

# Inspection Report

8 January 2024



## Comber Care Home

Type of service: Nursing Home  
Address: 17 Castle Street, Comber, BT23 5DY  
Telephone number: 028 9187 8200

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Beaumont Care Homes Ltd	<b>Registered Manager:</b> Mrs Michelle MacMillan
<b>Responsible Individual:</b> Mrs Ruth Burrows	<b>Date registered:</b> 23 June 2021
<b>Person in charge at the time of inspection:</b> Mrs 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> 48
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 72 patients. The home is divided over two floors consisting of bedrooms, communal dining rooms, lounges and bathrooms. There is an outdoor area with seating and gardens for patient use.	

## 2.0 Inspection summary

An unannounced inspection took place on 8 January 2024 from 9.40am to 5.00pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 6.0.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Michelle MacMillan at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients said they were happy in the home, there were enough staff around and the care was very good. Compliments were made about the meals provided and the cleanliness of the home.

Staff commented that they were well supported by the manager, there was good teamwork, they received regular training for their roles and there were enough staff to meet patients' needs.

Questionnaires received confirmed that patients were very satisfied that care was safe, effective, compassionate and well-led.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 17 October 2022		
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 14 (2) (a) <b>Stated:</b> First time	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety.	Partially met
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was partially met. This is discussed further in section 5.2.3.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 27 (4)(c) <b>Stated:</b> First time	The registered person shall ensure that storage of supplies does not cause restriction to the means of escape in the event of a fire.	Met
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 3</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control (IPC) deficits identified in the report are addressed.	Partially met
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was partially met. This is discussed further in section 5.2.3.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 38.3  <b>Stated:</b> First time	The registered person shall ensure that staff recruitment checks are completed before commencing employment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure that the outcome of repositioning care delivered is monitored and recorded accurately	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 43  <b>Stated:</b> First time	The registered person shall ensure that patients have access to a call bell in their bedroom. If a patient is unable to summon assistance in this way this should be clearly documented in their individual care record.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 4.1  <b>Stated:</b> First time	The registered person shall ensure that an initial plan of care is in place within 24 hours of admission and a detailed assessment is commenced on the day of admission and completed within 5 days of admission to the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. Review of recruitment files showed evidence that a robust system was in place to ensure the necessary checks were in place to confirm new employees were recruited safely for their roles.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training compliance was at a high level and included moving and handling, fire safety and adult safeguarding.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the manager was not on duty.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Records showed that staff were supervised for their roles on a regular basis to ensure patients received appropriate care.

There were no concerns raised by patients regarding the staffing levels in the home.

### **5.2.2 Care Delivery and Record Keeping**

Staff met at the start of their shift to discuss any changes in the needs of the patients. Observation showed that staff had a good knowledge of individual patient needs, preferred routines, likes and dislikes. Interactions between patients and staff were noted to be kind and friendly with good communication and understanding.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who are less able to mobilise require special attention to their skin care.

These patients were assisted by staff to change their position regularly. Care records reviewed showed that not all pressure relieving mattresses were at the correct setting. An area for improvement was identified.

Examination of records confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

A menu was displayed but was too small for patients to see and did not provide full details of the meals offered. This was discussed with the manager who advised that the menu was being updated to a format and size patients could read. This will be reviewed at the next inspection.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients' care records were important to ensure patients received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were generally well maintained, however, not all required care records were in place for activities, communication and the record of patients' social history. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and generally well maintained. It was noted that a number of sink surrounds in patients' bedrooms were peeling and in need of repair or replacement. The manager advised that this was on the home's maintenance plan for repair. This will be reviewed at the next inspection.



Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Homely' touches such as snacks and drinks were available throughout the day and there were pictures of patients enjoying the activities available in the home.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Observation of practice identified that use of personal protective equipment (PPE) and hand hygiene practices required improvement; bed linen and bed bumpers required appropriate cleaning and equipment was stored inappropriately in bathrooms. This was discussed with the manager and an area for improvement, made at the previous inspection in this regard, has been stated for a second time.

A number of cleaning chemicals were not kept securely during domestic cleaning, a tea trolley was left unattended and an electrical storeroom was unlocked. This was brought to the attention of staff for immediate action and an area for improvement, made in this regard, has been stated for a second time.

Diet supplements were observed stored in unlocked boxes and accessible to patients. This was brought to the attention of staff for immediate action and an area for improvement was identified.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have family or friends in their room or one of the lounges and could go out to activities in the community.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Patients' needs were met through a range of individual and group activities, games, arts and crafts, movies and music.



Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Michelle MacMillan has been the manager in this home since 23 June 2021.

There was evidence of auditing across various aspects of care and services provided by the home, however, not all actions required in response to hand hygiene and PPE audits were documented and followed up. An area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Patients spoken with said that they knew how to report any concerns. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail and were available for review by patients, their representatives, the Trust and RQIA. Where action plans for improvement were put in place; these were followed up to ensure that the actions were correctly addressed.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	4

\* the total number of areas for improvement includes two regulations that have been stated for a second time.

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect (8 January 2024)	<p>The registered person shall ensure that the infection prevention and control (IPC) deficits identified in the report are addressed.</p> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Actions identified on the day were immediately rectified by staff on duty.            Supervisions have been completed with all staff in relation to maintaining cleanliness and decontamination of equipment such as bedrail bumpers.            Supervisions were also completed regarding inappropriate storage in bathrooms and ensuring bedlinen is clean.            Spot checks will be completed by the Housekeeper. The Home Manager or Nurse in Charge will monitor and record on the Daily Walkabout form.            Additional monitoring will be recorded during completion of the monthly Infection Control Audit and action plans implemented as required - these will be reviewed by the Operations Manager during the monthly Regulation 29 Visit.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2)(a)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect (8 January 2024)	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Following feedback on the day of the inspection, immediate supervisions were completed with all domestic staff in relation to leaving their trollies unattended. All domestic staff and the Housekeeper have completed refresher COSHH e learning. The Home Manager and Housekeeper will complete spot checks of same and outcomes will be documented on the Daily Walkabout form.</p> <p>Supervisions were completed with Care staff regarding the risks associated with leaving the tea trolley unattended. The Home Manager will observe and monitor this practice and record on the Daily Walkabout form.</p>

	<p>On the day of the inspection there were Contractors completing electrical checks in the Home hence why electrical stores were open. This was rectified on the day of inspection and all stores were immediately locked, the electricians were advised to phone the Maintenance Man of when they were required to be open and were immediately again locked afterwards. The Home Manager will continue to check these daily and record on the Daily Walkabout form.</p> <p>Additional monitoring of the above areas will be completed by the Operations Manager during the monthly Regulation 29 visit.</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (8 January 2024)	<p>The registered person shall ensure there are clear documented processes for the prevention of pressure damage and this is accurate for all patients who require this.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All mattresses are checked daily by nursing staff and recorded in the mattress check files. These will continue to be spot checked by the Home Manager/Deputy Manager and documented on the Daily Walkabout form.</p> <p>Additional monitoring will be completed by the Operations Manager during the monthly Regulation 29 visit.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (8 January 2024)	<p>The registered person shall ensure all required care plans for activities, communication and the record of patients' social history are in place to meet the needs of patients and are updated on an ongoing basis.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Nursing Staff have now completed checks of all care files within the Home and informed the Activities Co-ordinator of any residents who were missing a Social History Assessment and care plans for Activities - these have now been implemented.</p> <p>All activities are now recorded in folders held by the Activity Coordinator.</p> <p>New residents will have a Social History Assessment completed on admission.</p> <p>Care files will be audited by the Home Manager after 5 days post admission to ensure all assessments and care plans are</p>

	<p>in place. Nursing staff will continue to evaluate these monthly or more frequently if required.</p> <p>Additional monitoring will be completed by the Operations Manager during the monthly Regulation 29 visit.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 30.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (8 January 2024)</p>	<p>The registered person shall ensure all medications are safely stored.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> On the day of inspection, the supplements identified were immediately moved to the treatment room for safe storage. Supervisions have been completed with all nursing staff responsible for the receipt, storage and administration of medications, in particular dietary supplements. These should remain in the treatment room during the counting and recording of medications delivered and should then remain locked in treatment room at all times out of the reach of residents. The Home Manager will monitor safe storage and record on the Daily walk about form. Additional monitoring will be completed by the Operations Manager during the monthly Regulation 29 visit.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (8 January 2024)</p>	<p>The registered person shall ensure there are clear systems in place to monitor the quality and delivery of nursing and other services provided in the home. This is in regard to actions following hand hygiene and PPE audits.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Supervisions have been completed with Infection Control link nurse and the CHAPs who complete the audits, advising that there should be action plans completed for all audits not meeting the required level of compliance. These audits will be reviewed by Home Manager and further monitoring completed through completion of the Daily walk about and monthly infection control audits, when action plans will be implemented accordingly. Additional monitoring will be completed by the Operations Manager during the monthly Regulation 29 visit.</p>

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



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