

Unannounced Care Inspection Report 27 and 28 September 2017



Comber Care Home

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

www.rgia.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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager: Mrs Anne Robertson
Person in charge at the time of inspection: Mrs Anne Robertson	Date manager registered: 28 May 2014
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 TI – Terminally ill.	Number of registered places: 72

4.0 Inspection summary

An unannounced inspection took place on 27 September 2017 from 09.45 to 16.30 hours and on 28 September 2017 from 09.30 to 15.30 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff recruitment practice; training and development; risk assessment; governance arrangements; communication and the culture and ethos of the home in respect of privacy and dignity.

Areas requiring improvement were identified in regard to staffing arrangements, infection prevention and control (IPC), compliance with control of substances hazardous to health (COSHH) regulations, the environment and the transfer of food from the dining area.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	*3	2

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

Details of the Quality Improvement Plan (QIP) were discussed with Anne Robertson, Registered Manager, and Elaine McShane, Resident Experience Support 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 16 November 2016

The most recent inspection of the home was an unannounced medicines management inspection conducted on 16 November 2016. There were no further actions required to be taken following the most recent 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 16 patients, nine staff and two patients' representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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.

The following records were examined during the inspection:

- duty rota for week commencing 25 September 2017
- 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

- one staff recruitment and induction file
- three patient care records
- three patient care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 November 2016

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 17 August 2016

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 (7) Stated: First time	The registered person must ensure the infection prevention and control (IPC) 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.	Partially met
	Action taken as confirmed during the inspection: During a review of the environment, best practice on compliance with infection prevention and control was not observed to have fully been achieved. See section 6.4 for further information This area for improvement has not been fully met and has been stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39 Stated: First time	The registered person should ensure that relevant staff have received training on the management of incidents.	Met
	Discussion with the registered manager and staff confirmed that suitable training through the means of supervision had been conducted in regard to the management of incidents.	
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person should ensure that appropriate lids are used to cover patients' drinking water.	Met
	Action taken as confirmed during the inspection: During a review of the environment, containers holding patients' drinking water were observed to be covered.	

Area for improvement 3 Ref: Standard 4 Stated: First time	The registered provider should ensure that care plans are updated to reflect the recommendations made by other healthcare professionals.	Met
	Action taken as confirmed during the inspection: A review of two patients' care records evidenced that the recommendations of healthcare professionals had been incorporated within the patients' care plans.	
Area for improvement 4 Ref: Standard 16 Criteria (6) Stated: First time	The registered provider should ensure that all relevant staff have completed training on the management of complaints.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and staff confirmed that suitable training through the means of supervision had been conducted in regard to the management of complaints.	
Area for improvement 5 Ref: Standard 17 Stated: First time	The registered person should ensure a system is in place to manage safety alerts and notifications.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that an appropriate system was now in place to manage safety alerts and notifications.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 25 September 2017 did not reflect the assessed staffing requirements, as stated by the registered manager, on six occasions.

Three registered nursing staff consulted during the inspection expressed concern with the staffing arrangements. This was in respect of the delegation to and supervision of care assistants who had been specially trained to support registered nurses to meet a range of clinical needs. The staffs' concerns were discussed with the registered manager for their review and action as appropriate.

Information sent to RQIA following the inspection confirmed that Four Seasons Healthcare management had reviewed patient dependency levels in the home and it was apparent that they continued not to meet their planned staffing levels in relation to the numbers of registered nurses. An area for improvement under regulation has been made.

The information received also confirmed that Four Seasons Healthcare management had met with registered nurses in the home to discuss their concerns in relation to staffing arrangements and that a further meeting had been arranged to follow up on staff concerns.

Care assistants consulted during the inspection expressed no concerns with the staffing arrangements. Discussion with patients' representatives evidenced that one was of the opinion that 'staff are under pressure especially at the weekend'. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty. RQIA will continue to monitor the staffing arrangements in the home.

Staff recruitment information was available for inspection. Records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures. Discussion with staff and the registered manager confirmed that where agency nursing and care staff were employed, the same staff were employed to ensure consistency of care. The registered manager and staff also confirmed that agency staff received an induction in the home prior to commencing their first shift.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Compliance with training was monitored on the monthly monitoring inspections conducted by the regional manager.

Discussion with the registered manager and staff and a review of records evidenced that staff supervision and appraisals had been conducted appropriately and a system was in place to ensure completion.

Competency and capability assessments for the nurse in charge of the home in the absence of the registered manager had been completed appropriately.

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

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. An adult safeguarding champion had been identified and had attended training pertaining to the role.

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.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. A review of accident records evidenced that the appropriate actions were taken following the accident and that the records had been maintained appropriately. There was evidence available that accidents were discussed at regular clinical governance meetings. RQIA had been suitably notified of accidents. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items and were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm, fresh smelling and clean.

However, during the review of the environment, some communal rooms were identified as dated and worn in appearance. Skirting was observed to be coming away from walls. Tiling observed cracked in an identified room. It was acknowledged that the home was 'older' however; necessary maintenance must continue to ensure that standards are maintained. These areas were discussed with the registered manager and identified as an area for improvement. Vanity units in some patients' bedrooms were observed with exposed bare wood. Discussion with the registered manager evidenced that this area had been reviewed and that 34 units in the home had been identified for replacement.

The following issues were not managed in accordance with best practice guidelines in IPC:

- pull cords in use without appropriate covering
- rusting commode, rusting bin frames, rusting linen stand, rusting laundry bag stands
- pressure relief cushion in disrepair

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. An area for improvement identified at the previous inspection in this regard has been stated for a second time at this inspection.

During the review of the environment, doors leading to two identified rooms containing harmful chemicals were observed accessible to patients. This was discussed with the registered manager and identified as an area for improvement in relation to compliance with control of substances harmful to health (COSHH) regulations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment practices and staff training and development, monitoring of staff registration status and accident management.

Areas for improvement

The following areas were identified for improvement under regulation in relation to staffing arrangements and compliance with COSHH regulations.

An area for improvement identified at the previous inspection under regulation in regard to compliance with IPC has been stated for a second time.

An area for improvement under care standards has been identified in relation to the environment.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

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.

Supplementary care charts such as repositioning, bowel management and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was also evidence of regular communication with representatives within the care records.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that they received appropriate information at the handover to meet the needs of patients.

Discussion with staff and a review of minutes of staff meetings confirmed that regular staff meetings for registered nurses and care assistants had been conducted. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made.

Staff stated that there was effective teamwork; each staff member 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. Staff described the use of an allocation list to ensure staff were aware where they were expected to work during their shift.

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 recorded daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time. The registered manager advised that patient and relatives meetings were planned for on a quarterly basis. There was evidence that a patient/relative meeting had been conducted on 18 July 2017.

A 'Quality of Life' (QOL) electronic 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.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 16 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. 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.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the dining room within the Gillespie unit. Lunch commenced at 13.00 hours. Three patients were seated around a table which had been appropriately laid for the meal. A menu was displayed on a wall within the dining room reflecting the food served. Food was served directly from a heated trolley when patients were ready to eat. The food served appeared nutritious and appetising. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Food was not covered when transferred from the dining room. This was discussed with the registered manager and identified as an area for improvement. Staff wore the appropriate aprons when serving or assisting with meals. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

The views and opinions of patients and patients' representatives, on the service provision of the home, was collected electronically as discussed in section 6.5. The registered manager confirmed that feedback to patients and/or their representatives of the opinions raised was provided through patient/relative meetings or verbally on an individual basis.

Nine staff members were consulted to determine their views on the quality of care within Comber Care Home. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. One of the questionnaires was returned within the timescale for inclusion in the report.

Some staff comments were as follows:

"It's dead on here."
 "There's good teamwork here. Genuinely care for patients."
 "I'm happy, I enjoy working here."
 "Can be very stressful at times."
 "The workload can be exhausting."
 "I enjoy it here."
 "Standard's good here."

Sixteen patients were consulted during the inspection.

Some patient comments were as follows:

"You couldn't get better nurses. They help everybody."
 "It's great here. Wouldn't want to be somewhere else."
 "The staff are brilliant."
 "I am very comfortable here."
 "It's marvellous here."
 "They are very good workers here."

Eight patient questionnaires were left in the home for completion. None of the patient questionnaires were returned.

Two patient representatives were consulted during the inspection.

Some patient representative comments were as follows:

“It is a very good home. The staff are under pressure especially at weekends. Sometimes feel that the work is rushed.”

“It’s great here. The staff are very good. Would do anything for you.”

Ten relative questionnaires were left in the home for completion. None of the relative questionnaires were returned within the timeframe for inclusion in the report.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

An area for improvement under standards was identified in relation to the transport of meals from the dining room.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 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.

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 designated nurse in charge of the home was identified on the duty rota in the absence of the registered manager.

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 were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. A copy of the complaints procedure was displayed at the entrance of the home.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

“Very many thanks for all your kindness and care given to dad. All the staff were exemplary and carried out their duties with professional care and dignity.”

“Just to say thank you for the many kindnesses shown to our mum.”

“We would like to thank all the staff at Comber Care Home for the excellent care work you did in looking after our aunt.”

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. Dining audits were reviewed. There was evidence that a remedial action plan had been developed to address shortfalls identified within the audits and further evidence that the action plans had been reviewed to ensure completion.

Discussion with the registered 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.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

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. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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, Registered Manager, and Elaine McShane, Resident Experience Support 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: Regulation 13 (7) Stated: Second time To be completed by: 31 October 2017	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 6.2 and 6.4
	Response by registered person detailing the actions taken: The three identified pull cords have had the plastic covering replaced. Pressure relieving cushions within the home have been reviewed and any not fit for purpose have been disposed of. There is program in place to replace bin frames, laundry bag stands and commodes with rusting wheels. Compliance will be monitored through the audit process.
Area for improvement 2 Ref: Regulation 20 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the assessed staffing levels and skill mix required to meet patient dependencies in the home are maintained at all times. Ref: Section 6.4
	Response by registered person detailing the actions taken: All resident dependencies are reviewed at least on a monthly basis and more often if dependency changes. Staffing levels and skill mix currently do and will continue to reflect the current dependencies of the current residents within the home.
Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health. Ref: Section 6.4
	Response by registered person detailing the actions taken: Staff have been reminded through the supervision process that doors to the sluices must be locked at all times. Signage is in place. Compliance will be monitored through the auditing process.

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 44 Stated: First time To be completed by: 31 December 2017	The registered person shall ensure that the environment is maintained to an acceptable standard. Ref: Section 6.4
	Response by registered person detailing the actions taken: Since inspection all outstanding vanity units have been replaced. A full review of the environment has been undertaken and a program of refurbishment is now in place.
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 30 October 2017	The registered person shall ensure that food, transferred from the heated trolley within the dining room, is covered when transferred out of the dining room. Ref: Section 6.6
	Response by registered person detailing the actions taken: Staff have been reminded through the supervision process that all food must be covered during transfer. This will be monitored through the audit process.

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



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