Unannounced Care Inspection Report
12 March 2018

Comber Care Home

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

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:** Anne Robertson
Person in charge at the time of inspection: Anne Robertson – Registered Manager	**Date manager registered:** 28/05/2014
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 impairment – over 65 years. TI – Terminally ill.	**Number of registered places:** 72 comprising NH I, PH, PH(E) and TI

4.0 Inspection summary

An unannounced inspection took place on 12 March 2018 from 10.00 to 16.45 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 DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified 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, induction, supervision and appraisal, adult safeguarding, record keeping, governance arrangements, teamwork and communication between residents, staff and other key stakeholders.

Areas requiring improvement, under the regulations, were identified in relation to safe storage of confidential patient records and medications.

Areas for improvement, under the standards, were identified in relation to storage of equipment throughout the home.

Patients described living in the home in positive terms, including the following comment:
“I am very happy here and am getting on great.”

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	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Anne Robertson, registered 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 27 & 28 September 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 27 & 28 September 2017. 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

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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector met with nine patients individually and with others in small groups, eight staff and four patients' visitors/representatives. 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 via an online survey.

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

The following records were examined during the inspection:

- duty rota for all staff from 5 to 18 March 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- two staff recruitment and induction files
- adult safeguarding records
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- complaints record
- RQIA registration certificate
- certificate of employers liability
- environmental improvement action plans
- recent staff meeting records
- recent resident/relative meeting records
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 & 28 September 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 27 & 28 September 2017

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:** Second time	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.	**Met**
	Action taken as confirmed during the inspection: Infection prevention and control issues identified during the last inspection have been evidenced as addressed.	
Area for improvement 2 **Ref:** Regulation 20 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: The registered manager provided evidence of systems in place for monitoring staffing levels and skill mix according to patient dependency. Staffing observed on the day of inspection appeared to meet the assessed needs of patients.	
Area for improvement 3 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: A review of the environment evidenced that chemicals were stored in keeping with COSHH regulations.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 **Ref**: Standard 44 **Stated:** First time	The registered person shall ensure that the environment is maintained to an acceptable standard.	**Met**
	Action taken as confirmed during the inspection: Noted improvements to the environment were observed; ongoing environmental action plans were reviewed and demonstrated further improvements planned for the home.	
Area for improvement 2 **Ref**: Standard 12 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Observations of meals being served evidenced that food was covered when transferred from the heated trolley.	

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 regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 5 to 18 March 2018 evidenced that the planned staffing levels were adhered to. Discussion with the registered manager and review of records evidenced that dependency levels were kept under review to determine staffing requirements. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and 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 and records were maintained. 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.

Discussion with staff and a review of records evidenced that the provision of supervision and appraisal was imbedded into practice in the home. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

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.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

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 the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining room/s and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients/representatives/staff spoken with were complimentary in respect of the home's environment.

Fire exits were clear of clutter and obstruction free, however other areas of the home were observed to contain inappropriate storage of equipment; this included one corridor area on the first floor where three mattresses, an electric scooter, two trolleys, an electric wheelchair and a set of sitting scales had all been placed. An area for improvement, under the standards, was made. The inspector observed additional storage concerns regarding confidential patient records, 13 boxes of confidential records were observed in the same corridor area as the items mentioned above, the records were freely accessible. This was discussed with the registered manager for urgent attention and an area for improvement, under the regulations, was made.

During a tour of the home the inspector observed three pharmaceutical waste buckets positioned and left unattended at the front reception desk. These buckets were full of disposed medications and were not appropriately closed. This was brought to the attention of a registered nurse who immediately returned the boxes into the treatment room whilst awaiting collection for removal. An area for improvement, under the regulations, was made.

Infection prevention and control measures were adhered to. Improvement had been noted in the physical environment since the last inspection and a programme of further environmental works was planned and ongoing.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, supervision and appraisal, adult safeguarding, infection prevention and control, and improvements made to the home's environment.

Areas for improvement

The following areas were identified for improvement in relation to storage of equipment, management of confidential patient records and safe custody of medications.

	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 patients care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process. In one of the three patients care files reviewed, an evaluation of the patients care had not been completed since 30 January 2018, this was discussed with the registered manager who agreed to immediately address.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. A review of care records for a patient with wounds evidenced that these were maintained in accordance with best practice guidance and recommendations from the TVN.

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

Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

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 the shift handover provided the necessary information regarding any changes in patients' condition.

Discussion with the registered manager, staff and a review of records confirmed that staff meetings were held on a regular basis and records were maintained. A staff meeting for domestic staff took place on the day of inspection and a poster displayed in the home evidenced that a staff meeting for care staff was planned for the 15 March 2018.

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 the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that patient and/or relatives meetings were held, the most recent meeting was on the 24 January 2018, minutes were available.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. One relative and patient expressed concerns regarding the standard of food in the home, another relative expressed concerns regarding staffing in the home; these concerns were shared with the registered manager for their attention.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, teamwork, and 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.

The inspector arrived in the home at 10.00 hours and was greeted by staff who were helpful and attentive. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. 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 and ten relative questionnaires were issued at the time of inspection, none were returned within the timescale for inclusion in this report.

Comments from patients included the following statements:

"I am very happy here, getting on great"
"the staff are just brilliant, food wouldn't be great, it's not warm"
"I am getting on the best"
"it's not home but it's as good as"
"the girls are just great"
"really is a great place the food is lovely"
"staff are brilliant, I am spoilt, the food is lovely"
"staff are very friendly"

Relatives who met with the inspector stated:

"a great place, no complaints"
"the food is great, and we have no complaints"

"the staff are first class"
"the home can be short staffed, there is a lot of agency staff, but mums needs are met"

The inspector met with eight staff. A poster inviting staff to complete an online survey was provided. At the time of writing this report one response was received from a visiting professional. The professional advised they were satisfied that the service was well led and that service users were treated with compassion.

Any comments received from patients, relatives and staff were shared with the registered manager for their consideration and action as required. Any questionnaire responses received after the issue of this report will be reviewed by RQIA and forwarded to the relevant persons if necessary.

Observation of the lunch time experience and discussion with patients evidenced that patients enjoyed a pleasurable dining experience. Staff were observed offering and providing assistance in a discreet and sensitive manner when necessary, food was covered when being transferred from the heated trolley to the patients' rooms.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

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

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

The registration certificate was up to date and displayed appropriately. A certificate of employers' liability insurance was displayed but had expired, this was brought to the attention of the registered manager and a valid insurance certificate was submitted to RQIA post inspection.

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. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home, this was also displayed in the foyer area of the home.

The registered manager was knowledgeable in regards to the registered categories of care for the home. Review of records and observations undertaken during inspection confirmed that the home was operating within its registered categories of care.

A 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 DHSSPS Care Standards for Nursing Homes 2015. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. A copy of the complaints procedure was displayed and available in the home. Staff were knowledgeable of the complaints process. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients and their representatives were aware of who the registered manager was.

An examination of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The registered manager was able to evidence that robust systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, environment, complaints and incidents/accidents.

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 Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, completion of Regulation 29 monitoring visits, quality improvement and maintaining good working relationships.

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, 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 19 (b) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that confidential patient records are maintained in accordance with best practice guidance and legislative requirements. **Ref: Section 6.4**
	Response by registered person detailing the actions taken: All boxes containing residents records have since been archived. We will continue to archive records on an ongoing regular basis and store in a secure locked unit. Compliance will be monitored through the audting process
Area for improvement 2 **Ref:** Regulation 13 (4)(a) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that medicines prepared for disposal are stored securely at all times whilst in the home. **Ref: Section 6.4**
	Response by registered person detailing the actions taken: Nurses have been reminded that treatment room doors must be secured at all times. Medicines for disposal are to be stored in appropriate container in locked treatment room as to such times as PHS come to collect same. Compliance will be monitored internally via the auditng process and via monthly visits by the Regional Manager.
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:** 30 April 2018	The registered person shall ensure that a review of the storage arrangements in the home is carried out and that equipment not in use is appropriately and safely stored at all times. **Ref: Section 6.4**
	Response by registered person detailing the actions taken: Action plan in place to ensure that equipment is stored appropriately and safely. All mattresses not currently in use are to be stored in the outside storage container. The Care Manager of a discharged resident has been requested to ask their client to come and remove large items that the home has been storing for them. The Trust have received a request to collect items belonging to them that are no longer in use in the Home.

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

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