



The Regulation and
Quality Improvement
Authority

Comber Care Home
RQIA ID: 1075
17 Castle Street
Comber
BT23 5DY

Inspector: Linda Thompson
Inspection ID: IN021774

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Unannounced Care Inspection
of
Comber Care Home
07 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 07 May 2015 from 09.30 to 14.30.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 12 August 2014.

1.2 Actions/Enforcement Resulting from this Inspection

Urgent actions or enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 2 |

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Anne Robertson registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

| | |
|---|--|
| Registered Organisation/Registered Person: Four Seasons Healthcare/ Dr Maureen Claire Royston | Registered Manager: Anne Robertson |
| Person in Charge of the Home at the Time of Inspection: Phyllis Adair registered nurse Followed by Anne Robertson within 30 minutes of commencement. | Date Manager Registered: 28 May 2014 |
| Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI | Number of Registered Places: 72 but effectively working as 60 due to changes in a number of double bedrooms. |
| Number of Patients Accommodated on Day of Inspection: 57 | Weekly Tariff at Time of Inspection: £593 - £638 |

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 19: Communicating Effectively

Standard 20: Death and Dying

Standard 32: Palliative and End of Life Care

4. Methods/Process

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection the delivery of care and care practices were observed. An inspection of the general environment of the home was also undertaken. The inspection process allowed for discussion with 35 patients either individually or in small groups. Discussion was also undertaken with six care staff, three nursing staff and three patient's representatives.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- the staff duty rota
- three patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- records of competency and capability of the registered nurse in charge of the home in the absence of the registered manager
- policies for communication, death and dying, and palliative and end of life care.

5.0 The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 09 February 2015. The completed QIP was returned and actions taken by the registered persons were approved by the estates inspector. Further validation of compliance will be followed up by the estates inspector in due course however the care inspector can confirm that during this inspection fire doors were evidenced to not be wedged open, all storage rooms were appropriately locked and the boundary fence previously broken had been repaired.

Review of Requirements and Recommendations from the last care inspection

| Last Care Inspection Statutory Requirements | | Validation of Compliance |
|---|---|--------------------------|
| Requirement 1 Ref: Regulation 20(1)(c)(i) Stated: Third time | The registered persons must ensure that recorded individual formal supervision of staff is fully established and that the supervision planner is up to date. Action taken as confirmed during the inspection: Inspector confirmed that a detailed supervision schedule is now maintained and staff are evidenced to be receiving regular planned formal supervision. | Met |

| Last Care Inspection Recommendations | | Validation of Compliance |
|--|---|--------------------------|
| Recommendation 1 Ref: Standard 16.3 Stated: Second time | It is recommended that: <ul style="list-style-type: none"> that the registered manager confirms that the competency and capability assessment template for registered nurses taking charge of the home in the absence of the registered manager includes a section in relation to safeguarding vulnerable adults | Met |
| | Action taken as confirmed during the inspection: The inspector can confirm that the competency and capability assessment of the registered nurse in charge of the home in the absence of the manager includes a section on safeguarding vulnerable adults. | |
| Recommendation 2 Ref: Standard 5.3 Stated: Second time | It is recommended that: <ul style="list-style-type: none"> the responsibilities of named nurses are outlined in the Service User Guide. | Met |
| | Action taken as confirmed during the inspection: The inspector can confirm that the registered manager has produced an additional information sheet that is included into the patients Guide. | |

5.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

Policy guidance for staff was available on communicating effectively. However the guidance failed to reflect regional guidelines on Breaking Bad News. The registered manager was referred to the Care Standards for Nursing Homes April 2015 for details on how to access regional guidance. Discussion with a number of care staff confirmed that they would appreciate further information regarding this regional guidance.

A sampling of communication training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives. This training however should be developed further to include the procedure for breaking bad news as relevant to all staff roles and responsibilities.

Is Care Effective? (Quality of Management)

Three care records evidenced that patient's individual needs and wishes in respect of aspects of daily living were appropriately recorded. There was however limited acknowledgement that end of life issues are considered with the exception of Do Not Attempt Resuscitation (DNAR) directives.

Recording within care records did include reference to the patient's specific communication needs.

The registered manager did however agree that the barrier to communication in this area rests with staff and their concerns regarding the sensitivity of the issue. It was further agreed that training on breaking bad news and communication around end of life care would be very beneficial for all grades of staff.

A review of three care records evidenced that the breaking of bad news was not discussed with patients and/or their representatives other than in respect of a DNAR directive.

There was evidence within all records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Two registered nursing staff consulted demonstrated their ability to communicate sensitively with patients when breaking bad news by sitting down by the patient, using a calm voice, speaking clearly yet reassuringly, holding hands, allowing privacy, allowing the patient to question, and trying to display as much empathy as possible. Care staff considered the breaking of bad news to be the responsibility of the registered nursing staff and failed initially to recognise that they would do this on a regular basis and that it does not necessarily mean informing a patient that a loved one has died. Further staff training will allow for greater understanding and development of these skills

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and many staff interactions with patients the inspector can confirm that communication is well maintained and patients are observed to be treated with dignity and respect. There were a number of occasions when patients had been assisted to redirect their anxieties by care staff in a very professional way.

The inspection process allowed for consultation with 35 patients. In general the patients all stated that they were very happy with the quality of care delivered and with life in Comber Care Home. They confirmed that staff are polite and courteous and that they felt safe in the home. Three patient's representatives discussed care delivery with the inspector and also confirmed that they were very happy with standards maintained in the home.

A number of compliment cards were displayed from past family members.

Areas for Improvement

The registered persons must review and expand the communication policy and procedure to ensure that it references regional guidance on breaking bad news. Training in communication skills including breaking bad news for all staff will further enhance the quality of life in the home.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 0 | Number of Recommendations: | 2 |
|--------------------------------|----------|-----------------------------------|----------|

5.3 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying are held together in the home's palliative care manual. These documents are currently under review by Four Seasons Healthcare and do not as yet reflect best practice guidance such as the Gain Palliative Care Guidelines, November 2013. The manual however did include guidance on the management of the deceased person's belongings and personal effects. The registered manager and two registered nursing staff were aware of the Gain Palliative Care Guidelines November 2013 however a copy of the Guidelines, were not available in the home and the registered manager was directed to how to source a copy for staff reference.

The registered manager was able to present her own training file on palliative / end of life care. The training in this area undertaken by the registered manager is commended.

The inspector evidenced that registered nursing staff were trained in the management of death, dying and bereavement. There was also evidence of training provision to guide staff on bereavement from local funeral directors. This training should be made available to all grades of staff in the home.

Discussion with two registered nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

The home maintains two registered nurses as palliative care link nurses. The link nurses attend the regular palliative group meetings and minutes of such meetings were available for reference in the home.

Discussion with the registered manager, eight staff and a review of three care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with two registered nursing staff confirmed their knowledge of the protocol.

The registered nursing staff confirmed that they are able to source a syringe driver via the community nursing team if required. It was also confirmed that staff are trained in the use of this specialised equipment.

Is Care Effective? (Quality of Management)

There were no patients considered as being at end of life in the home during the inspection, however a high number of patients are recognised as requiring palliative care. A review of three care records evidenced that patients' needs for palliative care were assessed and reviewed on an ongoing basis and documented in patient care plans. This included the management of hydration and nutrition, pain management and symptom management. As discussed in section 5.3 above, further training in communication especially in 'breaking bad news' will enhance the quality of verbal and written skills of the staff team.

Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements. This mostly referred to the establishment of a DNAR directive and did not wholly consider other end of life situations.

Discussion with the registered manager, three registered nurses, four care staff and a review of three care records evidenced that environmental factors had been considered when a patient was end of life. Staff informed the inspector that management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Facilities have been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support have been provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that all had been reported appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of three care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences. Nursing staff were able to demonstrate an awareness of patient's expressed wishes and needs in respect of DNAR directives as identified in their care plan.

There was however a need identified for additional training in death and dying and palliative /end of life care to ensure that staff does not avoid discussion of this important area with patients and their representatives until it is too late for all concerned.

Arrangements were in place in the home to facilitate, as far as possible the patient's wishes, for family/friends to spend as much time as they wish with the person. Staff discussed openly a number of recent deaths in the home and how the home had been able to fully support the family members in staying overnight with their loved ones.

From discussion with the registered manager and staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient. One such comment from the family of a recently deceased patient is detailed below;

'The outstanding care and love shown to my mother, and the support given to my sister, brother and myself at a very difficult time was greatly appreciated'

'It was reassuring to know that my mother was being looked after by people who really care'.

No concerns were raised by relatives in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included 1:1 support from the registered manager and support through staff meetings. Information regarding bereavement support services was available and accessible for staff, patients and their relatives.

Areas for Improvement

Whilst staff appeared knowledgeable regarding how the home manages the end of life care of patients there is a need identified by staff for further formal training. This should be made available for all grades of staff. With appropriate training and support staff should be able to improve in these areas and the quality of support for patients and their families will be greatly enhanced.

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|--------------------------------|----------|-----------------------------------|------------------------------------|
| Number of Requirements: | 0 | Number of Recommendations: | 1 already identified above. |
|--------------------------------|----------|-----------------------------------|------------------------------------|

5.4 Additional Areas Examined

Consultation with patients, their representatives, staff and professional visitors

The inspector was able as part of the inspection process to meet with 35 patients individually and to most others in small groups. Comments from patients regarding the quality of care, food and in general the life in the home were very positive. A few comments received are detailed below;

'I am very happy here there is usually something to do each day'

'I have a lovely room and have made the right decision to live here'

'I would rather be at home but I realise that I need more help and need to be in the home'

'The staff are all very good, I feel safe and can always tell someone if something was wrong'

Questionnaires were issued to a number of nursing, care and ancillary staff and these were returned during the inspection visit. Some comments received from staff are detailed below;

'Every staff member shows care and respect when it comes to the service users. We treat everyone to the best standards possible and respect them to their highest need. Four Seasons is an amazing company to work for and I am very grateful I am part of their staff'.

'The quality of care in the home is really good; staff are so helpful and supportive. I would not have a problem with a member of my family staying here'.

'The level of care here is second to none'

Three patient representatives discussed the quality of care delivery with the inspector and all agreed that they have no concerns in recommending the home and they were very happy with the standards of service provided.

6.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Anne Robertson registered 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.

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/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. Once fully completed, the QIP will be returned to nursing.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 home. 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 the requirements and 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 home.

| Quality Improvement Plan | | | |
|--|---|-----------------------|---------|
| Recommendations | | | |
| Recommendation 1 Ref: Standard 36 Stated: First time To be Completed by: 05 August 2015 | <p>It is recommended that the following policy guidance is updated;</p> <ul style="list-style-type: none"> • Communication policy should include reference to the regional guidance for breaking bad news • The palliative care manual which incorporates palliative and end of life care, death and dying should reference the GAIN Guidelines for Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes November 2013 and the regional guidance on breaking bad news. • The palliative care manual should also be updated in respect of point 12 in the policy of death to record that records are maintained for not less than 6 years in accordance with Regulation 19(2)(4) of the Nursing Homes Regulations (Northern Ireland) 2005. <p>Ref section 5.3, 5.4 , 5.5</p> <p>Response by Registered Person(s) Detailing the Actions Taken: 1. An updated palliative care manual shall be sourced. The updated palliative care manual , will reference the Gain Guidelines, and regional guidance on breaking bad news. It shall also be updated in respect of point 12, that in the policy of Death, it will show that the records are to maintained for not less than 6 years. Communication Policy in accordance with this recommendation, should reference to the regional guidelines, on the breaking of bad news.</p> | | |
| Recommendation 2 Ref: Standard 39 Stated: First time To be Completed by: 05 August 2015 | <p>It is recommended that the registered person ensures that all grades of staff receive training on the following;</p> <ol style="list-style-type: none"> 1. Palliative / End of life care 2. Breaking bad news communication skills <p>Ref section 5.3, 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: 2. Palliative/End of Life care, and the breaking of bad news communication skills shall be made available for all staff. This will be communicated to staff in various ways. Through the face to face training from the Palliative Care Team at the South Eastern Trust, and the 2 Palliative care link nurses in the Home. Through workshops, and open discussions. Through training sourced from independent charities including Cruse.</p> | | |
| Registered Manager Completing QIP | Anne Robertson | Date Completed | 18/5/15 |

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|-----------------------------------|---------------------|---------------|----------|
| Registered Person Approving QIP | Dr Claire Royston | Date Approved | 18.06.15 |
| RQIA Inspector Assessing Response | <i>Wanda Thomps</i> | Date Approved | 19/6/15 |

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address