



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 22 and 23 July 2019



Comber Care Home

Type of Service: Nursing Home
Address: 17 Castle Street, Comber BT23 5DY
Tel no: 0289187 8200
Inspector: Gillian Dowds

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 72 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Anne Robertson 28 May 2014
Person in charge at the time of inspection: Anne Robertson	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: 56

4.0 Inspection summary

An unannounced inspection took place on 22 July 2019 from 09.30 hours to 18.00 hours and 23 July 2019 from 08.30 hours to 12.00 hours. This inspection was undertaken by the 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.

As a result of this inspection RQIA were concerned that some aspects of the quality of care and service delivery in Comber Care Home was below the standard expected. A decision was made to invite the registered persons to a serious concerns meeting in relation to the robustness of management arrangements put in place during the absence of the registered manager; and the management of wound care. This meeting took place on 30 July 2019.

At this meeting the manager and Ruth Burrows, Head of Operational Quality, acknowledged the deficits identified and provided a full account of the actions and arrangements put into place to ensure the necessary improvements. RQIA were provided with appropriate assurances and the decision was made to take no further enforcement action at this time.

A further inspection will be undertaken to validate sustained compliance and to drive necessary improvements. Please refer to the main body of the report and the quality improvement plan (QIP) for details.

Evidence of good practice was found in relation to recruitment of staff, staff training, interaction of staff with patients, environment.

Areas requiring improvement were identified in relation to management and governance arrangements, supervision of patients within dining rooms and lounge areas, attention to personal care, the nutritional care of patients, and record keeping. Further areas for improvement were also highlighted in regard to the storage of thickening agents/nutritional supplements, the dining experience of patients and the internal environment.

Patients described living in the home as being a good experience and in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions 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
Total number of areas for improvement	*4	6

*The total number of areas for improvement includes one under regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Anne Robertson, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a result of this inspection RQIA were concerned that some aspects of the quality of care and service delivery in Comber Care Home was below the standard expected. A decision was made to invite the registered persons to a serious concerns meeting. This meeting took place on 30 July 2019. RQIA were provided with the appropriate assurances and the decision was made to take no further enforcement action at this time.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 14 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 14 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received. For example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 22 July 2019 to 4 August 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- five patients' care records
- three patients' care records including food and fluid intake charts and repositioning charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered monthly monitoring reports from February 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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		Validation of compliance
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		
<p>Area for improvement 1</p> <p>Ref: Regulation 12(1)(a)(b)</p> <p>Stated: First time</p>	<p>The registered persons shall ensure the following in relation to patients receiving wound care:</p> <ul style="list-style-type: none"> • 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. • That all records pertaining to the management of wound care are accurately and contemporaneously maintained. 	Not met
	<p>Action taken as confirmed during the inspection:</p> <p>We reviewed wound care records which evidenced deficits which are referred to in more detail in section 6.4.</p> <p>This area for improvement was not met and has been stated for a second time.</p>	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the staffing levels for the home and that these levels were kept under review. A review of the staff rota from the 22 July to the 4 August 2019 indicated that these staffing levels were adhered to and short notice sick leave was managed appropriately. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that staff were attending to patients' needs. However, staff raised concerns about the staffing levels stating that they "felt under pressure." Staff concerns were discussed with the manager who agreed to review staffing levels to ensure they meet the needs of the patients and that staff feel adequately supported. We will review staffing arrangements during a future care inspection.

We also sought staff opinion on staffing via the online survey; no responses were submitted within the time frame for inclusion in this report.

Review of two staff recruitment files evidenced that staff were recruited safely and in line with regulations.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding. Review of training records confirmed staff had completed mandatory training in this area.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC.

Discussion with staff and review of records confirmed there was a system in place to ensure staff receive regular supervision and annual appraisals.

We reviewed the home's environment; the home was found to be warm, well decorated and fresh smelling throughout. We considered infection prevention and control (IPC) practices. Staff were observed to use personal protective equipment (PPE) which was readily available and adhered to effective hand hygiene procedures. However, we saw that a number of pull cords in toilets were not 'wipeable' and could not be cleaned effectively. We also saw that hoist slings were not decontaminated after they had been used. An area for improvement has been made.

A number of concerns were noted in relation to the management of medicines. For example, quantities of thickening agents were left unattended within three bedrooms and one communal dining room. In addition, supplement drinks for one identified patient were stored inappropriately within a communal lounge. These shortfalls were brought the attention of the manager who removed the box of supplement drinks and the thickening agents to the clinical room. An area for improvement was made. This matter was discussed as part of the serious concerns meeting held in RQIA. During the meeting with RQIA, we were provided with an action plan to address the storage of the thickening agents/nutritional supplements and ensure that such items are stored safely and securely at all times.

We observed one unsupervised patient within the downstairs communal lounge attempting to get out of their wheelchair. Discussion with staff confirmed that this patient was assessed as being at risk of falling. This was discussed with the manager during and following the inspection and the need to ensure that patients are effectively supervised at all times was stressed. An area for improvement was made. During the meeting with RQIA we were provided with an action plan to ensure that patients were effectively supervised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, use of PPE, staff supervision/appraisal and training for staff.

Areas for improvement

Areas for improvement were identified in relation to IPC, the safe and secure storage of thickening agents/nutritional supplements and supervision of patients.

	Regulations	Standards
Total numb of areas for improvement	2	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We observed care delivery to patients and staff were observed attending to patients in a caring manner. The patients' needs were attended to but there was a lack of attention to detail in this delivery. For example, nail care, mouth care and facial hair. We raised concern about the delivery of personal care with the manager. Who acknowledged these shortfalls and agreed to address this with staff immediately. We discussed this further at the meeting and supervision with staff was commenced and the delivery of personal care will be monitored.

We reviewed four patients' care records in relation to the management of nutrition, weight loss, pressure area care, wound care, bed rails and falls. Risk assessments and care plans were in place to direct and manage care in all of the areas reviewed. These records were also reviewed on at least a monthly basis.

We considered the provision of nutritional care to patients. A care plan for one patient was not reflective of current recommendations from the attending speech and language therapist (SALT). However it was confirmed with staff that the patient was receiving the correct diet. An area for improvement was identified.

When reviewing wound care to patients, it was noted that two wound care records contained 'gaps' in the recording of wound care. In addition, we found that there were multiple care plans for one wound within one patient's care record. An area for improvement was stated for a second time.

Supplementary care records relating to the repositioning of patients and monitoring patients' bowel function were reviewed. Repositioning records were noted to contain 'gaps' in recording patients repositioning and did not accurately reflect the care being provided. An area for improvement was made. Similarly, supplementary records which evidenced in relation to bowel management were not completed in comprehensive manner and in keeping with best practice standards. An area for improvement was made.

During the meeting with RQIA we were provided with an action plan to ensure that staff complete all supplementary care records in an accurate, contemporaneous and comprehensive manner at all times.

We reviewed the management of use of bedrails in the home. The care record reviewed included relevant risk assessments and an accurate and person centred care plan. Written evidence was also in place which demonstrated that appropriate consent had been obtained for the use of this form of restrictive practice including discussion with the patient's family and Trust keyworker.

We reviewed the management of falls in the home; the care records reviewed evidenced that validated risk assessments and care plans were in place to direct the care required. In discussion with the inspector, staff demonstrated their knowledge of the management of falls and how to care for patients who had a fall. Patients' risk assessments and care plans were reviewed and updated following a fall.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals and also confirmed that there were regular staff meetings held in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication, the use of restrictive practices and falls management.

Areas for improvement

Areas for improvement were identified relation to attention to detail for personal care, nutritional care , the repositioning of patients and bowel management.

	Regulations	Standards
Total number of areas for improvement	0	4

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.30 hours. Patients were enjoying breakfast or a morning cup of tea or coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy and respect.

We observed the serving of lunch in the ground floor dining room. The dining room was clean and tidy with condiments available for the patients. Staff assisted patients into the dining rooms, ensuring they were comfortable.

During the meal we observed staff support a patient who appeared to have a choking episode and required immediate care. Care staff were able to support the patient correctly but they were unaware of the care needs of the patient in relation to their diet this was discussed at the meeting and further training is to be provided to staff. In addition, nursing staff were not present in the dining rooms to supervise the serving of the meal or to provide support to care staff as they attended to patients' needs. Meals served to two patients in their bedrooms was not done in a timely manner and had to be returned to the kitchen as the meal was cold and a hot meal returned. An area for improvement was identified.

Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in Comber Care Home was viewed as a positive experience. Some comments received included the following:

- “Like it here.”
- “Very Good.”
- “Happy.”
- “They are good to me.”
- “First Class.”
- “Very nice place.”

However, two patients expressed dissatisfaction with regard to the provision of activities, the majority of patients expressed satisfaction with the range of events available. Feedback from one patient who expressed dissatisfaction with this aspect of care was shared with the manager for consideration and action as appropriate.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten patient/relative questionnaires were left in the home for completion; no responses were returned within the timescale for inclusion in this report.

Five relatives were consulted during the inspection. Some of the comments received were as follows:

- “Very good.”
- “Staff very good and attentive.”
- “Care is very good.”
- “Food is good.”
- “Staff are very pleasant, don’t have to wait.”

Two relatives spoken to did raise concerns and details of this was discussed with the manager at the time of inspection and agreed to address this.

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and staff interaction with patients.

Areas for improvement

An area for improvement was identified in relation to the dining experience of patients.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Discussion with staff, patients and relatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, medication, wound care and bedrails.

However, governance records showed that there was a gap in the recording of several audits from April 2019 until July 2019. It was noted that the manager was on leave and interim management arrangements were in place during this period. These arrangements were not robust and there was a lack of governance oversight during this time. The senior management team were aware of shortfalls relating to quality assurance audits. A review of monthly monitoring reports highlighted that the audits were not completed and no action was taken. An area for improvement was made.

At the meeting the manager informed RQIA that she had resigned from her post and was working notice. Assurances were received from Four Season Health Care that robust management arrangements would be in place.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to working relationship with the manager, and complaints management.

Areas for improvement

An area for improvement was identified in relation to managerial arrangements and governance oversight.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne Robertson, 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 12(1)(a)(b)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action record</p>	<p>The registered person shall ensure the following in relation to patients receiving wound care:</p> <ul style="list-style-type: none"> • 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 • That all records pertaining to the management of wound care are accurately and contemporaneously maintained. <p>Ref: 6.1 and 6.4</p> <p>Response by registered person detailing the actions taken: Any resident who currently has a wound has had their care plan audited. At this time it can be confirmed that all recommendations made by the multidisciplinary team are reflected within each care plan. A weekly audit will be carried out with a wound audit completed followed each dressing change. This will be reviewed by the Home Manager via Datix on weekly basis.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: immediately from time of inspection</p>	<p>The registered person shall ensure that patients are effectively supervised within communal lounges and dining areas.</p> <p>Ref: 6.3 and 6.5</p> <p>Response by registered person detailing the actions taken: Supervision sessions have been held with care and trained staff regarding effective supervision in the communal areas and during meal times. Allocation sheets have been implemented as part of the review process. This will be monitored as part of the daily walkaround audit, by the Home Manager and the Regional Manager during their visits.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: immediately from time of inspection</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: A review of all pull cords has now been completed and all have now appropriate covering in place. This will be monitored as part of the daily walkaround audit, by the Home Manager and Regional Manager during their visits.</p>
<p>Area for improvement 4</p>	<p>The registered person shall ensure that the person appointed to</p>

<p>Ref: Regulation 9</p> <p>Stated: First time</p> <p>To be completed by: Immediately</p>	<p>manage the nursing home has the appropriate knowledge and skills to do so.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: An Interim Home Manager who has the appropriate knowledge and skills has been appointed as of October 21st. Recruitment continues for a permanent Home Manager.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the day of inspection</p>	<p>The registered person shall ensure thickening agents and patients' supplement drinks are stored safely and securely at all times.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Supervisions sessions have been held with care and nursing staff regarding safe and secured storage of thickening agents. This area is monitored on a daily basis by the sisters/HM and also during the RM visit.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 31 September 2019</p>	<p>The registered person shall ensure staff pay attention to detail when delivering personal care.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Supervisions sessions have been held with care and nursing staff regarding delivery of personal care and completion of care records. An audit of care files is being carried out to ensure that all care plans reflect personal choice. This area will be monitored when completing care file audits.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2019</p>	<p>The registered person shall ensure that bowel management records are accurately recorded and nursing staff evaluate the effectiveness of this care.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Supervisions sessions have been held with care and nursing staff regarding bowel management and actions taken where identified. An audit of care files is being carried out to ensure that all bowel movements are recorded on each resident's daily progress notes and that action has been taken when necessary. This area will be kept under review and be monitored when completing care file audits.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that repositioning records are accurately recorded and nursing staff evaluate the effectiveness of this care.</p> <p>Ref: 6.4</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Supervisions sessions have been held with care and nursing staff regarding completion of repositioning records. Nurses have been advised to check and sign a sample of supplementary charts during their shift. This is being monitored by Home Manager and Regional Manager during her visits.</p> <p>The registered person must ensure all care documents and care plans are updated to reflect the most recent nutritional advice from Speech and language therapists and ensure that staff are aware of updated recommendations.</p> <p>Ref: 6.4 and 6.5</p> <p>Response by registered person detailing the actions taken: Supervision sessions carried out with nursing staff to ensure care plans are updated to reflect all recommendations from visiting professionals. An audit has been undertaken in relation to this area with any identified deficits being actioned by nursing staff. This will be re-audited this week and be monitored via care file audits.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect.</p>	<p>The registered person shall ensure that the dining experience of patients is in keeping with best practice standards. This relates to those shortfalls outlined in section 6.5.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Dining experience training has been provided to 24 staff with further training organised. Supervision sessions have been held with care and nursing staff regarding meal times supervisions. This is being monitored on a daily basis by the Home Manager and deputies.</p>

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



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