



# **Announced Care Inspection Report 4 September 2020**



## **Somerton Private Nursing Home**

**Type of Service: Nursing Home (NH)**

**Address: 77 Somerton Road, Belfast, BT15 4DE**

**Tel No: 0289077 6786**

**Inspector: Nora Curran**

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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 nursing home registered to provide nursing care for up to 26 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Somerton Private Nursing Home  <b>Responsible Individual(s):</b> Henry Enda McCambridge Paul Henry McCambridge	<b>Registered Manager and date registered:</b> Dhimi Daniel – 15 January 2018
<b>Person in charge at the time of inspection:</b> Dhimi Daniel	<b>Number of registered places:</b> 26
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 25

### 4.0 Inspection summary

An announced inspection took place on 4 September 2020 from 10.00 to 14.30 hrs. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- Staffing
- Management arrangements
- Governance systems
- Infection Prevention and Control (IPC)
- Quality of life for patients
- Quality improvement.

Patients said:

- “This is the safest place in Belfast.”
- “It’s like a second home.”

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Dhimi Daniel, Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Duty rota on the day of the inspection
- Statement of purpose
- Service User guide
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records
- Minutes of patients'/relatives'/ staff meetings
- Activity planner
- Three patients' care records.

During the inspection RQIA were able to consult with patients, patients' representatives and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from patients and patients' representatives and staff. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to patients' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

We received one patient questionnaire, two relative questionnaires and one staff questionnaire within the time frame allocated. Their feedback has been included in this report, along with the feedback provided by those on the day of the inspection.

Following a review of the information submitted to RQIA, the inspection took place via teleconference meeting with Dhimi Daniels, Manager.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 8 November 2019.

There were no areas for improvement identified and no further actions were required to be taken following this inspection.

## 6.2 Inspection findings

### 6.2.1 Staffing

Staffing levels within the home were discussed with the manager who confirmed that to ensure staffing levels and skill mix could meet the assessed needs of the patients, dependency assessments were carried out on a regular basis.

There were systems in place for the safe recruitment of staff and regular monitoring of the relevant professional registration bodies; Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC), where applicable.

Staff spoken with felt that there were adequate staffing levels arranged by the manager, and on occasions when there was unplanned staff absences, attempts would be made to cover the shift with regular staff and if this could not be achieved they would use agency staff.

Staff also reported that they had sufficient time to complete mandatory training, which due to the pandemic was primarily being conducted online. Staff displayed knowledge of the most recent Covid-19 guidance for care homes and told us that they felt informed by the home manager of changes to the guidance if and when they occurred. Staff told us that relevant information was discussed daily at handover of shifts and that they had access to written guidance pertaining to their role. We could also see evidence of good communication with staff in the staff meeting records.

Comments from staff included:

- “We are a very happy team.”
- “Even when we have a problem like someone calling in sick, we pull together to sort it cause patient safety is our priority.”
- “As a nurse we did the Mental Capacity Act and Deprivation of Liberty safeguards training to level 3.”
- “I love it here...we are like an extended family.”
- “My induction was really good...everyone was very supportive...it’s just a nice place to work.”
- “We are given the time to read up on the pandemic updates and can talk about it...I was even supported in getting my training up to date from home before returning from leave.”
- “We are blessed here because we have lots of very experienced staff...a good team.”
- “I love working here, it’s brilliant.”

Patients were observed to look comfortable and relatives spoken with on the day of inspection told us that they had no concerns about staffing levels or the service.

Patients told us:

- “It’s the safest place in Belfast at the minute.”
- “from start to now has been excellent...so glad to get into this nursing home.”

Relatives told us:

- “Staff keep me informed.”
- “We’ve never had an issue.”
- “I’ve never noticed if there is not enough staff, there always seems to be enough on.”
- “The staff seem really on it.”

The questionnaires returned by staff, patients and relatives stated that they were “very satisfied” that the service was safe.

### 6.2.2 Management arrangements

Since the last inspection there had been no changes in the management arrangements. A review of the duty rota evidenced the manager’s hours and the capacity in which they were worked. On call arrangements were in place and shared with the staff group.

A number of governance audits were reviewed in relation to Infection Prevention and Control (IPC), accidents and incidents, care records, wound care, restrictive practice, and complaints and compliments.

The accidents and incidents showed a trend of increased falls at night. This was discussed with the manager who had already put measures in place to reduce the risk of falls during those times; this included additional risk assessments for identified patients with additional falls aids used, and some adjustments to the night time checks. It was noted that the rate of falls at night had reduced following these measures.

The IPC audits indicated that the enhanced cleaning regimes put in place as part of the pandemic guidance were working as there were no areas of concern identified.

There was evidence that a minimum of eight care records were audited monthly and they resulted in action plans for improvement. It was not clear from the audit document who was responsible for completing the actions and if or when they were completed. Following discussion with the manager and review of further records we could see that the manager addressed all identified actions with the named nurses during supervision sessions. It was agreed that this should also be documented on the audit itself to show a clear line of responsibility and that the identified actions were completed.

Monthly monitoring reports were reviewed for the period of May, June and July 2020. These reports were noted to contain a basic action plan based on issues identified, however the areas identified as requiring action were not always clearly reviewed from the previous month, which meant that there was no clear picture of progress made, if any. It was also noted that during the three months reviewed, there was no evidence of consultation with relatives. While it was acknowledged during discussion with the registered manager and the responsible individual Paul Mc Cambridge, that the home had been restricted to visitors during the peak of the pandemic, it was agreed that no alternative methods of consultation had been attempted. It was agreed by the responsible individual that a more proactive approach would be taken to obtaining relative consultation. This will be reviewed at the next inspection.

It was also noted that the home’s statement of purpose states that relative meetings are conducted bi-annually. However on review of the records it was evident that relative meetings

occur once a year. This was discussed with the manager who agreed to amend the statement of purpose to reflect the annual meetings. This will be reviewed at the next inspection.

Complaints audits were in place and indicated the complainants' satisfaction levels at outcome.

A record of written compliments was seen and included these comments:

July 2020- "Was very worried about my mum going into care but this home has been so good. The staff are brilliant, very friendly and caring. I am very happy with the standard of care at Somerton. Can see all her fears and distress have gone."

January 2020 - "My father was very well cared for by the team. They are friendly and attentive both to my father but also to my mother and all the family."

The home has daily activities and is maintained to a high standard. The team provided support to all of us during a very difficult time for the family when my father died."

On the day of inspection staff told us:

- "The home is managed well; it's a very experienced senior team."
- "Our opinions matter and are listened to...we have meetings."
- "We always share ideas...manager is very good and listens to us."
- "Great manager."
- "...even if we have problems they always get cleared up quickly."
- "Paul (responsible person) and Dhimi (manager) are very good at keeping us up to date."

A patient on the day of inspection told us that they knew who the manager was and "she is always on the go...she does a great job."

Relatives on the day of inspection said:

- "We've never had an issue."
- "The difference between the care and communication we have had here in comparison to when (our relative) was in the hospital is unreal...they are always on the phone to us with updates and its excellent."
- "...prior to (pandemic), every time I came to the home I was able to speak to the manager."

The questionnaires returned by staff, patients and relatives all stated that they were "very satisfied" that the service was well led.

### **6.2.3 Infection prevention and Control (IPC)**

As stated in section 6.2.2 there was management oversight of IPC as evident by monthly audits. At the time of inspection the home was operating a visiting policy in line with the Covid-19: Regional Principles for Visiting in Care Settings in Northern Ireland. We observed that there was a designated area for visitors to safely don and doff Personal Protective Equipment (PPE). Visits were taking place on an appointment only basis following risk assessments carried out by the manager. There was a designated area for visiting which was subject to decontamination

following each visit. Arrangements were also put in place in some exceptional circumstances, such as patents that were unable to be moved from their bedrooms.

We observed that staff wore appropriate PPE and visitors were also facilitated and supported in the safe use of PPE. Staff reported that they had good supplies of all required items. Staff also confirmed that they had received training and supervision in the use of PPE and a record of this was maintained.

In relation to IPC during the Covid-19 pandemic, staff told us:

- “PPE is used right...I’m never worried.”
- “(pandemic guidance)...it’s always talked about in the handovers and updates are also posted on our notice boards.”
- “I most definitely feel safe with the measures being used.”
- “We are proud to have remained Covid free to date...we take it seriously and Paul (responsible person) and Dhimi (manager) have been fantastic.”
- “We are never without PPE.”

A patient told us:

- “The place is kept very clean all the time.”
- “I feel very safe at this home. The measures they have put in place to prevent the spread of the virus is excellent.”

Relatives said:

- “(Visiting) I feel safe, we have our temperatures checked and PPE on...they are only right in the measures and restrictions they have in place.”
- “Everything is clean...like a home away from home.”
- “We feel safe and really value the visits...they (staff) provide all the PPE.”
- “(Environment) “always clean and well presented.”
- “The use of PPE provided and alcohol gel and temperature checks...ensures that visitors are safe...plus the restrictions of visitors is beneficial.”

#### **6.2.4 Quality of life of patients**

We noticed that patients looked well cared for and settled in their surroundings. We observed part of the lunch time serving and could see that this was organised and unhurried. Patients in the communal dining area appeared to enjoy the food and indicated their satisfaction with smiles, thumbs up and waving.

We reviewed the care records for three patients, with a focus on nutrition. There was evidence of relevant multi-disciplinary involvement, such as speech and language therapy (SALT), dietitian and general practitioner, and any professional recommendations could be found clearly in the care records. There was evidence of patient and relative involvement in care plans.

It was evident that the malnutrition universal screening tool (MUST) was carried out in all three cases on a regular basis, however it was identified that other relevant risk assessments were not in place; namely oral and choking assessments. This was discussed with the manager and we made reference to best practice guidance, with specific consideration to those patients with



dementia. The manager had agreed to review this and implement both oral and choking assessments as part of the regular patient reviews. As agreed with the manager, we received evidence that these risk assessments were being introduced within one week following the inspection. This area will be reviewed again at the next inspection.

While, at the time of inspection, the home was operating a visiting policy, as discussed in section 6.2.3, we reviewed how the service managed patient links with friends and family during the lockdown and ongoing through the pandemic. The manager told us about the alternative methods of connection such as using tablets for patients to video call relatives, use of the cordless phones, and setting up a home private facebook page. We confirmed with the manager that consent was obtained to post photos and videos of patients to the private group page. Relatives confirmed that these alternative methods were used and valued during lockdown.

The activities planner was reviewed and one patient and several staff told us that the activities were enjoyable. The activities co-ordinator obtained patient satisfaction through general observations of patient enjoyment levels and listening to suggestions from patients, staff and relatives.

Patients said:

- “It’s like a second home.”
- “I’m very happy.”
- (Staff) “...are very friendly and helpful.”
- (Food) “It’s beautiful...John (chef) is the best cook.”
- (Activities) “There is enough going on.”
- “I get A1 service.”
- “The staff are very friendly and helpful and always compassionate towards me.”

Relatives said:

- “We were able to cancel two appointments so my (relative) didn’t have to self-isolate for 14 days...the staff keep me informed.”
- “Absolutely fantastic.”
- “I feel (patient) is taken care of.”
- “(patient) seems very content and pain free. Staff are approachable and gentle...they are diligent, especially with the lockdown.”
- “The facebook page has been so important to us.”
- “The menus seem varied.”

Staff said:

- “The care is outstanding...if we feel standards start to slip we can say and sort it.”
- “It’s great, everyone knows their jobs.”

The questionnaires returned by staff, patients and relatives stated that they were “very satisfied” that the service was compassionate.

### 6.2.5 Quality Improvement

The areas identified prior to the inspection, were discussed with the manager and appropriate actions agreed; consultation with relatives during provider monthly monitoring visits, implementation of oral and choking assessments and minor amendment to the statement of purpose.

#### Areas of good practice

Areas of good practice were identified in relation to accessibility of manager, staffing, the home's ethos and culture and training. Additional areas of good practice were evident in patient and relative experience and Covid-19 guidance implementation.

#### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3 Conclusion

Following review of governance and care records prior to the day of inspection, and a remote inspection via video call, several areas of good practice were identified.

Discussions took place with the manager in relation to relative consultation, risk assessments and the statement of purpose. The manager provided evidence of further service improvements one week after the inspection and these will be reviewed at the next inspection.

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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