



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 9 October 2019



Comber Care Home

Type of Service: Nursing Home
Address: 17 Castle Street, Comber, BT23 5DY
Tel No: 028 9187 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 2015.

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(s): Dr Maureen Claire Royston	Registered Manager and date registered: Ma Nemia Endozo Acting Manager
Person in charge at the time of inspection: Ma Nemia Endozo	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: 54

4.0 Inspection summary

An unannounced inspection took place on 9 October 2019 from 09.30 hours to 18.30 hours 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.

Evidence of good practice was found in relation to speech and language care plans, personalisation of bedrooms and the dining experience.

During the inspection, we were concerned that the quality of management and governance within the home was insufficiently robust to assure the quality of service provided. The areas of concern include the following:

- day to day management arrangements
- leadership in the home
- continued deficits in the oversight by the registered nurses in regard to documentation of wound care
- oversight of the supplementary care records by the registered nurses
- observation and feedback into the length of time patients were waiting for buzzers to be answered
- delivery of continence care to a patient in a timely manner.

Areas requiring improvement were identified in relation to compliance with best practice in infection prevention and control, wound care documentation, delivery of continence care in a timely manner and oversight of supplementary care records by registered nurses.

Due to the inspection findings and the insufficiently robust day to day management within the home, a meeting was held in RQIA with the intention to issue a failure to comply notice. During this meeting an action plan for improvement was submitted and arrangements were put in place for an interim manager. The failure to comply notice was not issued.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

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	*3

*The total number of areas for improvement includes four which have been stated for a second time and one that has been stated for a third and final time.

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

Enforcement action resulted from the findings of this inspection.

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- delivery of continence care to a patient in a timely manner.

A meeting was held on 17 October 2019 with the intention to issue a failure to comply notice due to the inspection findings and the day to day management arrangements in place in the home which remained insufficiently robust to drive the necessary improvements.

During the meeting we discussed the appointment of an interim manager and an action plan for improvement was accepted. The failure to comply notice was not issued.

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 22&23 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 22 and 23 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. A serious concerns meeting was held in regard to the findings from 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.

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

The following records were examined during the inspection:

- duty rota for all staff from 30 September to 13 October 2019
- incident and accident records
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts

- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate.

Areas for improvement identified at the last 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

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: Second time	The registered person shall ensure the following in relation to patients receiving wound care: <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
	Action taken as confirmed during the inspection: A review of wound care records evidenced that this area for improvement has not been met and following discussion with senior management in RQIA this area will be stated for a third and final time.	
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that patients are effectively supervised within communal lounges and dining areas.	Met
	Action taken as confirmed during the inspection: Observation evidenced that patients were effectively supervised in the dining rooms and lounges.	

Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed.	Met
	Action taken as confirmed during the inspection: There was evidence to confirm that the areas identified from the previous inspection were managed appropriately.	
Area for improvement 4 Ref: Regulation 9 Stated: First time	The registered person shall ensure that the person appointed to manage the nursing home has the appropriate knowledge and skills to do so.	Not met
	Action taken as confirmed during the inspection: Given the findings of the inspection findings we could not evidence that this area for improvement had been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: First time	The registered person shall ensure thickening agents and patients' supplement drinks are stored safely and securely at all times.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that thickening agents were not accessible to patients.	
Area for improvement 2 Ref: Standard 6 Stated: First time	The registered person shall ensure staffs pays attention to detail when delivering personal care.	Partially met
	Action taken as confirmed during the inspection: This area for improvement was partially met and will be stated for a second time as some deficits were still observed.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that bowel management records are accurately recorded and nursing staff evaluate the effectiveness of this care.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and will be stated for a second time.	

Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that repositioning records are accurately recorded and nursing staff evaluate the effectiveness of this care.	Partially Met
	Action taken as confirmed during the inspection: This area for improvement was partially met and will be stated for a second time.	
Area for improvement 5 Ref: Standard 12 Stated: First time	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 is aware of updated recommendations.	Met
	Action taken as confirmed during the inspection: Care records reviewed reflected the recent nutritional advice from speech and language therapists.	
Area for improvement 6 Ref: Standard 12 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Observation of the dining experience evidenced that the shortfalls were met.	

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.

On arrival at the home we were met by the nurse in charge who was friendly and welcoming. The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 30 September 2019 and 13 October 2019 evidenced that the planned staffing levels were adhered to. 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 patients’ needs were attended to in a caring manner, however, it was identified that although some improvement had been made in the attention to detail in personal care; deficits were still identified. We also observed a significant delay in call bells being answered. Staff were requested to respond to the bell. In a second instance a patient experienced delay in continence care being attended to. This delay was discussed with the nurse who provided an explanation for the delay. Both patients were attended to.

Three patients spoken to raised concerns to the lay assessor whereby they felt that the home was short staffed and one patient raised concern over waiting for the call bell to be answered. This was discussed with the manager who advised that the staffing levels in the home were kept under review and staffing levels are adjusted accordingly. This was further discussed at the meeting in RQIA and assurances were provided that call bell responses would be monitored and action taken where necessary. This will be reviewed during the next care inspection.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

The home’s environment was clean, tidy, and comfortably warm throughout. We also saw that fire safety measures and infection prevention and control (IPC) measures were in place to ensure patients, staff and visitors to the home were safe.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be clean, warm and well decorated. We observed that the IPC issues from the last inspection had been addressed. However, we observed bed rail bumpers which were cracked and worn and inappropriate storage of basins in a sluice. Two mattresses had not been effectively cleaned and a strong odour was present from the mattresses. The mattresses were effectively cleaned during the inspection; an area for improvement was identified.

We observed an inappropriate transfer of used laundry from a patient bedroom to the laundry disposal. Discussion with staff evidenced that a skin sanitiser had the potential to be used communally. We discussed IPC protocols with staff and the manager. An area for improvement was identified to ensure that staff were appropriately trained on compliance with best practices on IPC and that this training was embedded into practice.

Areas for improvement

Two areas for improvement were identified in relation to compliance with IPC.

	Regulations	Standards
Total number of areas for improvement	2	0

6.4 Is care effective?

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

We reviewed three patient care records and we observed improvements in the nutrition care plans; each of the care plans reviewed were reflective of current speech and language therapist guidance.

Areas for improvement relating to wound care documentation had been identified previously during the care inspections conducted on 14 February 2019 and 22 to 23 July 2019. Following a review of wound care records, we found that this area continues to fall below an acceptable standard as the documentation was incomplete. We also identified that the home did not have a high number of wounds and the wounds which were being treated in the home were healing well. It was concerning that the improvements had not yet been made nor sustained over time. This was discussed at length during the enforcement meeting on 17 October 2019 and assurances were provided that appropriate actions had now been established. This will be monitored at the next care inspection.

We identified that there was improvement in the recording of the supplementary care records such as repositioning and bowel monitoring. We identified that there was deficits in the oversight of these records by the registered nurses in the daily evaluation of care. Areas for improvement in this regard were identified at the previous care inspection on 22 to 23 July 2019 and will now be stated for a second time.

We reviewed the care record for one patient requiring the use of a pressure relieving device and identified that the setting for the device was not recorded on the care plan. The repositioning records however did identify that the patient was being repositioned appropriately and setting on the device was correct. This was discussed during the inspection and the manager agreed to address this. This will be reviewed at the next inspection.

Discussion with staff evidenced they were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

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 would raise these with the registered manager or the nurse in charge.

Areas for improvement

No areas for improvement were identified during the inspection in the effective domain.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

When we arrived in the home patients were enjoying their morning tea/coffee or breakfast in one of the lounges, dining areas or in their own room.

Patients unable to communicate their opinions and views were seen to be relaxed and comfortable in their interactions with staff and with other patients.

We identified that there had been some improvements made in the provision of personal care to patients but some deficits were still observed; this had been identified at the care inspection on 22 and 23 July 2019. This area for improvement will be stated for a second time.

We discussed the provision of activities on offer in the home with the PAL (personal activity leader). The PAL identified that there was an ongoing programme and budget for activities but felt that she would benefit from some further training in regard to activity provision. This was discussed with management on the day of inspection for their review and action as appropriate. Activities will be reviewed at future care inspection.

We observed the serving of the lunch in both dining rooms. Patients were assisted to the dining room and staff were observed assisting patients with their meal appropriately. Patients appeared to enjoy the mealtime experience and were offered a choice of meals and drinks. The nurse was present supervising the meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Review of the menu evidenced that planned meals had been adhered to.

Ten relative questionnaires were provided; we had one response within the timescale specified and this indicated that they were satisfied with the quality of care in Comber Care Home. Staff were asked to complete an online survey; we received no responses within the expected timeframe.

We spoke with three family members visiting their loved ones during the inspection and they were complimentary regarding the care received by their loved ones.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

We reviewed some of the governance audits in the home and discussed the development of new systems for auditing. We saw that audits were undertaken regularly and there was evidence of the manager's evaluation of the information produced by the audits. However these audits reviewed had not identified the shortfalls observed during the inspection.

Since the last inspection on 22 and 23 July 2019 there had been a change in the management arrangements. Four Season's Health Care (FSHC) had provided RQIA with assurances that

there would be robust management arrangements in place, however, in regard to the findings from the inspection and shortfalls identified, RQIA were not assured by the management arrangements in place during the inspection. An area for improvement in this regard will be stated for the second time. We discussed this at the meeting on 17 October 2019 and FSHC representatives confirmed the appointment at this time of a full time interim manager. RQIA were given the assurances required that appropriate improvements will be made. RQIA will continue to monitor the quality of care provided in Comber Care Home through our inspections.

Areas for improvement

No new areas for improvement were identified during the inspection in the well led domain.

	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 Ma Nemia Endozo, acting 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 : Regulation 12 (1) (a) (b)</p> <p>Stated: Third and Final time</p> <p>To be completed by: Immediately from the day of inspection.</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: 6.4</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 9</p> <p>Stated: Second time</p> <p>To be completed by: Immediately</p>	<p>Response by registered person detailing the actions taken: All wound care plans are being monitored weekly by Home Manager or Deputy Manager in their absence. All registered nurses have now received wound management training and have completed wound care supervisions.</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> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Temporary Manager in post since 21.10.2019. Recruitment continues for a permanent Home Manager.</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>A more robust system to ensure compliance with best practices in infection prevention and control must be developed.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Infection control planner now in place and action plan completed to address any deficits.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: 20 December 2019</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> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: All staff have completed supervisions regarding infection control. Infection control planner in place along with action plan to address any deficits.</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 6</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the day of inspection</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: All care staff have completed supervisions regarding delivery of personal care and completion of care records.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 20 December 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: All care staff have completed supervisions regarding bowel management records. This is being monitored by registered nurses.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: Second 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>Response by registered person detailing the actions taken: All care staff have completed supervisions regarding completion of repositioning records. This is being monitored by registered nurses.</p>

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



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