



# Unannounced Care Inspection Report

## 22 April 2021



## Somerton Private Nursing Home

**Type of Service: Nursing Home**  
**Address: 77 Somerton Road, Belfast, BT15 4DE**  
**Tel No: 028 9077 6786**  
**Inspector: Julie Palmer**

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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> 24

### 4.0 Inspection summary

An unannounced inspection took place on 22 April 2021 from 09.25 to 17.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment and infection prevention and control (IPC) measures
- care delivery
- care records
- governance and management arrangements.

Patients in the home looked well cared for and were seen to be content 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
<b>Total number of areas for improvement</b>	0	4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Dhimi Daniel, 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.

## 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
- the previous care inspection report.

During the inspection the inspector met with 14 patients, both individually and in small groups, four patients' relatives and eight staff. Questionnaires were left in the home to obtain feedback from patients and patients' relatives/representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas from 12 to 25 April 2021
- staff training records
- staff supervision schedule
- two staff recruitment files
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- COVID-19 information file
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- three patients' care records including food and fluid intake charts
- care partner policy
- the home's statement of purpose
- the current fire risk assessment
- RQIA registration certificate.

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

The most recent inspection of the home was an announced remote care inspection undertaken on 4 September 2020. No further actions were required to be taken following the most recent inspection.

## 6.2 Inspection findings

### 6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to weekly review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. Staff told us that they were satisfied with staffing levels and that they appreciated efforts were made to cover unplanned absences such as short notice sick leave.

Review of two staff recruitment records evidenced that the necessary checks were completed prior to staff commencing work in the home.

There was a system in place to monitor that staff were appropriately registered with either the NMC or NISCC as required.

There was a system in place to monitor compliance with mandatory training and to remind staff when training was due. The manager said that training had been completed mainly on-line during the COVID-19 pandemic but face to face, socially distanced, training would again be organised regarding, for example, mandatory fire safety and moving and handling training going forward.

Staff told us that teamwork was good and they felt well supported by the manager who was very approachable. Staff also said that they felt they had adequate training and skills to enable them to carry out their roles and responsibilities effectively. Comments made by staff included:

- "We do training on-line, it's good".
- "Dhimi (the manager) is very approachable".
- "The on-line training is great".
- "It's a great home to work in".
- "We are all on the same page when it comes to care. The other staff are very supportive and really helpful".

Following the inspection we received two responses from staff via the on-line survey. Both respondents indicated that they were satisfied/very satisfied that the care delivered was safe, effective, compassionate and well led.

Comments made by staff, both during and after the inspection, were brought to the attention of the manager for information.

### **6.2.2 Personal protective equipment (PPE)**

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. A PPE donning station had also been set up at the entrance enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors had a temperature check on arrival at the home. The manager confirmed that all staff and patients had a twice daily temperature check recorded; review of records confirmed this.

Staff said that they had received training in the use of PPE. Staff were observed to use PPE in accordance with the regional guidance. On a couple of occasions we observed that staff needed to ensure their fluid-resistant mask was correctly positioned over their nose; when we pointed this out staff did take appropriate action to remove and change their mask. We also brought this to the attention of the manager who told us that staffs' use of PPE and hand hygiene was monitored through observations and audits and that any issues noted were immediately addressed at the time.

Staff told us that the home had plenty of PPE available and stocks were regularly replenished. PPE stations/areas were found to be well stocked throughout the home.

We observed that staff carried out hand hygiene at appropriate times and staff we spoke with displayed their knowledge of when they should wash their hands and change their PPE.

### **6.2.3 The environment and IPC measures**

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, the dining room, treatment room and storage areas. The home was found to be well decorated, clean, tidy, warm and fresh smelling throughout. Patients' bedrooms were attractively decorated and personalised. Corridors and fire exits were clear of clutter and obstruction.

The manager told us that there was a system in place to ensure that frequently touched points were cleaned regularly over the 24 hour period.

In an identified bathroom and adjacent bedroom we observed that there was an issue with the water supply from the hot taps. We immediately brought this to the attention of the manager and the maintenance person in order that prompt action could be taken to resolve the issue which appeared to be localised to the two identified rooms. The manager and maintenance person assured us that action would be taken to resolve this issue as soon as possible.

Following the inspection we informed the aligned estates inspector of the issue identified. The responsible individual has since confirmed with RQIA that the necessary repairs have been successfully completed and that no further actions were required as a result of the works carried out. The responsible individual also confirmed that legionella control processes, which include checking and cleaning of thermostatic mixing valves and filters, were regularly undertaken in the home and that the most recent legionella risk assessment had been carried out on 25 March 2021.

## 6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. We saw that staff spoke to patients with kindness and respect at all times. The patients we spoke to told us that they felt well looked after and that the staff were friendly and helpful.

The activity lead told us that the daily activity schedule was designed with patients' interests and needs in mind and was also based on feedback from patients about what activities they particularly enjoyed. The activity schedule was on display and included, for example, gentle exercises, sing-a-longs, manicures, puzzles, bingo, skittles and games. During the inspection we observed the activity lead assisting patients with a gentle exercise session. Music was playing or TV's were on as patients' preferred and there was a pleasant and welcoming atmosphere throughout the home.

We observed the serving of lunch in the dining room and found this to be a pleasant and relaxed experience for the patients. The food was well presented and smelled appetising, staff were attentive to patients' needs, they displayed their knowledge of patients' likes and dislikes and offered them discrete assistance and encouragement as required. Patients told us that they enjoyed their lunch.

Patients who had been assessed as requiring one to one supervision were seen to be receiving this level of care. Agency staff were used to cover one to one shifts as required to ensure patients' needs were met safely and effectively.

The manager told us that the current guidance regarding visiting and the care partner initiative was being followed in the home. In addition to inside visiting staff also assisted patients and their relatives with window visits, virtual visiting and telephone calls.

We spoke to a relative who was in the home for a planned visit and three relatives who were in the home in the care partner capacity. All the relatives spoke very positively about communication, the care provided, the cleanliness of the home and the staff. Those relatives who were undertaking the care partner role told us that the initiative was working well and that they had been provided with the relevant guidance and training in PPE and IPC measures and were included in the home's weekly COVID-19 testing programme. Care partner risk assessments and care plans were in place. Comments made by relatives included:

- "I can't praise the staff enough, they are brilliant".
- "Dhimi (the manager) is really approachable; she is my main point of contact and always keeps me up to date".
- "Staff are wonderful".
- "The place is spotless, the cleaners never stop".
- "It is just like going into your own home, so friendly".
- "We are pleased with everything".

Following the inspection we received four completed questionnaires from relatives; the respondents all indicated that they were satisfied/very satisfied that the care provided for their loved one was safe, effective, compassionate and well led.

Comments made by patients and relatives, both during and after the inspection, were brought to the attention of the manager for information.

### **6.2.5 Care records**

We reviewed the care records for three patients and found that these contained relevant risk assessments and care plans to ensure that patients' daily needs were met. A daily, up to date, record of care provided was maintained. Risk assessments and care plans evidenced regular review. Food and fluid intake records reviewed were up to date.

Patients' weights were recorded on at least a monthly basis. Review of care records showed that in the event of weight loss or swallowing difficulties referrals were made to the appropriate healthcare professional, such as the dietician or the speech and language therapist (SALT). Recommendations regarding, for example fortified and/or modified diets, were included in care plans.

We observed inconsistent use of modified diet terminology in some of the nutrition care plans reviewed. The terminology used had not been updated in all cases to reflect the current International Dysphagia Diet Standardisation Initiative (IDDSI) terminology. Staff were able to demonstrate their knowledge of IDDSI terminology and the SALT recommendations for individual patients. However, IDDSI terminology should be consistently used regarding patients' modified dietary recommendations; an area for improvement was made.

In the event of a fall we could see that staff carried out neurological observations, sought medical advice/assistance if required and updated the relevant risk assessments and care plans.

### **6.2.6 Governance and management arrangements**

The manager told us that she felt well supported in her role. Staff were updated regarding any new COVID-19 information during daily handovers and an up to date file of COVID-19 information was maintained in the home.

The duty rota clearly indicated the manager's hours and the capacity in which these were worked. However, agency staff shift arrangements were recorded separately and the name of the agency was not indicated. The duty rotas included the surname of staff but not the first name. The duty rotas reviewed did not clearly indicate all staff working over the 24 hour period nor the capacity in which they were working; an area for improvement was made.

It was identified that, on occasions, white sticky labels had been used on the duty rota and in other governance records reviewed to make required changes; this was discussed with the manager and an area for improvement was identified.

Review of records evidenced that there were systems in place to manage complaints and to ensure that RQIA were appropriately notified of accidents/incidents that occurred in the home.

A sample of governance audits reviewed evidenced that audits were completed regarding, for example, care records, restrictive practices, falls, IPC measures and weights. We observed that audits completed to monitor IPC measures and patients' weights did not contain an action plan where deficits had been identified and actions were required; an area for improvement was made.

Monthly quality monitoring reports reviewed contained relevant information, included the views of patients and staff and had an action plan with a timeframe for completion.



## Areas of good practice

Areas of good practice were identified regarding staffing, teamwork, use and availability of PPE, treating patients with kindness, care provided, the ethos and culture, communication and initiation of visiting and care partner arrangements.

## Areas for improvement

Areas requiring improvement were identified regarding ensuring consistent use of IDDSI terminology, ensuring that duty rotas clearly indicate all staff on duty and the capacity in which they are working, how changes are made to documentation and ensuring identified audits contain an action plan.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

### 6.3 Conclusion

Patients in the home looked well cared for and were comfortable and content. We saw that staff treated patients with respect and kindness.

There was a pleasant and welcoming atmosphere throughout the home which was clean, tidy and in good decorative order.

The manager and responsible individual were extremely responsive in relation to the localised hot water issue identified, they ensured that action was taken to resolve this in a very timely manner and updated RQIA as requested as soon as the necessary repair work was completed.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dhimi Daniel, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 6 May 2021	<p>The registered person shall ensure that IDDSI terminology is consistently used in care plans and all other records maintained regarding individual patient's diets as per the recommendations of the SALT and/or the dietician.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            Reminded all nursing staff to update the care plan with IDDSI terminology and this has been verified through audit.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> 29 April 2021	<p>The registered person shall ensure that the duty rotas clearly indicate all staff working over the 24 hour period of time, including agency staff on shift and the name of the agency for which they work. The first name and surname of staff should also be recorded.</p> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b>            Duty rota now clearly indicate the full name of all staff working over the 24 hour period of time including agency staff and name of the agency for which they work.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that systems for the management of records are in accordance with legislative requirements and best practice guidance. This relates to the process for making amendments to the staff rota and other governance records.</p> <p>Ref: 6.2.6</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 May 2021</p>	<p><b>Response by registered person detailing the actions taken:</b> Amendments to the staff rota and other governance will be maintained in accordance with legislative requirements and best practice guidance.</p> <p>The registered person shall ensure that audits completed regarding IPC measures and patients' monthly weights include an action plan in order to demonstrate effective oversight, ensure appropriate measures are taken to deal with issues/deficits and record when required actions have been completed.</p> <p><b>Response by registered person detailing the actions taken:</b> Action plan included to the above mentioned audits to ensure appropriate measures are taken to deal with issues/deficits identified</p>

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



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