

Inspection Report

17 October 2022



Comber Care Home

Type of service: Nursing Home
Address: 17 Castle Street, Comber, BT23 5DY
Telephone number: 028 9187 8200

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Beaumont Care Homes Limited Responsible Individual: Mrs Carol Cousins	Registered Manager: Mrs Michelle MacMillan Date registered: 23 June 2021
Person in charge at the time of inspection: Mrs Michelle MacMillan - manager	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: 45
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 72 patients. The home is divided over two floors. There are two lounges and one dining room on the ground floor and two lounges and two dining rooms on the first floor. Bedrooms and bathrooms are located on both floors.	

2.0 Inspection summary

An unannounced inspection took place on 17 October 2022, from 9.30 am to 5.30 pm by a care inspector.

Staff members were observed to provide care in a compassionate manner and it was evident that staff promoted the dignity and well-being of patients and were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 7.0.

RQIA were assured that the delivery of care and service provided in Comber Care Home was safe, effective, and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services provided.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with patients, staff and a visitor, individually and in small groups, who provided different views on the home. Patients commented that "they (staff) are great", "I want for nothing" and "they are brilliant here and the food is excellent".

Staff said the manager was supportive and there was good team work with staff colleagues. Staff commented "sometimes not enough staff due to sick leave" and said they had no concerns about patient care. These comments were shared with the manager for her review.

A visitor said they were able to spend a lot of time with their relative which was really good for them but commented that the food was sometimes not presented well. This was brought to the attention of the manager for her review.

No responses were received from the patient and relative questionnaires and there were no completed staff surveys received from the online survey.

A record of compliments received about the home was kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

No Quality Improvement Plan (QIP) was issued following the last inspection.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that pre-employment checks had not been completed for all staff prior to commencing employment to ensure staff were recruited correctly to protect patients. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training, including fire safety, infection prevention and control (IPC) and manual handling showed good compliance. Additional training was provided in dignity in care, nutrition and dementia care.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels most of the time but felt that occasionally more staff were required if short notice sick leave. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Review of the duty rota identified that staffing levels were reduced at times due to short notice sick leave. The manager advised that agency staff were provided to cover shifts were possible and this would be kept under review.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

Records reviewed confirmed that a competency and capability assessment had been completed for those staff taking charge of the home in the absence of the manager.

A record was kept of staff registration with their professional body including the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position; however records identified that repositioning was not always recorded as completed regularly. An area for improvement was identified.

Deficits were identified in relation to patients having effective access to the nurse call system within their bedrooms. The nurse call buttons were observed to be out of reach for a number of patients. An area for improvement was made.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The lunch meal was a pleasant and unhurried experience for the patients.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals, however care plans had not been developed in a timely manner to direct the care needs of all newly admitted patients. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on what or who was important to them. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was generally clean, tidy and well maintained. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Rooms containing cleaning chemicals and fluid thickening agents were not locked to ensure safe storage of these materials. This was brought to staff attention for immediate action. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks, however it was observed that a large amount of boxes of hand gel was stored in the hallway at the upstairs lift which could cause a hazard to safe evacuation in the case of a fire. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Observation of practice and discussion with staff confirmed that staff carried out hand hygiene at appropriate times however; further training on the use of PPE was required as not all staff were observed to using PPE effectively when required. Additionally it was noted that a number of bedrails required cleaning, equipment, pads and towels were inappropriately stored in bathrooms and vinyl gloves were available for clinical use. An area for improvement was identified.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Could have family/friends in their room or one of the lounges and could go out with family.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

There was a range of activities provided for patients by staff. The range of activities included nail painting, card games, movement and dance, bingo, crafts and movies. Patients were enjoying a catch up and one to one activities throughout the day.

Staff recognised the importance of maintaining good communication with families. Staff assisted patients to make phone calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

It was observed that not all patients had a quilt/warm cover in their room for use when in bed. This was brought to the attention of the manager for her action and will be reviewed at the next inspection.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Michelle MacMillan has been the manager in this home since 21 June 2021.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the person in charge would address these. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and the quality of services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Michelle MacMillan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2)(a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety. Ref: 5.2.3
	Response by registered person detailing the actions taken: A request has been submitted to the Property Manager to fit Keypad locks on all sluice rooms where hazards have been identified. This will be completed by 11 th Dec 22 On Daily Walkabout HM will check all sluice rooms are locked.
Area for improvement 2 Ref: Regulation 27 (4)(c) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that storage of supplies does not cause restriction to the means of escape in the event of a fire. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Home Manager, Housekeeper and Maintenance Man will ensure all deliveries to the home are not left sitting and put away in relevant departments promptly. Daily walkabouts will record that fire exits are kept clear at all times or the actions taken to address.
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the infection prevention and control (IPC) deficits identified in the report are addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken: Bedail bumpers have been cleaned Supervisions have been completed with all grades of staff on the appropriate use of PPE. A further meeting has been scheduled to be held with Domestic staff on 8 th December 2022. All inappropriate storage was been removed from bathrooms and this will be monitored through the Daily walkabout. Vinyl gloves are only available for domestic staff use and stored separately. Nitrile gloves are available for clinical staff. This will be monitored through the completion of the Daily walkabout.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	

<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that staff recruitment checks are completed before commencing employment.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All relevant information that was unable to be provided on the day of inspection was emailed to the Inspector on the following day as requested. The Home Manager will sign all new personnel files when a new employee commences. The compliance of this will be monitored through the Regulation 29 Report.</p>
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<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the outcome of repositioning care delivered is monitored and recorded accurately.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Flash meetings were held with care staff regarding importance of repositioning and completing of charts accurately. The Registered nurses and the Home Manager will continue to monitor the completion of the reposition charts. Audits will be completed and followed up to ensure that any deficits previously found have been addressed. This oversight will be monitored through the completion of the Regulation 29 Report.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2022</p>	<p>The registered person shall ensure that patients have access to a call bell in their bedroom. If a patient is unable to summon assistance in this way this should be clearly documented in their individual care record.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The daily care sheet has been amended to reflect that staff have signed to confirm the nurse call system is in place before they leave the room. Through-out the day a check of nurse call placement within reach of the Resident is documented on the hourly bedrail check supplementary booklet. The Home Manager will also include checks of resident's bedrooms during daily walkabout of home. Any resident with an identified risk from the availability of the nurse call lead will have a care plan in place.</p>

	This will be monitored through the Regulation 29 Report.
Area for improvement 4 Ref: Standard 4.1 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that an initial plan of care is in place within 24 hours of admission and a detailed assessment is commenced on the day of admission and completed within 5 days of admission to the home</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Supervision sessions have been completed with nurses and named nurses responsibilities have been re-issued to ensure all nurses are aware of their responsibilities when completing paperwork. All new admissions to the home will be assigned to a named nurse immediately and all relevant assessments will be completed within the required timeframes. The Home Manager will follow up admissions to ensure that the initial plan of care and a detailed assessment is completed within the required timeframes. This will be monitored through the Regulation 29 Report.</p>

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