



# Unannounced Follow Up Care Inspection Report 18 February 2020



## Comber Care Home

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

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

---

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide care for up to 72 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual(s):</b> Dr Maureen Claire Royston	<b>Registered Manager and date registered:</b> Roxana Mitrea – acting no application required
<b>Person in charge at the time of inspection:</b> Roxy Mitrea	<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> 54

### 4.0 Inspection summary

An unannounced inspection took place on 18 February 2020 from 09.30 to 17.00 hours.

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

The following areas were examined during the inspection:

- staffing
- environment
- meals and mealtimes
- care records
- governance arrangements

Evidence of good practice was found in relation to the environment in the home, the interaction between patients and staff and the dining experience of patients.

Areas requiring improvement were identified in relation to infection, prevention and control(IPC) practices, management of falls and fluid management.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interaction with staff.

Comments received from patients, people who visit them and staff during and after the inspection are included in the main body of this report.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Roxy Mitrea, 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 9 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 9 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action resulted from this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with nine patients, two patients' relatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patient/relative questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 10 February to 16 February 2020
- staff training records
- incident accident records
- four patients' care records
- two supplementary care records
- a sample of governance audits
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> Third and Final time	The registered person shall ensure the following in relation to patients receiving wound care: <ul style="list-style-type: none"> <li>• That all patient care plans accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multi-professional care team</li> <li>• That all records pertaining to the management of wound care are accurately and contemporaneously maintained.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed evidenced that care plans reflected the prescribed care and treatment following recommendations from the multiprofessional team and were accurately maintained.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 9</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the person appointed to manage the nursing home has the appropriate knowledge and skills to do so.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager confirmed that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13(7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed.</p> <p>A more robust system to ensure compliance with best practices in infection prevention and control must be developed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observation of the home environment confirmed that the infection, prevention and control issues identified during the previous inspection had been met. However, a new area for improvement in relation to infection prevention and control was identified; this is discussed further in section 6.2.</p>	<b>Met</b>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13(7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all staff receive Infection prevention and control training and there are systems in place to monitor the ongoing effectiveness of this training.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of staff training and supervision records confirmed this area for improvement was met.</p>	<b>Met</b>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure staff pay attention to detail when delivering personal care.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observation of patients on the day of inspection evidenced that they were well presented; review of supplementary care records confirmed that staff had completed these accurately.</p>	<b>Met</b>

<b>Area for improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time	The registered person shall ensure that bowel management records are accurately recorded and nursing staff evaluate the effectiveness of this care.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed supplementary care records relating to patients' bowel management and found that the records had been accurately completed and evaluated by nursing staff.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time	The registered person shall ensure that repositioning records are accurately recorded and nursing staff evaluate the effectiveness of this care.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the repositioning records evidenced accurate recording of care and that nursing staff had reviewed these charts daily.	

## 6.2 Inspection findings

### Staffing

We discussed the planned staffing levels for the home with the manager who confirmed that these were subject to regular review to ensure the assessed needs of the patients were met. Review of the duty rota indicated that the planned staffing levels were adhered to. One staff member spoken to advised that they were busy in the afternoon on the ground floor and would benefit from the addition of another member of staff; the same staff member stated that this was already being addressed. Comments from staff included:

- "Staffing levels are better than before, upstairs, not as rushed, get to spend time with the patients."
- "There has been a lot of improvement."
- "Very good."

We also sought staff opinion on staffing arrangements via the staff online survey: no responses were received.

The patients spoken to told us they were satisfied with the staffing levels in the home. We observed that the patients in their rooms had access to call bells which were within reach and that these were answered promptly by staff. Patients commented:

- "Definitely enough staff, you just have to press a buzzer and they are here."
- "I'm very content here."

- I am “well looked after I’ve got everything I need.”
- “Yes, there is enough staff.”
- “I am well looked after.”

Comments from the patients were shared with the manager.

Patients’ visitors told us they were satisfied with the staffing levels and care provided; relatives’ comments included:

- “I’ve no concerns.”
- “xxxx care has been exceptional since coming here.”

We also sought the opinion of patients and patients’ visitors in regard to staffing levels via questionnaires - no responses were received.

## **Training**

Observation of staff practice and a review of staff training records in relation to infection prevention and control evidenced that all staff had received further training in IPC and further staff supervision. However, the need to embed such training into practice was stressed as new IPC deficits were found; these deficits are discussed further below. Staff spoken to had an awareness of the Mental Capacity Act (Northern Ireland) 2016 and associated deprivation of liberty safeguards (DoLS). The manager confirmed that there was ongoing staff training in regard to this.

## **The environment**

We reviewed the environment and reviewed a selection of bedrooms, bathrooms, shower rooms, storage rooms, sluice rooms, dining rooms and lounges. The home was found to be warm and clean. Fire exits were observed to be clear of clutter and obstruction. Communal areas were attractively decorated and we observed that patients and their visitors had access to a range of comfortable lounges and seating areas throughout the home.

It was positive to note that one lounge in the upper floor of the home had been recently decorated; we discussed this with the manager who confirmed that this was part of an ongoing refurbishment plan within the home.

We identified in one storage area that several items were stored on the floor. We also observed the inappropriate storage of topical cleansing creams on a trolley in a store room suggesting the possibility of communal use. In addition, we noted a malodour at the end of an identified corridor. We shared these findings with the manager and an area for improvement was identified.

## **Care records**

We reviewed the care records for four patients and found that these contained a range of validated risk assessments which informed care planning for each individual. Daily records were up to date.



Review of wound care records evidenced that individual care plans were in place and reflective of multi-disciplinary recommendations. The records evidenced that the care plans had been regularly reviewed and the frequency of dressing change was accurately recorded and carried out as recommended in the care plan. The wound evaluation was documented; this area for improvement was met.

A review of repositioning charts confirmed that these were up to date and reflective of the care directed on the patient's care plans; daily care records further evidenced that the repositioning of patients was meaningfully reviewed by nursing staff.

Bowel management records reviewed were found to be up to date and reflective of the care directed on the patient's care plan; care records also evidenced that registered nurses had evaluated this aspect of care delivery; this area for improvement was met.

Fluid balance charts were noted to be completed by staff. However, review of the care records for one patient highlighted that nursing staff had not meaningfully evaluated and/or responded to the patient's fluid intake being consistently low for over three days. An area for improvement was identified. The manager provided assurances that the patient was taking regular fluid and would review the recording of fluids.

We reviewed the management of patients who were assessed as being at risk of falling. We observed that validated risk assessments and care plans were in place to direct the care of the patient. We reviewed the falls protocol in place for two patients; in one set of care records we observed that while the patient's neurological observations had been recorded, they had not been obtained across the required 24 hour period. The other had been recorded over the 24 hour period. An area for improvement was identified.

### **Care delivery & dining experience**

We observed that there was a calm and relaxed atmosphere throughout the home; staff were seen to be helpful and responsive to patients' needs and to provide them with privacy and dignity.

Patients were observed to be well presented and it was clear that staff paid attention to detail with regard to the delivery of personal care, for example eye nail and hair care had been attended to.

We reviewed the dining experience for patients in both dining areas in the home. A calm and relaxing atmosphere was evident and staff were available to assist when needed. The food looked appetising and well presented.

Patients spoke positively about the food on offer, comments included:

- "The food is good."
- The food is "lovely."

## Governance arrangements

A new manager had been appointed since the last inspection.

Systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure actions were taken as a result of any deficits identified to drive quality improvement.

We reviewed the duty rota and noted that the manager's hours and the capacity in which these were worked was clearly recorded.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies.

Staff spoken to told us they felt well supported in their role and that the manager was approachable.

Areas of good practice were found in relation to the environment in the home, the interaction between patients and staff and the dining experience of patients.

Areas requiring improvement were identified in relation to infection, prevention and control (IPC) practices, management of falls and fluid management.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Roxy Mitrea, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the day of inspection	The registered person shall ensure that the infection prevention and control issues identified in this report are addressed.  <b>Ref:</b> 6.1 & 6.2  <b>Response by registered person detailing the actions taken:</b> All issues identified were addressed on the day of the inspection. Infection control audit continues to be completed monthly and any findings are addressed through an action plan.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the day of inspection	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall in keeping with best practice guidance, policies and procedures. All such observations/actions taken post fall must be appropriately recorded in the patient's care record.  <b>Ref:</b> 6.2  <b>Response by registered person detailing the actions taken:</b> The Registered Person has completed supervision with all nursing staff regarding post fall management and recording of CNS observations for 24 hours post fall. This will be monitored closely by Home Manager when investigating falls on Datix.
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the day of inspection	The registered person shall ensure that the daily fluid intake of patients is recorded, evaluated and meaningfully reviewed by care/nursing staff, on a daily basis.  <b>Ref:</b> 6.2  <b>Response by registered person detailing the actions taken:</b> The Registered Person has completed supervision for all care staff regarding completion of food and fluid charts. The completion of these charts will be monitored through spot checks by the nurse in charge of the unit. Any issues identified will be addressed at the time with the relevant staff member.

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 [@RQIANews](https://twitter.com/RQIANews)