

Unannounced Care Inspection Report 2 July 2020



Comber Care Home

Type of Service: Nursing Home (NH)
Address: 17 Castle Street, Comber, BT23 5DY
Tel No: 0289187 8200
Inspector: Gillian Dowds

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 72 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Michelle MacMillan – awaiting application
Person in charge at the time of inspection: Michelle MacMillan	Number of registered places: 72
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 34

4.0 Inspection summary

An unannounced inspection took place on 2 July 2020 from 0930 to 1730 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes

The following areas were examined during the inspection:

- Staffing
- Personal Protective Equipment (PPE)
- Care delivery
- Governance and management

The patients spoken to were happy with their care, comments such as;

- “Love it here, they are very friendly.”
- “Staff are lovely, couldn’t get better, lovely food.
- “They are “Good to me.”

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	2*

*The total areas for improvement include one that is stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Michelle MacMillan, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- four patient care records
- three supplementary care records
- duty rota 22 June to 5 July 2020
- a sample of governance audits

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 17 March 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified in this report are addressed.	Met
	Action taken as confirmed during the inspection: Observations of the environment evidenced that this area was met.	
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall in keeping with best practice guidance, policies and procedures. All such observations/actions taken post fall must be appropriately recorded in the patient's care record.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that the daily fluid intake of patients is recorded, evaluated and meaningfully reviewed by care/nursing staff, on a daily basis.	Not met
	Action taken as confirmed during the inspection: A review of documents evidenced that a patients intake was recorded but this was not always evaluated in a meaningful way on a daily basis This area for improvement will be stated for a second time.	

6.2 Inspection findings

6.2.1 The internal environment and infection prevention and control (IPC)

We observed a sample of patients' bedrooms, bathrooms, sluices and communal lounges. We observed that they were generally well presented and personalised effectively. We observed that personal protective equipment was available throughout the home and that PPE donning (putting on) and doffing (taking off) stations had been identified; we also noted that written

PPE guidance was available to staff to assist them, as needed. Staff confirmed that they had received training in the donning and doffing of PPE. A small number of staff were observed not wearing their face mask appropriately. This was discussed with the manager and she confirmed that this had been addressed post inspection through supervision with the staff.

6.2.2 Staffing

We reviewed the staffing rotas and identified that the planned staffing levels had generally been adhered to. Staff were mostly positive about their experiences working in Comber Care home and discussed their experiences through the recent covid-19 outbreak in the home. Staff were positive about the team work and the support they had from the manager. Some staff advised that they felt that the PPE training was not delivered in a timely manner; however staff did confirm that this formed part of their mandatory e-learning module. Staff comments included;

- “Love it here, everyone is very friendly.”
- “It has been a very difficult time ”
- “We all work together, we have a good team.”

All comments made by staff were passed to the manager for consideration.

6.2.3 Care Delivery

We observed staff attending to patients’ needs in a caring manner and improvement was noted with regard to staff attending to patients’ personal appearance.

Patients were observed to be well presented and it was clear that staff paid attention to detail with regard to the delivery of personal care, for example eye, nail and hair care had been attended to.

We observed positive interactions between staff and patients and patients were attended to in a timely manner. One patient did however discuss a delay at times in being taken to the toilet; this was passed to the manager to address.

We reviewed the dining experience for patients in both dining areas in the home. We observed staff assisting patients in a calm and friendly manner. Staff were observed wearing PPE appropriately. Staff were aware of the patients’ dietary needs. The food looked appetising and well presented.

Patients spoke positively about the food on offer, comments included:

- “The food is good.”
- “The food is lovely.”

6.2.4 Care records

We reviewed the falls protocol in place for two patients; we observed that appropriate actions had been taken and that relevant care plans and risk assessments were in place.

We reviewed supplementary care records pertaining to food and fluid intake and repositioning of patients. The records reviewed were completed in a timely manner. However, this care was not reflected in the daily evaluation records to evidence the oversight of the registered nurses. An area for improvement was stated for a second time.

Review of wound care records evidenced that individual care plans were in place and were reflective of multi-disciplinary recommendations. The records evidenced that the care plans had been regularly reviewed and the frequency of dressing change was accurately recorded and carried out as recommended in the care plan. The wound evaluation was documented as required.

We reviewed the records for two patients who required a urinary catheter. For one we found that the care plan was not fully reflective of this need and an area for improvement was identified.

We also reviewed the recording of the urinary output and found inconsistency in the recording and oversight of this care. An area for improvement was identified.

6.2.5 Governance

A new manager has been appointed since the previous care inspection; RQIA had been appropriately notified of this change and an application for registration is to be submitted.

We reviewed a sample of governance audits, including those focused on infection prevention and control, and hand hygiene. These audits were in place to monitor the quality of the service provided. The manager discussed that she was currently developing the audit system further and that due to a period of absence and the covid-19 outbreak this had been delayed. This will be reviewed at the next care inspection.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies.

Staff spoken to told us they felt supported in their role and that the manager was approachable.

Areas of good practice

Areas of good practice were identified in the staff interactions with patients, the dining experience and teamwork.

Areas for improvement

Areas for improvement were identified in relation to care planning for patients who require a catheter and fluid balance recording for same.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

During the inspection we observed positive interactions between patients and staff. Patients were observed to be well cared for, content and settled. Staffing levels were satisfactory and staff advised they felt well supported in their role.

The environment was observed to be clean and clutter free. PPE and handwashing facilities were available throughout the home.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michelle MacMillan, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1)(a)(b) Stated: First time To be completed by: 8 August 2020	<p>The registered person shall ensure the following in relation to the provision of catheter care to patients:</p> <ul style="list-style-type: none"> • That a care plan in place that prescribes the required catheter care and refer if appropriate to any multi professional recommendations which should be available in the patients care record. • That nursing staff record all catheter care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards. <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: All catheter care plans were reviewed and more detailed descriptions were added to reflect what care was required.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: Immediately from day of inspection	<p>The registered person shall ensure that the daily fluid intake of patients is recorded, evaluated and meaningfully reviewed by care/nursing staff, on a daily basis.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Supervision was given to all nursing staff to accurately record all fluid intake of residents within the appropriate food and fluid books and in daily nursing notes accordingly</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: Immediately from the day of inspection.	<p>The registered person shall ensure when a urinary catheter is in use an accurate fluid balance is recorded, evaluated and reviewed daily by the registered nurses.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Staff were given a supervision session in relation to appropriate recording of fluid output in the nursing notes. Catheter management training to include management of catheters, recording of input and output and accurate recording in daily nursing notes to be completed by mid November.</p>

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



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