

Unannounced Care Inspection Report 30 October 2017



Three Islands

Type of Service: Nursing Home (NH)
Address: 62-66 Main Street, Toomebridge, BT41 3NJ
Tel No: 028 7965 0650
Inspector: Liz Colgan

www.rgia.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 Providers: Mr D McAteer Mrs A McAteer	Registered Manager: Mr David Joseph McAteer
Person in charge at the time of inspection: Mr David Joseph McAteer	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 30 October 2017 from 08.55 to 14.15 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 DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during the 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 recruitment and training of staff; adult safeguarding, and care records.

An area requiring improvement under the regulations was identified in relation to the use of a key fob lock to enter and exit one identified unit in the home. Areas for improvement under the standards were identified in regards to environment, person centred care, communication, staff meetings, mealtimes and ensuring effective quality assurance and governance arrangements are in operation.

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	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Mr David McAteer, 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.

4.2 Action/enforcement taken following the most recent inspection dated 24 January 2017

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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report

During the inspection the inspector met with four patients and five staff. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for relatives and eight for patients were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA directly through the web portal.

The following records were examined during the inspection:

- duty rota for all staff from date to date
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training 2016/17 records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 24 January 2017

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 24 January 2017

There were no areas for improvement identified as a result of the last care inspection.

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 8 October 2017 to 4 November 2017 evidenced that the planned staffing levels were adhered to. Discussion with the registered manager and review of records evidenced that dependency levels were kept under review to determine staffing requirements.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Evidence was available that confirmed that staff supervision and appraisals and competency and capability assessments were undertaken. Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

One identified unit was found to be locked and entrance and exit was by a key fob. The decision had been taken recently by the trust and the home for the needs of one patient. Discussion with the registered manager and a review of care records evidenced that RQIA, the other patients or their representatives had not been informed or consulted regarding this change. This was discussed with the registered manager and it was requested that this arrangement was reviewed to ensure that patients within the home were not subject to de-facto detention and an area for improvement under the regulations was made to review the use of this key fob lock to the identified unit. Additionally the registered manager should forward to RQIA a notification regarding the locking of the unit, the rationale behind it and what other steps were taken in order to minimise an identified risk prior to this decision being made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be fresh smelling and clean throughout. Through the home some furniture in some patient's bedrooms was marked and with surfaces damaged. In one identified unit a shower room had a very strong malodour; and identified areas within the home were cluttered. This issue was highlighted to the registered manager and an area for improvement under the standards was stated.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, and infection prevention and control.

Areas for improvement

An area for improvement under regulations was identified in regards to the review the use of a key fob lock in conjunction with guidance from the Department of Health (DoH) on Human Rights and the Deprivation of Liberty (DoLs) and the home's registered categories of care.

An area for improvement under standards was identified in relation the environment.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. Supplementary care charts such as repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Review of four patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records. Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician, and TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Observation of the care practices in one identified unit evidenced that staff did not adopt a person centred care approach, staff observed did not communicate with patients in a manner that was sensitive and understanding of their needs. This issue was highlighted to the registered manager and an area for improvement under the standards was stated.

Discussion with the registered manager and review of the records confirmed that staff meetings were held two to three times a year, instead of quarterly. This issue was highlighted to the registered manager and an area for improvement under the standards was stated.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their registered manager.

Discussion with the registered manager and review of records evidenced that patient meetings are held monthly but only attended by four patients. Minutes were available. A notice was available in reception to inform relatives that they could phone or meet with staff every Sunday.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between staff and other key stakeholders.

Areas for improvement

Areas for improvement under the standards were identified in relation to person centred care, communication and staff meetings

	Regulations	Standards
Total number of areas for improvement	0	2

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.

Some staff interactions with patients were observed to be compassionate, caring and timely. In one identified unit staff did not adopt a person centred care approach, staff observed did not communicate with patients in a manner that was sensitive and understanding of their needs see section 6.5. Some 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. Other patients in the identified unit were agitated at times, and as stated previously a person centred approach was not observed at all times. On the day of the inspection it was understood that patients had been unable to attend their usual day care placement due to a potential outbreak of infection. This was likely to have impacted upon the daily routine for patients and may have led to some observed agitation.

Observation of breakfast and the lunch time meal evidenced that the dining experience for patients should be reviewed to ensure that meal times are delivered in accordance with best practice guidance, for example, Nutritional Guidelines and menu checklist, March 2014. Tables were not set properly with cutlery, crockery, or condiments prior to the meal being served in any of the units. In one identified unit patients were assisted at their wheelchairs and not placed at the tables. In another identified unit only one member of staff was present to serve and assist patients, the serving of the meal was disorganised, with drinks not been served with the meal and one patient asking for but not receiving a drink with their meal. In another identified unit plated meals were observed sitting on a bench in the kitchen. Staff explained that this was daily practice; there was no attempt made to keep the food warm. The observations of positive, individual patient care, discussed in 4.5, were in stark comparison to the management of mealtimes. This issue was highlighted to the registered manager and an area for improvement under the standards was stated.

As part of the inspection process, we issued questionnaires to patients (eight) and patients' representatives (10). A poster was also displayed for staff inviting them to provide feedback to RQIA directly through the web portal.

No patients, or patient's representatives questionnaires were returned and two staff completed the questionnaire through the web portal. One member of staff responded that they were undecided if patients were safe in regards to staffing levels, or if patients were treated with compassion, kindness, dignity and respect or if the service was well led. One member of staff responded that they were satisfied that care was effective. All other questions were not answered by the two members of staff.

Areas of good practice

There were areas of good practice identified in respect of communication between some staff and the patients. A number of patients unable to verbalise their satisfaction were relaxed in the environment.

Areas for improvement

An area for improvement under standards was identified in relation reviewing the patients' mealtime experience throughout the home to ensure that the experience is an enjoyable and a positive experience.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager and observation evidenced that the home was operating within its registered categories of care. The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a yearly basis.

Discussion with the registered manager and review of the home's complaints record evidenced no complaints were received since the last inspection. The registered manager confirmed that complaints are managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

A review of notifications of incidents to RQIA during the previous inspection year confirmed that these were managed appropriately. Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls. The results of the audit had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that Regulation 29 (or monthly quality) monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Evidence gathered during the inspection has identified issues which could affect the delivery of safe, effective and compassionate care. More robust quality assurance and governance is needed to ensure that the areas for improvement identified during this inspection are actioned to ensure improvements are made and sustained. Therefore, an additional area for improvement under the standards has been made to review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints, incidents, and maintaining good working relationships

Areas for improvement

An area for improvement under standards was identified in relation to the review of current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr David McAteer, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall review the use of the key fob lock to the identified unit in conjunction with guidance from the Department of Health on Human Rights and the Deprivation of Liberty (DoLs); and the home's registration categories.</p> <p>The registered manager should forward to RQIA a notification regarding the locking of the unit, the rationale behind it and what other steps were taken in order to minimise an identified risk prior to this decision being made.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Manager will complete a notification to the RQIA showing the reasoning behind the Multidisciplinary Teams' decision to have a fob-operated lock in operation at identified time periods throughout the day.</p> <p>The Multidisciplinary Team included a Trust Safeguarding Officer, Social Worker, Community Learning Disciplinary Nurse, Epilepsy Nurse Specialist, the Nursing Home Manager, the Home Owner and the Patient's parents</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall ensure that environmental issues identified during this inspection are actioned. Specifically:</p> <ul style="list-style-type: none"> • furniture in some patient's bedrooms which had marked and damaged surfaces • the very strong malodour in one identified unit a shower room • declutter the identified areas within the home <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The management of the home has identified some furniture that requires revitalising. Arrangements have been made to begin the work next week.</p> <p>The Owners can evidence an ongoing maintenance and refurbishment programme.</p> <p>The Home Owners' review the condition of the home's furnishing on a daily basis.</p> <p>In some Islands there is a constant flow of hoists, oversized custom-made wheelchairs, shower chairs and laundry skips which can cause furniture to become damaged very easily.</p> <p>The reported malodour in the disused shower room has not been noted since the day of the inspection. The Nurses involved in daily</p>

	<p>infection control checks have been asked to report any malodours.</p> <p>The manager allocated staff to tidy the small locked storage area in each Island. These storage areas are for staff use and remain locked. The manager will check these on a monthly basis to ensure they remain tidy.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2017</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>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: As the Manager of the nursing home I fully understand my duty to provide safe and effective care to all the patients. From the moment any staff members start their induction, effective communication is discussed. I have over the last few years provided communication training and MAPA training which focuses heavily on effective communication skills. I have discussed with each member individually about ways to promote dignity and how to create an environment they would be happy to live in. If any member of staff was observed to be communicating in an insensitive way he/she would be subjected to a performance management meeting. Staff have scored very highly in Service User and family questionnaires, 100% stating staff are approachable and take time to listen to their concerns. In Coney there is a high level of behaviours challenging to manage. In some patients' care plans it is highlighted that staff must communicate with the patient using short simple commands. Some careplans also require a firm approach with clear boundaries to prevent the patients' attacking each other. It should be noted that the one member of staff whose interactions with the patients were noted to be 'poor' was supernumerary and on his second day of induction.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall ensure that staff meetings are held at least quarterly. Records should be appropriately maintained and available for inspection.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: The Manager will make sure that formal staff meetings happen at least quarterly. Records will be maintained and available for inspection.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</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: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The Manager understands the importance of meal times and nutrition and has implemented policy and good practice in relation to this, which is based on advice from the Nutritional Guidance and menu check list 2014 and the Nursing Home standard 12.</p> <p>The Manager will indeed review the dining experience for the patients, which will be the focus of the upcoming staff meeting and the patients' forum.</p> <p>Where we encounter difficulty is in balancing the patients' safety with what is deemed a 'normal' dining experience. It is not always possible to have the tables preset with condiments on the table as some patients throw cutlery and would ingest an unhealthy amount of condiments.</p> <p>Some patients cannot be fed at the tables as their custom-made chairs, which are needed to have them seated upright, do not fit under the tables. Other patients cannot be seated at a table as they will grab food off others' plates or slouch down on their chairs putting them at risk of choking.</p> <p>Likewise, on occasions drinks are served to some patients after their meals due to behavioural problems in that they stop eating after they drink. They may also try to steal others' drinks and on occasion this may be a patient who is on thickened fluids.</p> <p>On the day of inspection, one particular patient's mental health had deteriorated to the extent that he was shouting and distracting the member of staff as she tried to prepare the dinner This caused serious disruption to the usually pleasant dining experience, and thankfully is not an everyday occurrence.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall review the current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Person is in the Home Monday - Friday, and at weekends when required. and is constantly monitoring the care provided. Monthly monitoring has been completed in line with the RQIA standards. The recommendations made at this inspection will be added to upcoming monthly monitoring reports to ensure the required improvements are made.</p>



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)