

Inspection Report

20 July 2021



Comber Care Home

Type of Service: Nursing Home
Address: 17 Castle Street,
Comber, BT23 5DY
Tel no: 028 9187 8200

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Service information

Organisation/Registered Provider: Four Seasons Healthcare	Registered Manager: Mrs Michelle Mac Millan
Responsible Individual: Mrs Natasha Southall	
Person in charge at the time of inspection: Mrs Michelle Mac Millan Registered Manager	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: 41
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 72 patients.	

2.0 Inspection summary

An unannounced inspection took place on 20 July 2021, from 10.30 am to 6.30 pm by a care inspector.

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

One area requiring improvement was stated for a second time in relation to safe storage of chemicals.

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.

RQIA were assured that the delivery of care and service provided in Comber Care Home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Comber Care Home.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 and 'Tell Us' cards 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 management team at the conclusion of the inspection.

4.0 What people told us about the service

Eleven patients, two relatives and two staff were spoken with during the inspection. Whilst the majority of views were positive about staffing these were varied; see section 5.2.1.

All the patients, relatives and staff spoken with positive that the home was safe, caring, compassionate and well led.

Eleven patients told us the food was lovely and staff were very caring. They said their rooms were kept clean and they were happy in the home.

Relatives told us they were happy with the care provided to their relatives in the home and felt staff were caring and polite.

Staff said they patients were well looked after and they were supported by the manager if they needed any advice or guidance.

No completed questionnaires were received from patients or relatives and there was no response to the on-line questionnaire.

A record of compliments received about the home was kept and shared with the staff team and included many examples of thanks for the good care provided in the home.

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 26 April 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1) and (2) (b) Stated: First time	The registered person shall ensure that care records are reflective of patients' current care needs and are kept up to date. This is in regard to continence care, pressure relieving mattresses, a patient's repositioning chart and bowel care records.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13(7) Stated: First time	The registered person shall make suitable arrangements to minimise the risk of infection. This is in relation to cleanliness of equipment.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 14(2)(a) Stated: First time	The registered person shall ensure all parts of the home to which patients have access are free from hazards to their safety.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been met. A bottle of chemical cleaner was not locked away after use.	
Area for improvement 4 Ref: Regulation 30	The registered person shall ensure all unwitnessed falls where medical intervention is sought are notified to RQIA.	Met

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: Second time	The registered person shall ensure that items stored inappropriately in the bathrooms are removed Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 2 Ref: Standard 46 Stated: Second time	The registered person shall ensure that training in the use of PPE and hand hygiene is embedded into practice. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 12.15 Stated: First time	The registered person shall ensure all meals are presented in an attractive and appealing way taking into consideration patient choice. This also includes meals which have been modified. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 4 Ref: Standard 39 Stated: First time	The registered person shall ensure that training on the Deprivation of Liberty Safeguards is up to date and embedded into practice. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 5 Ref: Standard 35.6 Stated: First time	The registered person shall ensure that the home delivers services effectively on a day to day basis. This is in relation to the IPC audits which did not identify the areas requiring improvement in section 6.2.4.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 6 Ref: Standard 16.11 Stated: First time	The registered person shall ensure that all complaints are documented, investigated and responded to in accordance with the home's complaints policy.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. Additional training was also provided for staff on dignity and respect, dementia care and fluid and nutrition.

Staff said the staff worked well as a team and that they felt supported in their role and the manager provided good communication regarding all aspects of the home.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person 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.

A small number of staff and patients told us that they felt there was sometimes not enough staff on duty, but they had no concerns about care needs being met. This was brought to the attention of the manager for her review.

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. For example, patients who remained in their rooms were supervised and those who wished to spend time in the communal lounges were supported to do this.

Staff told us that the patients' needs and wishes were very important. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said staff come if they need them, were very good and they had confidence in their ability to provide good care.

Patients' relatives said staff knew patients well and knew how best to help them and they found it easy to make contact with staff by telephone.

There were safe systems in place to ensure staff were recruited and trained properly; and that patient's needs were met by the number of staff and skill of the staff on duty. The manager will review the comments from patients and staff on staffing levels.

5.2.2 Care Delivery and Record Keeping

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff took time to listen to and understand patient's choice of meal and where they wished to spend their time throughout the day.

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

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

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.

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 accurately reflected the patients' needs and if required nursing staff consulted the tissue viability specialist nurse (TVN) and followed the recommendations they made.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, bed rails, buzzer mats and supervision.

Examination of records and discussion with the manager 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.

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. Meals times were a pleasant and unhurried experience for the patients.

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, a patients' relative and a care partner said the food was lovely, there was a good choice and variety and they enjoyed it.

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 well maintained, reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and 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.

Patients, a patients' relative and a care partner said they were well looked after and staff knew them well.

Systems were in place to ensure care delivery was maintained and care records were recorded appropriately and accurately.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the environment of the home was clean, tidy and well maintained.

For example; 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.

There was evidence throughout the home of homely touches such as newspapers, snacks and drinks available and the décor of the home included reminders of the local area with pictures of the local area that would be of interest to patients.

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 monitoring systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

Patients, a patients' relative and a care partner said the home was kept lovely and tidy and they had no complaints about the cleanliness or the environment.

The systems in place in the home ensured that the environment of the home and IPC practices were effectively managed.

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 a lie in or get up early if they preferred. Could spend time in their room or one of the lounges, listen to the radio or take part in activities.

The manager said patients 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; the planning of activities and menu choices.

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.

There was a range of activities provided for patients by staff and by visiting musicians to the home. The range of activities included musical entertainment, hairdressing, movies and planting flowers in the garden.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

A care partner and a relative told us they were kept up to date by staff through phone calls and discussion on a regular basis.

There were systems in place to support patients to have meaning and purpose to their day.

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 20 April 2020 and became the registered manager with RQIA on 20 June 2021.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would provide a resolution. Review of the home's record of complaints confirmed that these were well managed.

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.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

In summary, there were effective systems in place to monitor all aspects of the running of the home. There was a clear organisational structure in place and all staff were aware of their roles within the structure.

6.0 Conclusion

Patients looked well cared for and were well dressed, clean and comfortable in their surroundings. Patients who required assistance with eating their meals were attended to by staff in a timely manner.

Patients were seen to make choices throughout the day; from the care they received to how they spent their day.

The privacy and dignity of patients was a priority throughout the inspection and staff were observed to be respectful and polite to patients and colleagues.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team.

7.0 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/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	1*	0

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs 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	
Area for improvement 1 Ref: Regulation 14(2)(a) Stated: Second time To be completed by: Immediate action required	The registered person shall ensure all parts of the home to which patients have access are free from hazards to their safety. Ref: 5.1 Response by registered person detailing the actions taken: Disinfectant Spray that was used by the Magic Moments Coordinator was changed to disinfectant wipes. Stores checked daily on walk about and all found to be locked.

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