

# Announced Premises Inspection Report 21 April 2016



## Comber Care Home

17 Castle Street  
Comber  
BT23 5DY  
Tel No: 028 9187 8200  
Inspector: Gavin Doherty

[www.rqia.org.uk](http://www.rqia.org.uk)

## 1.0 Summary

An announced premises inspection of Comber Care Home took place on 21 April 2016 from 10:30 to 14:00.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered person. Refer to section 4.3

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. However some issues were identified for attention by the registered person. Refer to section 4.5.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015:

- Standard 44: Premises
- Standard 47: Safe and Healthy working Practices
- Standard 48: Fire Safety

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	5

Details of the QIP within this report were discussed with Mrs Anne Robertson, registered manager, and Mr Gerry Hegarty, estates 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.

## 1.2 Actions/enforcement taken following the most recent premises inspection

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

## 2.0 Service Details

<b>Registered organisation/registered person:</b> Four Seasons Healthcare/Dr Claire Royston	<b>Registered manager:</b> Mrs Anne Robertson
<b>Person in charge of the home at the time of inspection:</b> Mrs Anne Robertson	<b>Date manager registered:</b> 28 May 2014
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 72

## 3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, and the duty call log.

During the inspection the inspector met with Mrs Anne Robertson, registered manager, Mr Gerry Hegarty, estates manager, and Mr Des Williams, maintenance person. Following the inspection the inspector spoke with Mr Barry McDermott, Estates Surveyor for Four Seasons Healthcare.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, and fire risk assessment.

## 4.0 The Inspection

### 4.1 Review of requirements and recommendations from the previous inspection dated 17 June 2015

The previous inspection of the establishment was an unannounced management of medicines inspection. The completed QIP was returned and approved by the specialist inspector.

#### 4.2 Review of requirements and recommendations from the last estates inspection dated 9 February 2015

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 13(7) 14(2)(a) 14(2)(c) 27(2)(b) 27(2)(c)</p> <p>Stated: First time</p>	<p>A copy of the report for the most recent service of the thermostatic mixing valves should be forwarded to RQIA. The remedial works to the ceiling in bedroom 13 on the ground floor should be completed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed suitable servicing of the thermostatic mixing valves was undertaken on 15 March 2016 at the time of inspection. The ceiling in bedroom 13 had been repaired.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 14(2)(a) 14(2)(c) 27(2)(b)</p> <p>Stated: First time</p>	<p>The boundary fencing should be made good. Particular attention should be given to the broken fencing along the stream at the rear of the premises where the recent tree pruning was completed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed at the time of inspection.</p>	<b>Met</b>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 27(2)(b)</p> <p>Stated: First time</p>	<p>A survey of the external areas should be carried out and a programme of improvement should be drawn up. The details for this improvement programme should be confirmed to RQIA.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A condition report was available at the time of the inspection. The improvement works described in this report are currently out to tender.</p>	<b>Met</b>
<p><b>Requirement 4</b></p> <p>Ref: Regulation 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)</p> <p>Stated: First time</p>	<p>The implementation of the new procedures for the prevention or control of legionella bacteria in the water systems should be confirmed to RQIA. The report for the most recent review of the legionella risk assessment should be followed up and any issues identified for attention should be addressed and signed off.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> A suitable risk assessment was carried out on 30 June 2015 and the required control measures have been implemented. The replacement of the cold water storage tanks is in hand. Refer to section 4.3.</p>	
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)</p> <p><b>Stated:</b> First time</p>	<p>The issues identified for attention in the reports for the recent gas safety reports in relation the need for a second stage regulator for the kitchen appliances and for the dryers to be fitted with chains to secure them in place should be followed up. The issue in relation to the battery backup for the lift alarm should also be followed up.</p> <p><b>Action taken as confirmed during the inspection:</b> The latest inspection reports indicated that these issues have been addressed.</p>	<b>Met</b>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)</p> <p><b>Stated:</b> First time</p>	<p>The issues identified for attention in the report for the fixed wiring installation that was carried out on 15 April 2013 should be reviewed with the testing engineers to establish what further action is required re same. The outcome of this review should be confirmed to RQIA. The bath in bathroom 1 should be repaired and brought back into service. The shelf in domestic store 2 should be replaced as this was in a poor condition. The waste pipe in bathroom 4 should be properly capped off. It is important that the doors to the stores are kept locked.</p> <p><b>Action taken as confirmed during the inspection:</b> All issues have been confirmed as addressed during this inspection.</p>	<b>Met</b>
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 27(4)(b) 27(4)(d)(i) 27(4)(d)(iv)</p> <p><b>Stated:</b> First time</p>	<p>The issues identified for attention in the inspection and test report for the fire detection and alarm system should be addressed. The corridor areas should be kept clear.</p> <p><b>Action taken as confirmed during the inspection:</b> The most recent inspection of the fire alarm &amp; detection was carried out on 4 April 2016. No remedial works were necessary as a result of this inspection.</p>	<b>Met</b>

<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 27(4)(b) 27(4)(d)(c)</p> <p><b>Stated:</b> First time</p>	<p>The key operated locks on the new front doors should be changed to thumb turns. Remedial works should also be carried out to the door to the kitchen to ensure that this door closes properly and provides a fully effective fire and smoke seal. The fire doors should be checked and adjusted as required. The portable convector heating should not be used in the laundry.</p> <p><b>Action taken as confirmed during the inspection:</b> All issues have been confirmed as addressed during this inspection.</p>	<p><b>Met</b></p>
<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulation 27(4)(b) 27(4)(e) 27(4)(f)</p> <p><b>Stated:</b> First time</p>	<p>There should be a continued focus on fire safety training to ensure that all staff attend two fire safety training sessions and at least one fire drill each year.</p> <p><b>Action taken as confirmed during the inspection:</b> The most recent staff training was undertaken on 20 October 2015. The most recent fire drill for staff was undertaken on 15 April 2016.</p>	<p><b>Met</b></p>
<p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulation 27(4)(b)</p> <p><b>Stated:</b> First time</p>	<p>The chairs in the smoking room should be replaced. In addition the need for fire blankets in the smoking room and in an easily accessible location in close proximity to the external area that is sometimes used for smoking should be reviewed with the Fire Safety Advisor for the home. The nurse call facility in the smoking room should also be reviewed (no lead in place).</p> <p><b>Action taken as confirmed during the inspection:</b> All issues have been confirmed as addressed during this inspection.</p>	<p><b>Met</b></p>
<p><b>Requirement 11</b></p> <p><b>Ref:</b> Regulation 27(4)(b) 27(4)(d)(i)</p> <p><b>Stated:</b> First time</p>	<p>The ceiling in the calorifier store 6 should be fire stopped where the pipes pass through. The fire alarm zone drawing should also be updated to clearly indicate the roof void zones.</p> <p><b>Action taken as confirmed during the inspection:</b> All issues have been confirmed as addressed during this inspection.</p>	<p><b>Met</b></p>

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 35.1 <b>Stated:</b> First time	It is recommended that the casing for the generator should either be repaired for replaced. Reference should be made to paragraphs 9.3.5 in the Report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Suitable remedial actions have been undertaken.	

### 4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and risk assessments. Documentation relating to the safe operation of the premises installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

#### Areas for improvement

1. The most recent 'Thorough Examination' undertaken for the home's passenger lift (17 October 2015) highlighted several recommendations. These should be addressed in a timely manner and within the timescales highlighted in the examination report. (Refer to recommendation 1 in the attached Quality Improvement Plan).
2. During the inspection of the premises it was noted that the shower head at the hairdressing sink was not fitted with a thermostatic mixing valve. Whilst it is recognised that the outlet is a mechanical mixing valve and that use of the shower head is always supervised and monitored directly, it is recommended that a thermostatic mixing valve is fitted at this outlet. The Home's estates manager stated that this would be fitted without further delay. (Refer to recommendation 2 in the attached Quality Improvement Plan).

3. The most recent risk assessment in relation to the 'control of legionella bacteria in the home's hot and cold water systems' highlighted the need for the replacement of several cold water storage tanks. Subsequent to the inspection, the Estates Surveyor for Four Seasons Healthcare confirmed that this work is to be completed within the next three months. They are currently seeking advice on the best solution which will have the least impact on the home and patients.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>3</b>
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#### 4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

Two issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

#### Areas for improvement

1. A condition report has been prepared in relation to the outdoor space and driveway at the home. This was available in the home at the time of the inspection. Subsequent to the inspection, the inspector spoke with the Estates Surveyor for Four Seasons Healthcare, who confirmed that the improvement works highlighted in this report are currently out to tender. They anticipated that these works will be completed by the end of July 2016.
2. The Vanity Units in many of the bedrooms were in poor condition in keeping with their age. It is recommended that a suitable time bound program is developed for the replacement of these vanity units, and it is forwarded to RQIA for comment. (Refer to recommendation 3 in the attached Quality Improvement Plan).

<b>Number of Requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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#### 4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the Registered Responsible Person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 5.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Anne Robertson, registered manager, and Mr Gerry Hegarty, estates manager 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.

#### 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the 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 by the registered manager. Once fully completed, the QIP will be returned to [estates.team@rqia.org.uk](mailto:estates.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 establishment. 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/or 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 establishment.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 44.8</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> as stated in LOLER examination report</p>	<p>The recommendations highlighted in the most recent 'Thorough Examination' undertaken for the home's passenger lift (17 October 2015) should be addressed in a timely manner and within the timescales highlighted in the most recent examination report.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The works are scheduled to be completed within the next 4 weeks.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 44.8</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 26 May 2016</p>	<p>It is recommended that a thermostatic mixing valve is fitted to the shower head at the hairdressing sink in a timely manner.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Thermostatic valve now in place.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 44.8</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 5 August 2016</p>	<p>Provide confirmation that the cold water storage tanks have been replaced in accordance with the requirement outlined in the Home's Legionella Risk Assessment.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> There is a current programme in place for replacement of the water tanks in the home this year. We are currently exploring a number of options for replacement of these tanks including converting the home to mains feed water supply. As the replacement of these tanks is a major undertaking, sufficient planning is required to ensure works are carried out to minimise the disruption to residents and the operation of the home.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 44.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 5 August 2016</p>	<p>Provide confirmation that the external improvement works currently out to tender have been fully implemented.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> <b>External lighting upgrade and resurfacing of driveway have commenced and are due to be completed by 24.6.16.</b></p>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 16 June 2016</p>	<p>It is recommended that a suitable time bound program is developed for the replacement of the premises vanity units, and it is forwarded to RQIA for comment and approval.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Schedule in place to replace vanity units provided along with this report</p>
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*\*Please ensure this document is completed in full and returned to [estates.team@rqia.org.uk](mailto:estates.team@rqia.org.uk) from the authorised email address\**



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