



# Unannounced Care Inspection Report 5 November 2020



## Comber Care Home

**Type of Service: Nursing Home**  
**Address: 17 Castle Street, Comber, BT23 5DY**  
**Tel No: 028 9187 8200**  
**Inspector: Gillian Dowds**

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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

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager and date registered:</b> Michelle MacMillan – application received
<b>Person in charge at the time of inspection:</b> Michelle MacMillan	<b>Number of registered places:</b> 72
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 43

### 4.0 Inspection summary

An unannounced inspection took place on 5 November 2020 from 10.00 to 17.00. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the quality improvement plan from the previous care inspection on 2 July 2020.

The following areas were examined during the inspection:

- staffing
- the internal environment and infection prevention and control (IPC ) practices
- care delivery
- care records
- governance and management

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Michelle MacMillan, Manager and Gary Cousins, Regional Support 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

During the inspection the inspector met with eight patients and three staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patient/relative/representative questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA online. Two questionnaires returned one questionnaire indicated dissatisfaction within some aspects of the service provided in Comber Care Home. All comments from the returned questionnaires were shared with the manager for consideration.

The following records were examined during the inspection:

- three patient care records
- three supplementary care records
- duty rota 26 October to 8 November 2020
- a sample of the monthly monitoring reports
- staff training matrix
- accident/incident records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- two recruitment files
- monitoring records
- 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 2 July 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1)(a)(b)  <b>Stated:</b> First time	The registered person shall ensure the following in relation to the provision of catheter care to patients: <ul style="list-style-type: none"> <li>• 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.</li> <li>• That nursing staff record all catheter care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The record reviewed evidenced that this area for improvement was met. A care plan was in place to direct the care, any multi professional recommendations and interventions were recorded.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second 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.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced fluids were reviewed on a daily basis however, one record reviewed identified where a patient's intake was low there was no evidence of any action taken in regard to this.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The fluid records showed us that this was accurately recorded. The care records evidenced that this was reviewed and evaluated by the registered nurses.	

## 6.2 Inspection findings

### 6.2.1 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. Staff were positive about the team work and the support they had from the manager.

- “Staff are very friendly.”
- “The manager is very supportive and responds to concerns if raised ”
- “Team work is good.”

One staff member advised of a recent concern raised with the manager; this was discussed with the manager who advised this was being addressed. All comments made by staff were passed to the manager for consideration.

### 6.2.2 The internal environment and infection prevention and control (IPC)

We looked at 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 and a review of staff competencies confirmed further supervisions had been completed following the inspection on 2 July 2020.

In various bathrooms open packets of wipes were observed and unnamed toiletries had been left in another; this was discussed with the manager and an area for improvement was made in relation to IPC measures.

We noted that on a small number of occasions when staff were required to wear additional PPE, such as gloves and aprons, they had to be reminded to do so. A small number of staff were observed not sanitising their hands when necessary and did not adhere to IPC best practice of ‘bare below the elbow’ by wearing jewellery and/or nail polish; this was discussed further with the manager and an area for improvement was made.

The manager confirmed that patients and staff had their temperatures checked in accordance with the Department of Health guidance and records were maintained.

### 6.2.3 Care Delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff spoke to patients kindly and with respect. Patients spoken to told us that living in Comber Care Home was a positive experience; they told us:

- The staff are very good.”
- “I feel safe here.”
- “I am very comfortable.”
- “Staff are brilliant.”
- “Couldn’t be anywhere better.”
- “I’m happy; Michelle got my room decorated for me.”

We observed staff attending to patients’ needs in a caring and friendly manner.

The patients were observed to be well presented and interactions between staff and patients were positive. Patients were attended to in a timely manner.

Of the patients we observed in their bedrooms, two did not have their call bell within reach; these were given to them to enable them to alert staff if they required assistance. This was discussed with the manager who agreed to address this with the staff to ensure call bells were within reach.

We reviewed the dining experience for patients in the upper dining areas in the home. We observed staff assisting patients in a calm and friendly manner. 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.”
- “I’ve no complaints.”
- “The food is brilliant.”

### 6.2.4 Care records

Two wound care records were reviewed, these evidenced that individual care plans were in place, however, these had not been updated to reflect recommendations made by the multi-disciplinary team. This was discussed with the nurse who confirmed that the correct advice was being followed and wounds were progressing well. An area for improvement in relation to wound care documentation was made.

We reviewed supplementary care records pertaining to food and fluid intake and repositioning of patients. The records reviewed were completed in a timely manner. The records evidenced that the daily fluid intake was being recorded. In one record, whereby a patient had a low fluid intake recorded, there no documentation of any remedial action taken. The patients care plan did not indicate that the patient may have a low fluid intake. Oversight of the fluid intake formed part of an area for improvement from the previous inspection. Due the findings of this inspection this will now be subsumed into an area for improvement in relation to fluid management and oversight under the regulations.

The records for two patients who required a urinary catheter were reviewed. Care plans were in place to direct the care and a new fluid balance record had been introduced. Nurses were also reviewing this record daily. An area for improvement in relation to catheter care from the previous inspection was therefore met.

Care plans were reviewed for two patients who had been assessed by the speech and language therapist (SALT). The care plans viewed were reflective of the diet recommended by the SALT. However, where a teaspoon was recommended when assisting one patient with meals we observed that this information had not been included as part of their care plan. This was discussed with the manager who confirmed guidance was being followed and that she would address this immediately.

**6.2.5 Governance**

We reviewed a sample of governance audits, including those focused on infection prevention and control, and hand hygiene. Audits were in place to monitor the quality of the service provided. Where deficits were identified an action plan was developed to ensure improvements made.

The manager told us that staff compliance with mandatory training was monitored and staff were reminded when training was due. There was a system in place to monitor that staff were registered with the NMC or NISCC as required. Review of two recruitment records evidenced that the necessary checks were completed prior to staff commencing work in the home.

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, ongoing redecoration in the home and the staff knowledge of the patients needs.

**Areas for improvement**

Areas for improvement were identified in relation to PPE training and management oversight of this, storage of items in bathrooms, fluid management and wound care documentation.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

**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 clean. 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 and Gary Cousins, Regional Support 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1)(a)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing	<p>The registered person shall ensure in relation to fluid intake management:</p> <ul style="list-style-type: none"> <li>• that a care plan in place that prescribes the required care</li> <li>• an accurate fluid balance is recorded, evaluated and reviewed daily by the registered nurses</li> <li>• any actions or advice taken in relation to any fluid deficits should be clearly documented</li> </ul> <p>Ref: 6.1 &amp; 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Supervision sessions and training completed regarding accountability and fluids management with nursing and care staff. New sheet implemented to include "forgotten fluids" and a new fluid calculation chart now in place. Home Manager checks and signs off daily and deputy sisters at weekends so there is oversight daily.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing	<p>The registered person shall ensure that items stored inappropriately in the bathrooms are removed.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Daily walkabout completed 3 times per week by Home Manager and highlights any inappropriate storage in bathrooms or other areas in Home. On the date of inspection any inappropriate items were removed immediately.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing	<p>The registered person shall ensure that training in the use of PPE and hand hygiene is embedded into practice.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Training was organised for all staff within the Home and ongoing supervision was completed for staff regarding infection control and the use of PPE within the Home.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 December 2020</p>	<p>The registered person shall ensure that wound care plans are reflective of the up to date multi professional advice.</p> <p>Ref: 6.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All care plans were rewritten to reflect the up to date information as directed by health care professionals. Supervision has been conducted with RN staff to ensure that any change to tissue viability recommendations are completed within 24 hours of the recommendations being made and that the Home Manager is notified of any tissue viability RN visits via the 24 hour shift report. The Home Manager/ Deputies will monitor the careplan updates using a weekly wound quality assurance document. This will be monitored via the completion of a Wound Care TRACA on the Regulation 29 Report.</p>

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



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