



The Regulation and
Quality Improvement
Authority

Somerton Private Nursing Home
RQIA ID: 1296
77 Somerton Road
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BT15 4DE

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**Unannounced Care Inspection
of
Somerton Private Nursing Home**

19 August 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 19 August 2015 from 11.00 to 16.30.

Overall on the day of the inspection, concerns and areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 9 March 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	9

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Lynda Burton, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Paul McCambridge	Registered Manager: Lynda Burton
Person in Charge of the Home at the Time of Inspection: Lynda Burton	Date Manager Registered: 17 July 2013
Categories of Care: NH-DE	Number of Registered Places: 26
Number of Patients Accommodated on Day of Inspection: 23	Weekly Tariff at Time of Inspection: £593 per week

3. Inspection Focus

The focus of this inspection was to review the level of compliance attained regarding the recommendations made as a result of the previous inspection of 9 March 2015.

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

RQIA had recently received information expressing concerns in relation to the following areas:

- safeguarding issues
- care practices, such as deficits in personal care delivery and moving and handling
- management of accidents/incidents

The information in relation to these issues is being investigated by the Adult Safeguarding Team, Belfast Health and Social Care Trust in accordance with Regional Safeguarding Procedures. The investigation had commenced and was ongoing at the time of inspection. RQIA are not involved in the investigation process, but will be kept informed of the investigation outcome.

RQIA undertook this inspection to review the care being provided to patients.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection, observation of care delivery/care practices and a review of the general environment were undertaken. Approximately 12 patients, two registered nurses, two care staff, activities coordinator and two ancillary staff were spoken with. There were no visiting professionals available during the inspection.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- the staff duty rota
- four patient care records
- staff training records
- quality audits in relation to care records and infection control
- regulation 29 monitoring reports

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 9 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care inspection.

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 19.1 Stated: First time	The assessment of patient need in respect of continence management should identify the type of continence product to be used, where applicable, and the level of support the patient needs. This information should be transferred to the continence care plan.	Met
	Action taken as confirmed during the inspection: Evidence in four patients care records confirmed that the continence assessment identified the need for and type of continence product to be used. The information had been incorporated into individuals' care plans and stated the level of support required regarding continence management.	
Recommendation 2 Ref: Standard 19.1 Stated: First time	Nursing staff should monitor patients' bowel patterns using the Bristol Stool chart. Where this information is recorded by care staff the information should be transferred to patients' nursing records and monitored and evaluated by registered nurses.	Met
	Action taken as confirmed during the inspection: Evidence in four patients care records confirmed that the continence assessment included information on the patient's bowel pattern. The review of patients' progress records evidenced that bowel patterns were being monitored by nursing staff using the Bristol Stool Chart.	

<p>Recommendation 3</p> <p>Ref: Standard 10.7</p> <p>Stated: First time</p>	<p>Nursing care records should clearly evidence that where any restrictive practice is used i.e. lap belts, registered nurses are monitoring and evaluating the continued use of the restrictive practice in accordance with professional guidelines.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Evidence was present in patients care records that where a restrictive practice was in use, for example, sensor mats, a care plan had been written. Evidence of monitoring/evaluating the use of the restrictive practice was present.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 10.7</p> <p>Stated: First time</p>	<p>If a patient displays distressed reactions registered nurses should accurately record what the distressed reaction was and how the patient responded to care interventions.</p> <p>Any statement written in nursing care records must be supported by evidence i.e. details of the type and frequency of the behaviour.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of patients care records confirmed that care plans had been developed where distressed reactions were known. Care plans detailed the prescribed interventions to support the patient and guide staff. Recording in patients' progress records evidenced factual recording when distressed reactions were displayed.</p>		

5.3 Additional Areas Examined

5.3.1. Nursing care records

Four patients care records were selected for review to evidence the recommendations of the previous inspection had been addressed. During the review of care records two issues arose. The first issue concerned the completion of risk assessments. In two of the four care records reviewed risk assessments had not been fully completed. To ensure comprehensive information is provided regarding any patient all aspects of a risk assessment should be completed. If nursing staff do not feel a particular section of a risk assessment is relevant to the patient, the risk assessment should reflect their professional judgement. A recommendation is made.

The second issue regarding care records was in respect of nursing staff signing and dating all nursing documentation, including risk assessments, at the time of completion. The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015, require nursing staff to review and evaluate patients information regularly or more frequently depending on the needs of the patient. It was difficult to verify the process of review as some risk assessments had not been signed and date by the registered nurse undertaking the assessment. This was discussed with the registered manager who agreed to inform nursing staff of the need to fully complete and sign and date all nursing documentation. A recommendation has been made.

5.3.2. Governance and management arrangements

Paul McCambridge is the registered person and his office is in the home. Mr McCambridge completes the Regulation 29 visits and monitoring reports were available. A notice informing patients and relatives of the availability of the reports was in the entrance hall. However, for the purposes of Regulation 29 monitoring visits, it is recommended that the report reflects on one visit to the home to monitor the quality of services. The report should state the duration of the visit and in keeping with Regulation 29, The Nursing Homes Regulations (Northern Ireland) 2005, this visit should be unannounced.

The report should commence with the action plan developed following the previous monthly visit so as the progress made to address the action plan, can be measured. The action plan should identify who is responsible for progressing the required action and a timescale for completion. This was discussed with Mr McCambridge who agreed to address the issues. A recommendation in respect of the Regulation 29 monthly reports is made.

A system of monitoring the quality of services provided by the home was operational. The quality audits regarding care records and infection control were reviewed. The manager stated five to 10 care records are audited monthly. The review of the audits did not evidence that where a shortfall was identified the manager had verified the shortfall had been addressed. This process should be applied to any audit undertaken in the home. A recommendation is made.

It is the expectation that the manager and nursing staff monitor the standards of care and the environment on a daily basis in conjunction with the governance arrangements of the home. Concerns regarding the environment and personal care are discussed in section 5.3.3. Management should implement a system/s whereby these issues are identified and resolved in a timelier manner. A recommendation is made.

5.3.3. Care practice

All patients were observed to be content in their surroundings. The majority of patients were sitting in the front lounge of the home and the activities coordinator was actively engaged with patients, both individually and in small groups. Discussion took place with staff regarding aspects of personal care, namely hairdressing and gentlemen's facial hair. Both these aspects of personal care were observed to require attention. Staff informed that the hairdresser visits every six weeks. This is a lengthy period of time between visits. Staff further informed that as there was no suitable sink in the home for washing patients' hair. The lack of a 'hairdressing' sink was discussed with Mr McCambridge who agreed to identify a bathroom/shower room for a suitable sink to be installed.

A number of gentlemen were observed with facial hair. This was discussed with staff who stated whoever assists a male patient to get up and dressed in the morning has the responsibility of assisting the patient with shaving. Staff also stated that on occasions, male patients do not either wished to be shaved or do not wish to be shaved when being assisted to get dressed. Person centred care should be afforded to patients and if staff notice an aspect of a patient's personal appearance that requires attention it should be attended to. A recommendation is made that nursing staff and management monitor the standard of personal care being afforded to patients on a daily basis.

Staff also stated that it can be problematic, at times, to attend to personal care as not all patients have their own toiletries. Discussion with the manager regarding patients' personal allowance confirmed that the registered manager was aware there was difficulty in getting personal toiletries and clothing for some patients. The registered manager was advised to put the issue to the relevant care managers, in writing, if the situation persists. A recommendation is made.

5.3.4. The Environment and Infection Control

Somerton Private Nursing Home is a two storey detached property. Originally a family home it has been adapted to provided nursing care for persons with dementia. Bedroom accommodation is on the ground and first floors and in either single or shared bedrooms. Bedrooms were furnished attractively however the curtains in seven bedrooms required attention as parts of the curtaining were coming away from the curtain rail. The privacy screening in one shared bedroom was also coming off the curtain rail. The large radiator in the designated quiet room was also in need of attention and repainting and a patient was observed sitting with their legs elevated on a dining room chair. Staff stated this was because the home did not have any stools. The registered manager was informed of the issues which were observed during a tour of the premises. The home has the services of a maintenance person two days per week and it was stated by Mr McCambridge, that maintenance staff would address the highlighted issues. A recommendation is made.

One infection control issue was identified regarding the place mats used at mealtimes. The place mats were cork backed and evidenced significant wear and tear. Products which can be thoroughly cleaned should be used in accordance with infection prevention and control guidelines. A recommendation is made.

5.3.5. Staff Training

The manager informed that staff had completed training in continence awareness and restrictive practice via e Learning, following the last inspection at which time both these areas of care were reviewed. Training records evidenced;

Dementia awareness – 22 staff

Complex behaviour – 21 staff

Caring about dementia – 17 of 19 nursing and care staff employed

Personal care – 17 of 19 nursing and care staff employed

Continence care – 17 of 19 nursing and care staff employed

Safeguarding Vulnerable Adults – 25 staff

(including restrictive practice)

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Lynda Burton, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>Nursing staff should ensure all sections/parts of a risk assessment are completed. If a section of a risk assessment is deemed 'not applicable' the assessment should reflect this.</p> <p>Ref: Section 5.3.1</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Risk assessments deemed "not applicable" now reflect this and all parts of risk assessments on admission have been completed</p>
<p>Recommendation 2</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>Nursing staff should sign and date all nursing documentation, including risk assessments.</p> <p>Ref: Section 5.3.1</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All risk assessments have been signed and dated and documentation has been updated to include signatures</p>
<p>Recommendation 3</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>The Regulation 29 monthly monitoring should commence with a review of the action plan developed following the previous monitoring visit. The duration of the visit should also be stated on the report.</p> <p>Ref: Section 5.3.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Regulation 29 monthly monitoring now commences with review of previous months action plan and duration of the visit is now stated on report</p>
<p>Recommendation 4</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>Where a shortfall has been identified in a quality audit, a record of the remedial action taken to address the shortfall should be present. The completion of the remedial action should be verified by the registered manager.</p> <p>Ref: Section 5.3.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered manager has identified that the majority of the shortfalls exist in an area which requires involvement of the residents' representatives. This will be monitored on an ongoing basis as it requires the patients' representatives being present in the Home. All other shortfalls identified will have a remedial action and verified by registered manager once complete.</p>

<p>Recommendation 5</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>Management should ensure that the systems in place to monitor the quality of services provided by the home are effective. Specific attention should be given to the personal care afforded to patients and environmental issues.</p> <p>Ref: Section 5.3.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Registered Manager has requested the services of the hairdresser every two weeks as opposed to every six weeks originally put in place. The hairdresser is in agreement with this</p>
<p>Recommendation 6</p> <p>Ref: Standard 43.2</p> <p>Stated: First time</p> <p>To be Completed by: 19 October 2015</p>	<p>A sink, suitable for hairdressing, should be made available or installed in the home.</p> <p>Ref: Section 5.3.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: An area has been identified for the installation of a hairdressing sink which should be installed within the next few weeks</p>
<p>Recommendation 7</p> <p>Ref: Standard 6.14</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>Patients' personal care and grooming needs are regularly assessed and met.</p> <p>Ref: Section 5.3.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Residents now have a personal care chart which staff have to complete daily. This ensures personal care and grooming needs are met</p>
<p>Recommendation 8</p> <p>Ref: Standard 6.11</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>The registered manager should write to Trust representatives should there be difficulty in getting personal toiletries and clothing for any patient who does not have access to their personal allowance as agreed.</p> <p>Ref: Section 5.3.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Registered Manager now documents when she has requested monies from families who have control of residents personal allowance. A reasonable time limit is given to ensure money is brought to the Home. If there appears to be difficulties in obtaining money, the Registered Manager will contact contact Trust Representatives</p>

Recommendation 9 Ref: Standard 43.2 Stated: First time To be Completed by: 30 September 2015	Management should implement a system to ensure all aspects of the environment are fit for person. For example; curtaining in the home is made good, suitable footstools are available for patients to use, fixtures and fittings are repainted as and when necessary and the dining table placemats are replaced.		
	Ref: Section 5.3.4 Response by Registered Person(s) Detailing the Actions Taken: The hours of the Maintenance man has been increased and there is now a maintenance book to record maintenance required. Footstools have been purchased and dining table placemats have been replaced.		
Registered Manager Completing QIP	Lynn Burton	Date Completed	22/09/15
Registered Person Approving QIP	Paul McCambridge	Date Approved	22/09/15
RQIA Inspector Assessing Response	Heather Sleator	Date Approved	29/09/15

Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address