Unannounced Care Inspection Report
26 April 2021

Comber Care Home

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

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.

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1.0 What we look for

2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual:** Natasha Southall, registration pending	**Registered Manager and date registered:** Michelle MacMillan – registration pending
Person in charge at the time of inspection: Michelle MacMillan	**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:** 32

4.0 Inspection summary

An unannounced care inspection took place on 26 April 2021 from 09.30 to 17.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess 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
- care delivery
- care records
- infection prevention and control (IPC) and personal protective equipment (PPE)
- the environment
- leadership and governance.

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

The term 'patients' is used to describe those living in Comber Care Home which provides nursing care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	6*

*The total number of areas for improvement includes two standards which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Michelle MacMillan, 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. However, areas for improvement were identified in relation to Infection Prevention and Control (IPC), Control of Substances Hazardous to Health (COSHH), quality of meals, care records, complaints, reporting accidents and incidents and knowledge of restrictive practices. The Responsible Individual and manager were invited to attend a meeting with RQIA via teleconference on 12 May 2021 to discuss the findings. During the meeting the manager provided an action plan to drive improvement and ensure that the concerns raised at the inspection were addressed.

Following the assurances provide it was decided that the registered persons shall be allowed a period of time to demonstrate that the improvements have been made and embedded into practice.

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 12 patients and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards to be placed in a prominent position to allow patients and their relatives/representatives, the opportunity to give feedback to RQIA regarding the quality of service provision. No feedback was received within the time frame.

The following records were examined during the inspection:

- duty rotas from 26 April to 1 May 2021
- two staff recruitment files
- staff training records
- staff registration with Nursing Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC)
- staff supervision matrix

- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports for the period January to March 2021
- complaints and compliments records
- incident and accident records
- a selection of minutes of patients and staff meetings
- activity planner
- four patient care records.

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)

The most recent inspection of the home was an unannounced care inspection undertaken on 5 November 2020.

The quality improvement plan from the previous inspection was reviewed and assessment of compliance recorded as met, partially met or not met.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 13 (1) (a) (b) **Stated:** First time	The registered person shall ensure in relation to fluid intake management: • that a care plan in place that prescribes the required care • an accurate fluid balance is recorded, evaluated and reviewed daily by the registered nurses • any actions or advice taken in relation to any fluid deficits should be clearly documented	**Met**
	Action taken as confirmed during the inspection: Review of care records in relation to fluid intake management provided evidence that care plans and supplementary records were recorded, evaluated, reviewed and action taken when required.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 46 **Stated:** First time	The registered person shall ensure that items stored inappropriately in the bathrooms are removed.	**Not met**

	Action taken as confirmed during the inspection: Equipment was observed to be stored in bathrooms. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 2 **Ref**: Standard 46 **Stated:** First time	The registered person shall ensure that training in the use of PPE and hand hygiene is embedded into practice.	**Partially met**
	Action taken as confirmed during the inspection: Not all staff were using PPE appropriately. This area for improvement has been partially met and has been stated for a second time.	
Area for improvement 3 **Ref**: Standard 4 **Stated:** First time	The registered person shall ensure that wound care plans are reflective of the up to date multi professional advice.	**Met**
	Action taken as confirmed during the inspection: Review of care records provided evidence that care records are reflective of up to date multi professional advice.	

6.2 Inspection findings

6.1.2 Staffing

The staff rota was reviewed from 26 April to 1 May 2021 and verified that planned staffing numbers were met. Observation during the inspection confirmed staff responded to patients requests for assistance in a timely manner. Staff and patients spoken with did not raise any concerns about staffing levels.

Review of the staff training matrix and discussion with staff confirmed that they received training to support them in their roles. Staff were knowledgeable about their roles and responsibilities and what action to take if they had any concerns regarding patient care or working practices in the home. Staff spoken with told us:

“We get a lot of training here.”
“We have e-learning in place.”
“We are having fire training next week.”

As part of the inspection process we asked patients, patients’ representatives and staff to provide comments on staffing levels via questionnaires and on-line. No comments were received within the timeframe.

6.2.2 Care delivery

On arrival at the home patients were finishing breakfast in the dining rooms or in their own bedrooms. Patients looked well cared for, content in their surroundings and interactions with staff were observed to be friendly.

We discussed the arrangements for visiting with the manager and staff who explained that, in addition to outside visiting, a designated area of the home had been identified and used for indoor visiting. Precautions such as temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. The home also had a number of care partners.

We observed the serving of the lunch time meal. Patients spoken with were unaware of what was being served for lunch as the menu had not been appropriately displayed. The meals served for those patients who required a modified diet did not appear appetising and on discussion with staff they did not know what meal was being served. An area for improvement was identified. This was discussed further at the meeting with RQIA where an action plan was presented detailing training completed with kitchen staff regarding modified diets.

Activities were taking place during the day with patients enjoying arts and crafts. Discussion with staff identified that activities were planned five days per week with no planned activities taking place on the other two days. This was discussed with the manager who agreed to review activities and put planned activities in place. This will be reviewed at the next inspection.

6.2.3 Care records

An assessment of patient's needs was completed on admission to the home. A range of care plans were then developed to guide the care and support required by patients. There was evidence of involvement of other professionals such as the speech and language therapist and the dietitian. The outcome of these assessments was available in the patient's records. Daily progress notes were available and had been completed.

We reviewed four patient care plans. Care plans for continence care and pressure area care we observed that they were not fully reflective of the patients' current care needs. Gaps were identified in the recording of a patient's repositioning chart and bowel care records. An area for improvement was identified. This was discussed further at the meeting with the manager who told us that she and the deputy manager are to review all patients' continence and pressure area care plans ensuring new care plans required are created.

A risk assessment was in place for visiting and was personalised to each patient. This was noted to be in line with the most up to date Department of Health Guidelines on visiting. There were three care partners in the home.

It was observed that a restrictive practice was in place for one patient preventing them from leaving the home. Staff explained that this was for the patient's safety but they were not able to demonstrate their understanding that this was depriving the patient of their liberty. The manager had confirmed that all staff had completed training in DoLS and the Mental Capacity Act (MCA) however discussion with staff showed evidence of poor understanding of the legislation. There was evidence that this training had not been embedded into practice. An area for improvement was identified.

6.2.4 Infection prevention and control (IPC) and personal protective equipment (PPE)

When we arrived at the home we were met by a staff member who checked our temperature and completed a health declaration. Hand sanitising gel and PPE were available for use when we entered the home.

The home was generally clean and tidy and domestic cleaning was ongoing. However, some equipment such as soap dispensers, shower chairs, commodes, moving and handling equipment, food trolleys and laundry trolleys were not effectively cleaned. An area for improvement was identified. This was discussed further at the meeting with the management and staff supervision has been carried out, IPC audits for hand hygiene, equipment decontamination and environmental cleaning have been put in place. A daily oversight walk around by the manager is to be completed and recorded.

Equipment including a chair and an inflatable basin were stored in a bathroom; some staff were noted to be wearing jewellery and gel nails and were not using appropriate PPE for moving and handling procedures. This has been identified as an area for improvement and has been stated for a second time.

There were adequate supplies of PPE for use throughout the home and staff confirmed there were no issues with supplies.

6.2.5 The environment

The home was warm, bright and inviting. Communal rooms were tidy and decorating was being carried out in the home. Patients' bedrooms were cosy and clean with lovely examples of their own personal belongings and memorabilia. Patient's had access to televisions and music in their own rooms and also in communal sitting rooms.

Patients spoke positively about life in the home. Some comments from patients included:

"So far so good, can't complain."
"Couldn't be any better."
"I'm happy with my room."
"Staff look after me well."
"Nice crowd of people."

Corridors in the home were generally clutter free with the exception of a fire door which was noted to have laundry trolleys stored in front of it. Patients had access to hazards due to unlocked stores and clinical rooms including access to an electrical cupboard, hot press and clinical room with nutritional supplements. An open container of thickening agent was also stored in an unlocked drawer in the dining room and this was removed on request. A tea trolley with hot liquid and snacks was left unattended in a corridor. An area for improvement was identified. This was discussed further with the management at the meeting with RQIA and following a meeting with staff all high risk areas are now locked and staff have been advised snack trolleys are not to be left unattended. A daily audit will be completed.

6.2.6 Leadership and governance

There has been no change in management arrangements since the last inspection. The manager confirmed that the home was operating within its registered categories of care.

We reviewed a selection of quality audits completed by the home manager including nutrition, restrictive practice, wound care and IPC. Audits had been completed on a monthly basis and were well documented. Audits for IPC showed high compliance with hand hygiene but did not identify the IPC issues identified in section 6.2.4. An area for improvement was identified. This was discussed further at the meeting with RQIA and the monthly monitoring report completed by the regional manager will review this area for improvement.

A review of the record of complaints identified that no complaints had been received during the period December 2020 to March 2021. RQIA was aware of two complaints made to the home in this period of time which had not been documented. An area for improvement was identified. This was discussed further at the meeting with RQIA and the manager will consider all concerns or complaints and take action to address these.

The record of accidents and incidents which had occurred in the home was reviewed. While most had been reported appropriately not all unwitnessed falls where medical attention was sought were reported to RQIA. An area for improvement was identified. This was discussed further at the meeting with RQIA and the manager will ensure that any incidents affecting the wellbeing of the patient, resulting in the need for first aid or medical attention, are appropriately reported.

The home retained a record of compliments which the manager shared with staff. Compliments included:

“The staff there are amazing and have made … part of the family.”
“They are all so lovely.”
“The staff have been wonderful.”

Areas for improvement

Areas for improvement were identified including: IPC, meal quality, staff knowledge of DoLS, care records, health and safety, audits, complaints management and reporting of notifiable events to RQIA.

	Regulations	Standards
Total number of areas for improvement	4	4

6.3 Conclusion

The home was warm, welcoming and patients were relaxed in communal rooms or their own bedrooms. Activities were taking place and patients were enjoying each other’s company.

Due to the inspection findings a meeting was arranged with the management of the home to discuss the findings further. An action plan submitted to RQIA as to how the deficits would be addressed was accepted.

The areas for improvement identified in the report will be addressed through the QIP.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michelle MacMillan, 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	
Area for improvement 1 **Ref**: Regulation16 (1) and (2) (b) **Stated:** First time **To be completed by:** 31 May 2021	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. Ref: 6.2.3
	Response by registered person detailing the actions taken: The identified care records were reviewed and action taken to address. Care records are reviewed on a planned schedule as part of FSHC governance processes. Compliance will be monitored through the Home Managers auditing process and via the Regional Manager/designated person as part of the Monthly Reg 29 monitoring visit.
Area for improvement 2 **Ref:** Regulation 13(7) **Stated:** First time **To be completed by:** Immediately from the date of inspection	The registered person shall make suitable arrangements to minimise the risk of infection. This is in relation to cleanliness of equipment. Ref: 6.2.4
	Response by registered person detailing the actions taken: New decontamination folders have been implemented on both units and signage sheets were implemented to highlight decontamination of hoists and slings between use. More convenient access to decontamination wipes has also been put in place. The FSHC daily walkabout has been enhanced to include documented visual checks of these areas and a daily audit is also completed on commodes by Home Manager.
Area for improvement 3 **Ref:** Regulation 14(2)(a) **Stated:** First time **To be completed by:** Immediately from the date of inspection	The registered person shall ensure all parts of the home to which patients have access are free from hazards to their safety. Ref: 6.2.5
	Response by registered person detailing the actions taken: New locks were fitted to the identifed stores within the Home. Compliance will be monitored via the daily walkabout audit of the Home which will include a daily check of stores.
Area for improvement 4 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** Immediately from the date	The registered person shall ensure all unwitnessed falls where medical intervention is sought are notified to RQIA. Ref: 6.2.6
	Response by registered person detailing the actions taken: All falls are cross checked daily with RADAR and handover sheet and all incidents have been reported to RQIA. Deputy Manager access to RQIA

of inspection	portal has been resolved and meeting held with Deputy to discuss reporting requirements. Compliance will be monitored via the Reg 29 visit carried out by the Regional Manager/designated person .
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 46 **Stated:** Second time **To be completed by:** Immediately and ongoing	The registered person shall ensure that items stored inappropriately in the bathrooms are removed. Ref: 6.1 and 6.2.2 **Response by registered person detailing the actions taken:** All Items were removed from the highlighted areas. Compliance will be montitored as part of the daily walkabout of Home which includes a check that there is no inappropriate storage in any bathrooms. This also will be monitored as part of the Reg 29 completed by the Regional Manager
Area for improvement 2 **Ref**: Standard 46 **Stated:** Second time **To be completed by:** Immediately and ongoing	The registered person shall ensure that training in the use of PPE and hand hygiene is embedded into practice. Ref: 6.1 and 6.2.2 **Response by registered person detailing the actions taken:** Further training was organised 18.6.2021 for all staff. Regular auditing has taken place since inspection to support staff embedding theory knowledge in day to day practice. Compliance will be monitored via the Regional Manager/Designated person as part of the monthly Reg 29 visit.
Area for improvement 3 **Ref**: Standard 12.15 **Stated:** First time **To be completed by:** Immediately from the date of inspection	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. Ref: 6.2.2 **Response by registered person detailing the actions taken:** Menu's have been reviewed and support has been provided by the Regional Catering Facilitator who has supported the overall dining experience for residents including presentation of meals. The dining experience will be monitored via the monthly Dining and Nutrition audit and during the completion of the Reg 29.
Area for improvement 4 **Ref**: Standard 39 **Stated:** First time **To be completed by:**	The registered person shall ensure that training on the Deprivation of Liberty Safeguards is up to date and embedded into practice. Ref: 6.2.3 **Response by registered person detailing the actions taken:** All nurses have completed level 2 and Deputy Sisters & Home Manager

31 May 2021	have completed level 2 and 3. Plan in place for all other staff to work towards level 2.
Area for improvement 5 **Ref**: Standard 35.6 **Stated:** First time **To be completed by:** 31 May 2021	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. Ref: 6.2.6 **Response by registered person detailing the actions taken:** Supervision was completed with all staff however will be recapped during training session being delivered on the 18th June 21. Compliance will be monitored during the completion of the Daily walkabout audits and "the use of PPE" audits are currently being completed weekly. The Regional Manager/Designated person will also review as part of the Reg 29 monthly audit.
Area for improvement 6 **Ref**: Standard 16.11 **Stated:** First time **To be completed by:** Immediately from the date of inspection	The registered person shall ensure that all complaints are documented, investigated and responded to in accordance with the home's complaints policy. Ref: 6.2.6 **Response by registered person detailing the actions taken:** All complaints or concerns have been logged on RADAR since inspection. This will be monitored as part of the Reg 29 visit carried out by the Regional Manager/designated person

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

The Regulation and Quality Improvement Authority

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
Web www.rqia.org.uk
@RQIANews

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