted gaps in wound care assessment. We also identified three occasions where there was a lack of care planning for patients' acutely unwell and requiring antibiotic therapy. In addition we identified gaps of up to three months regarding the consistent evaluation and review of patients care records and/or risk assessments.

The existing quality assurance and governance arrangements for the management of care records was insufficient. The lack of a robust quality assurance process led to a failure in identifying deficits in patient care records and therefore failed to minimise risks for patients. This area for improvement was discussed with the registered manager and responsible person and formed part of the enforcement action required post inspection.

We observed one wardrobe in the home being secured with a shoe lace to prevent patient access. This was identified to the registered manager and should be reviewed in terms of best practice to ensure the needs of the patient are appropriately met.

Review of care records demonstrated that there was inconsistent evidence that recommendations from visiting professionals had been incorporated into individual patient care plans. Care records failed to provide sufficient and comprehensive detail to guide staff in the specifics of patient care. These included patients at high risk of weight loss, patients requiring a modified diet due to dysphagia and patients requiring are interventions for epilepsy. The absence of detail in the care records had the potential to pose risk to patients. This formed part of the failure to comply notice issued on 11 December 2018.

Areas of good practice

It was evidenced that the registered nurses and care staff had knowledge of the patients' individual needs, likes and dislikes. There were also examples of good practice found throughout the inspection in relation to verbal communication between staff and with other key stakeholders such as members of the multi-disciplinary team.

Areas for improvement

Areas for improvement in relation to care records were identified in the failure to comply notice issued.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs. The general environment however was not in keeping with best practice relating to the care of people with a learning disability. Communal and patient bedroom areas were not homely and lacked individual personalisation. There was a lack of appropriate information and signage available throughout the home to promote orientation and independence. There was no information displayed in an appropriate format regarding patient activities and meals. These matters were discussed with the registered manager and responsible person and an area for improvement under the standards was made.

The dining experiences observed during the inspection require improvement. Dining tables were not set for the meal, condiments were not readily available and lighting was poor. Plastic crockery and cutlery was observed to be in use for all patients, some of this plastic equipment was in a poor state of repair and had to be disposed of on the day of inspection. Appropriate crockery should be provided based on risk assessment of individualised patient need. The dining experience was identified as an area for improvement during the previous two care inspections on 30 October 2017 and 22 February 2018 it is of significant concern that improvements have not been made and this matter is stated for a third and final time. A lack of compliance will lead to enhanced enforcement action.

Food served to patients appeared appetising and nutritious and patients appeared to enjoy the meals provided. There was however, a lack of provision of snacks for patients during mid-morning and mid-afternoon. This was discussed with the registered manager who agreed to review the provision of snacks for all patients.

There was a lack of management of activities. Whilst it was positive that a number of patients attended the day centre, those remaining in the home may have lacked activity experience. The provision of activities to all patients requires review. This was discussed with the registered manager and an area for improvement has been stated for a second time.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

In addition to speaking with patients and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, two staff questionnaires have been returned within the specified timescales, with only one respondent partially completing the questionnaire. When asked if they felt care was safe they stated they were unsatisfied. The respondent was very satisfied that care was effective and compassionate and were undecided if care was well led.

Questionnaire comments received after specified timescales will be shared with the registered manager, as necessary.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the staffs knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Areas for improvement

Areas for improvement are identified in relation to the patient dining/mealtime experience, review of the management of activity provision and environmental improvements to enhance the patient experience.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 3 |

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

We examined and discussed the quality assurance processes maintained in the home with the registered manager. For example, audits were completed regarding accidents/incidents, although these were on a six monthly basis. Care records were audited by registered nurses and signed off by the registered manager. Wounds were audited monthly but did not generate an action plan and an IPC checklist was completed monthly as opposed to an audit. Despite the audit processes maintained they were insufficiently robust to ensure that the quality of service provision in the home.

As highlighted in this report concerns were identified in relation to multiple areas of governance including but not limited to:

- patient care records
- infection prevention and control practices

- notification of notifiable events
- the internal environment of the home
- the patient dining experience.

Governance arrangements were discussed with the registered manager and responsible person and were identified as an area for improvement under the care standards during the previous two care inspections on 30 October 2017 and 22 February 2018. None of the auditing systems currently in use identified any of the deficits highlighted during the inspection. The audits did not generate a clear action plan which identified what the deficits were, who was responsible for addressing them and a date by when they would be addressed.

The registered persons must make improvements in relation to the governance arrangements within the home. An area for improvement under regulation was made to ensure robust governance arrangements are developed and adhered to.

Whilst the quality monitoring visits were completed on a monthly basis by the responsible person in accordance with Standard 35 of the DHSSPS Care Standards for Nursing Homes 2015; there was little if any evidence that these were meaningful as they also failed to identify the issues evidenced on inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships with staff.

Areas for improvement

An area for improvement under regulation was identified in relation to the urgent need for significant improvements in governance arrangements in the home.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with David Joseph McAteer, registered manager and Anne McAteer, responsible individual 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

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| <p>Area for improvement 1</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2018</p> | <p>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.</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>All relevant notifications have now been submitted. The manager has commenced monthly audits of the accident book.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2018</p> | <p>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.</p> <p>Ref: 6.2 & 6.7</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The home owners have sourced the services of a Nurse consultant to assist the Manager improve his governance. The Manager has also taken advice from the Trust and Public Health Agency with regards to improving his audits.</p> |

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

| | |
|--|---|
| <p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Third time</p> <p>To be completed by: 31 January 2019</p> | <p>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.</p> <p>Ref 6.2 & 6.6</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>We have reviewed the dining experience in accordance with Nutritional Guidelines. We are developing new visual aids for the patients to help them choose from the menu, we have added new placemats to assist the Staff and updated the Speech and Language guidance in all the kitchens. We have been helping staff develop their interpersonal skills at meal times, and ensuring drinks and meals are given at the same time, taking into considerations those patients who like to take their drink after their meal. We have also added extra snacks at Daycare time, and Staff are encouraging and helping patients wash their hands before meals</p> |

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|---|---|
| <p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be completed by: 31 January 2019</p> | <p>The registered person shall ensure that meaningful activities for all patients are provided and the duties of the activities manager are reviewed.</p> <p>Ref: 6.6</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p> | <p>Response by registered person detailing the actions taken:</p> <p>We have a very varied list of activities for our patients in our own Daycare facility, which the patients avail of, up to ten sessions a week, depending on their ability. For those patients unable to partake in organised activities we offer a range of sensory activities. Our Daycare Supervisor will arrange for a member of staff to bring activities to the patients, if they wish to partake, who remain in the Islands, to promote patient choice.</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> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken:</p> <p>We have added door name signs for all patients, added large signs for kitchen, bathroom and other appropriate areas. For the patients who have no input from family members, we have put up additional pictures in their rooms. With the consent of family members, we have purchased TVs and radios. We have a new information notice board on the walls of each Island which will highlight information relevant to patients in a patient friendly manner including staff on duty, the weather, activities and menu choice. We have additional clocks in each Island showing, time, day and date</p> |

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



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