

# Unannounced Care Inspection Report 17 August 2016



## Comber Care Home

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

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Comber Care Home took place on 17 August 2016 from 09.45 to 19.00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Safe systems were in place for monitoring the registration status of current nursing and care staff. Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A weakness was identified in compliance with best practice in infection prevention and control and in incidents management.

### **Is care effective?**

Staff were aware of the local arrangements for referral to health professionals and communications with health professionals were recorded within the patients' care records and recommendations were adhered to. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. One recommendation has been made to ensure that care plans are updated to reflect the recommendations made by other health professionals

### **Is care compassionate?**

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report.

### **Is the service well led?**

Monthly monitoring visits were conducted consistently and reports were available for review. Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display.

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.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Anne Robertson, registered manager and Alana Irvine, regional 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.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced estates inspection undertaken on 21 April 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Four Seasons Health Care Dr Maureen Claire Royston	<b>Registered manager:</b> Mrs. Anne Robertson
<b>Person in charge of the home at the time of inspection:</b> Mrs. Anne Robertson	<b>Date manager registered:</b> 28 May 2014
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 72

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 previous care inspection report and the returned quality improvement plan (QIP)
- pre inspection assessment audit

During the inspection we met with 12 patients individually and others in small groups, three patient representatives, four care staff, four registered nurses, and one ancillary staff member.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation.
- a staff recruitment file
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 8 to 21 August 2016

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 24 April 2016 - Estates**

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector and will be validated at the next estates inspection.

## 4.2 Review of requirements and recommendations from the last care inspection dated 7 May 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 36 <b>Stated:</b> First time	It is recommended that the following policy guidance is updated: <ul style="list-style-type: none"> <li>• Communication policy should include reference to the regional guidance for breaking bad news.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of relevant documentation evidenced this recommendation has been met.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time	It is recommended that the registered person ensures that all grades of staff receive training on the following: <ol style="list-style-type: none"> <li>1. Palliative / End of life care</li> <li>2. Breaking bad news communication skills</li> </ol>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and information sent to RQIA following the inspection evidenced this recommendation has been met.	

### 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Evidence of patient dependency checks was available for review. A review of the staffing rota from 8 to 21 August 2016 evidenced that the planned staffing levels were adhered to. Discussion with staff evidenced that they had no concerns regarding staffing levels and being able to meet patients' needs. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for inducting the new employee.

A review of the training records evidenced that a system was in place to monitor staff attendance at mandatory training. Overall compliance with mandatory training was at 73 percent. This was discussed with the registered manager who confirmed that the compliance statistic had been identified on 8 August 2016 and an action plan had been developed to address the shortfall identified. The regional manager confirmed that compliance with mandatory training will continue to be reviewed on the monthly monitoring visits in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training received had been embedded into practice.

Competency and capability assessments of the nurse in charge of the home in the absence of the manager had been completed appropriately. The completed assessments had been signed by the registered nurse and verified by the registered manager as successfully completed.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of current nursing and care staff with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) were appropriately managed.

A review of the recruitment process evidenced a safe system in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of a random selection of records pertaining to accidents, incidents and notifications forwarded to RQIA since 7 May 2015 confirmed that these were appropriately managed. However, RQIA were made aware on the day of inspection of details of an incident which had occurred in the past month. This incident had not been recorded. A recommendation was made to ensure that training on the management of incidents was conducted with all relevant staff to ensure staffs' awareness of what constitutes as an incident.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Rooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction.

The following issues were not managed in accordance with best practice guidelines in infection prevention and control (IPC):

- inappropriate storage in identified rooms
- pull cords in use without appropriate covering
- ripped chairs, pressure relief cushion and crash mat observed in use
- toilet aids not effectively cleaned after use
- rusted shower chairs/commodes in use

The above issues were discussed with the registered manager and an assurance was provided by the registered manager that these areas would be addressed with staff and measures taken to prevent recurrence. A requirement was made.

During a review of the environment, cling film was observed to be covering some patients' drinking water jugs rather than appropriate lids. This was discussed with the registered manager and a recommendation was made to ensure this practice does not continue and appropriate lids are provided by the home to cover patients' drinking water jugs.

An ongoing refurbishment programme was in progress. A programme to review and replace damaged vanity units was ongoing. Patients on the ground floor had personally selected curtains for their bedrooms and there was a plan in place for patients on the second floor to avail of this opportunity. The registered manager confirmed plans had been approved to refurbish the reception area of the home.

### **Areas for improvement**

It is required that the registered person ensures the infection control issues identified on inspection are managed to minimise the risk and spread of infection.

It is recommended that training on the management of incidents is conducted with all relevant staff.

It is recommended that appropriate lids are provided to cover patients' drinking water jugs.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>2</b>
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#### 4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

Staff demonstrated an awareness of patient confidentiality in relation to the storage of records. Records were stored securely in lockable cabinets at the nursing stations.

A review of bowel management records and repositioning charts evidenced these had been completed in accordance with best practice guidelines.

Registered nurses were aware of the local arrangements and referral process to access relevant healthcare professionals, for example, General Practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse (TVN). However, a review of one patient's care record evidenced that the patient's care plan had not been updated to include recommendations made by a health professional. A recommendation was made.

Discussion with the registered manager and information sent to RQIA following the inspection confirmed that staff meetings were conducted quarterly. Minutes of the meetings were available and maintained within a file. Minutes included details of attendees; dates; topics discussed and decisions made. The registered manager also confirmed that family/relatives' meetings were conducted on 16 March 2016 and 11 May 2016.

A 'Quality of Life' (QOL) feedback system was available at the entrance to the home. The registered manager confirmed that the home aimed to achieve service feedback from a variety of staff; visiting professionals; patients and patient representatives.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

Staff consulted knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and representatives were confident in raising any concerns they may have with the staff and/or management.

#### Areas for improvement

It is recommended that patients' care plans are updated to reflect recommendations made by other health professionals.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Three of the questionnaires were returned within the timescale for inclusion in the report. The three respondents were very positive in their feedback of the home. On inspection four registered nurses, four carers and one ancillary staff member was consulted to ascertain their views of life in Comber Care Home.

Some staff comments were as follows:

"I love my job."

"I like it here."

"I'm happy here."

"The work can be stressful but I like it."

"I love it."

"I enjoy my work."

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with 12 patients individually, and with others in smaller groups, confirmed that, in their opinion, the care was safe, effective, compassionate and well led.

Some patient comments were as follows:

"Everything is very nice."

"It's like a second home. All are very nice."

"They (the staff) are very good to me here."

"It's lovely. The staff are excellent."

"It's very good. I can't complain."

"It's very good. All are very happy people."

Two patients were not satisfied with the food provision in the home. This information was passed to the registered manager who agreed to review this.

Nine patient questionnaires were left in the home for completion. No patient questionnaires were returned within the timeframe.

Three patient representatives were consulted on the day of inspection. Seven relative questionnaires were left in the home for completion. One relative questionnaire was returned within the timescale for inclusion in the report.

Some representative comments were as follows:

"It's grand. The staff are all very pleasant."

"They (the staff) are very good to ...."

"The staff are very busy but very good. We are very happy with the care."

The serving of lunch was observed in the main dining room on the ground floor. A notice was on the door of the dining room welcoming relatives and discouraging professional visits during the mealtime experience. The mealtime was well supervised. Food was served in an organised manner; when patients were ready to eat or be assisted with their meals. Staff wore appropriate aprons when serving or assisting with meals and patients were provided with dignified clothing protectors. A selection of condiments was available on the tables and a range of drinks were offered to the patients. The food appeared nutritious and appetising. A menu was on display offering choice of meal. The mealtime experience was observed to be well organised and pleasurable for the patients. As previously discussed, detail of two patients' dissatisfaction with the food provision was passed to the registered manager to review.

Discussion with staff confirmed that the religious needs of patients were met through a church service conducted in the home on the last Sunday of every month. Staff also confirmed that members of the clergy come to the home to visit patients.

A programme of activities was displayed on a noticeboard in each of the units in the home. Activities included pub quiz, carpet bowls, flower arranging, crafts, high tea and one to one activity. Discussion with the activities therapist informed that external entertainers such as pianists, Elvis impersonators and/or singers would come into the home twice monthly and outings to places of interest such as museums or gardens would be arranged annually.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints reviewed were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The complaints procedure was displayed at reception. However, information reviewed on the day of inspection regarding a relative's dissatisfaction with care provision had not been identified or recorded as a complaint. A recommendation was made to ensure all relevant staff have received training on the management of complaints.

Policies and procedures were maintained electronically on the organisation's intranet. Staff had 24 hour access to these facilities within the home.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

“Many thanks to you for all your kindness. So very much appreciated.”

“We were very impressed by the kindness and care that was shown to ... and also to us, the family.”

“... you were all marvellous and it’s clear that staff are committed to their new job.”

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, falls, medicines management, complaints, restraint, bed rails, hand hygiene, personal protective equipment, hoists/slings, health and safety and incidents/accidents. However, the wound analysis audits did not make reference to current best practice guidelines. This was discussed with the registered manager who agreed to review the audit template.

Online ‘TRaCA’ audits were conducted to assess standards in housekeeping, medications management, health and safety, resident care, weight loss and the home’s governance arrangements. All TRaCA audits demand an ‘actions taken’ section to be completed for every audit; even if the audit had achieved 100 percent compliance. For example, the action taken could be confirmation that the information was shared with staff. All actions taken are documented online by the registered manager. The system would notify the registered manager of any audit that had not been actioned. The auditing process was overseen by the regional manager and informed the monthly monitoring visits.

Safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. However, a robust system was not in place to ensure that relevant staff had read the communication or had been notified about it. A recommendation has been made that a safe system and procedure is developed to ensure the effective management of safety alerts and notices.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated within the report to address any areas for improvement and a review of the previous action plan was included within the report. Copies of the reports were available for patients, their representatives, staff and trust representatives.

### Areas for improvement

It is recommended that all relevant staff receive training/updated training on the management of complaints.

It is recommended that the system to manage safety alerts and notices is reviewed to ensure that these are shared with all relevant staff.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne Robertson, registered manager and Alana Irvine, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

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

## 5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 13 (7)

**Stated:** First time

**To be completed by:**  
31 August 2016

The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.

Robust systems must be in place to ensure compliance with best practice in infection prevention and control within the home.

**Ref: Section 4.3**

**Response by registered provider detailing the actions taken:**

All staff have received additional training from the house keeper with regards to the cleaning and maintenance of commodes and toilet seats. Any ripped equipment or furniture will be removed from use when identified.

Staff have been instructed to ensure there is no inappropriate storage in bathrooms or shower rooms. This will be monitored daily through the FSHC quality of life audit process and any non compliance will be immediately addressed.

Pull cords in shower room now have appropriate covering

Any rusting commodes will be removed from use and replaced..

### Recommendations

#### Recommendation 1

**Ref:** Standard 39

**Stated:** First time

**To be completed by:**  
30 October 2016

The registered person should ensure that relevant staff have received training on the management of incidents.

**Ref: Section 4.3**

**Response by registered provider detailing the actions taken:**

Training and supervision has been carried out with Registered Nurses with regards to dealing with incidents and complaints.

#### Recommendation 2

**Ref:** Standard 12

**Stated:** First time

**To be completed by:**  
31 August 2016

The registered person should ensure that appropriate lids are used to cover patients' drinking water.

**Ref: Section 4.3**

**Response by registered provider detailing the actions taken:**

Appropriate lids ordered and in place

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2016</p>	<p>The registered provider should ensure that care plans are updated to reflect the recommendations made by other healthcare professionals.</p> <p><b>Ref: Section 4.4</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Registered Nurses will reflect any recommendations made by members of visiting health care professionals in their care plans.. This will be monitored through the audit process and any non compliance identified will be addressed. This will be reinforced with staff through regular supervision, staff meetings and reflection of practice.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 16 Criteria (6)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 October 2016</p>	<p>The registered provider should ensure that all relevant staff have completed training on the management of complaints.</p> <p><b>Ref: Section 4.6</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Staff have all been requested via careblox to read Four Seasons Policy on dealing with concerns and complaints. Individual supervisions have been held with staff on the management of concerns and complaints, and the documentation of such.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 17</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2016</p>	<p>The registered person should ensure a system is in place to manage safety alerts and notifications.</p> <p><b>Ref: Section 4.6</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> All new safety alerts and notifications are shared with staff through the careblox system.</p>

*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**



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