Inspection Report

20 January 2022

Somerton Private Nursing Home

Type of service: Nursing Home
Address: 77 Somerton Road, Belfast, BT15 4DE
Telephone number: 028 9077 6786

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Someton Private Nursing Home **Responsible Individuals:** Mr Henry Enda McCambridge Mr Paul Henry McCambridge	**Registered Manager:** Mrs Dhimi Daniel **Date registered:** 15 January 2018
Person in charge at the time of inspection: Mrs Jaisamma George – Nurse in Charge	**Number of registered places:** 26
Categories of care: Nursing Home (NH) DE – Dementia.	**Number of patients accommodated in the nursing home on the day of this inspection:**
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 26 patients. Communal lounges and the dining room are located on the ground floor. Patients' bedrooms are located over two floors. Patients have access to a large enclosed front garden.	

2.0 Inspection summary

An unannounced inspection took place on 20 January 2022 from 9.35 am to 4.20 pm. The inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients said they felt well looked after. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff said that they enjoyed working in the home and felt well supported by the manager.

It was positive to note that all areas for improvement identified at the last inspection were met.

One new area for improvement was identified regarding recruitment.

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

The findings of this report will provide the management team 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 and 'Tell Us' cards 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 and how staff went about their work was observed.

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 management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients said that they felt well looked after, the staff were kind and helpful and the food was good. They said "the food is lovely, I sometimes ask for seconds", "it is nice and comfy here", "the girls are nice and kind to me", "they are just lovely" and "the staff are dead on".

Staff said that teamwork was very good, the manager was approachable and supportive and that the home was a friendly place in which to work. One staff member said that "there are no problems at all, I do love it here" while another said there was "good support, staff are brilliant".

All of the relatives spoken with said that their loved ones were well looked after and that communication was good. Relatives commented positively about their experience of the home, they said that "staff are good", "any issues are sorted", "staff are good at explaining why and what actions are needed", "home very clean and tidy", "it's been excellent" "staff are brilliant" and "staff are exceptionally attentive, approachable and helpful".

A record of compliments and thank you cards received about the home was kept and shared with the staff team, this is good practice.

Three staff responded to the on-line staff survey. All the respondents commented positively about their experience of working in the home and indicated that they were satisfied/very satisfied that the care provided was safe, effective, compassionate and the home was well led.

5.0 The inspection

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

Areas for improvement from the last inspection on 22 April 2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 4 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of patients' care plans and food and fluid records evidenced that this area for improvement had been met.	
Area for Improvement 2 **Ref:** Standard 41 **Stated:** First time	The registered person shall ensure that the duty rotas clearly indicate all staff working over the 24 hour period of time, including agency staff and the name of the agency they work for. The first and surname of staff should also be recorded.	**Met**
	Action taken as confirmed during the inspection: Review of the duty rotas evidenced that this area for improvement had been met.	
Area for Improvement 3 **Ref:** Standard 37 **Stated:** First time	The registered person shall ensure that all 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.	**Met**

	Action taken as confirmed during the inspection: Review of the duty rota and a sample of other governance records evidenced that any amendments were appropriately managed.	
Area for improvement 4 **Ref:** Standard 35 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Review of IPC and weights audits evidenced that action plans are included and kept under review.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a record of recruitment identified that two references had been obtained however, neither was from the most recent employer, and there was no exploration of reasons for leaving previous employments. An area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. The nurse in charge said that patient dependencies were reviewed at least monthly to determine required staffing levels and that bank or agency staff were employed as necessary to ensure that shifts were covered. Staff told us that there was enough staff on duty to meet the needs of the patients and confirmed that efforts were also made to cover absences such as short notice sick leave.

There were systems in place to ensure staff were trained and supported to do their job. Staff received mandatory training in a range of topics relevant to their role including on-line dementia awareness and infection prevention and control (IPC) training and practical moving and handling training. Staff said that they were reminded when mandatory training was due and that they felt well supported in their various roles.

There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way. Staff were seen to respond to requests for assistance promptly in a caring and compassionate manner. Staff said that teamwork was good.

Patients said that they felt well looked after. Patients who were less able to communicate looked content and staff were seen to be attentive and proactive in providing care.

Patients' relatives did not raise any concerns about staffing arrangements in the home and all the relatives spoken with commented positively about the care provided.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes, for example, preference for a bath or a shower. Staff were seen to be skilled in communicating with the patients and to treat them with kindness and understanding.

Where a patient was at risk of falling measures to reduce this risk were put in place, for example, equipment such as bed rails and alarm mats were in use where required. Those patients who were at risk from falls had relevant care plans in place. Staff demonstrated their knowledge of what actions to take in the event of a patient having a fall.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care records accurately reflected the patients' needs regarding, for example, pressure relieving mattresses. Up to date repositioning records were maintained where required.

Staff were seen to respect patients' privacy, they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff were seen to assist patients with the range of support they required during the meal time, this ranged from simple encouragement through to full assistance. Menus were appropriately on display in a suitable format. The dining experience was seen to be calm, relaxed and unhurried. Patients were offered a choice of meals; the food was attractively presented and looked appetising.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. Review of care records evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT) and/or the Dietician and that standardised terminology was in use.

Patients said they enjoyed the food in the home and were provided with a good choice of meals. Records were kept of what patients had to eat and drink daily. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain and that appropriate actions were taken regarding this.

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. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Informative 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.

Staff discussed how they provided patients with choices throughout the day regarding, for example, what clothes they would like to wear, what they would like to eat, if they would like to listen to music and whereabouts they wanted to spend their time. A staff member said that it is "really important to give the patients a choice and to respect their opinions".

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be warm, clean, tidy and fresh smelling. Patients' bedrooms were personalised with items that were important to them such as family photographs, ornaments and flowers. Communal lounges and the dining room were observed to be welcoming spaces for patients. The home was in good decorative order.

Fire exits and corridors were observed to be clear of clutter and obstruction. A record of fire drills was maintained.

Domestic staff said that cleaning schedules were in place and it was observed that frequent touch points were regularly cleaned.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and Care Partners.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Patients and relatives said that the home was kept clean and tidy.

5.2.4 Quality of Life for Patients

The atmosphere throughout the home was warm, welcoming and friendly. It was observed that staff offered patients choices regarding, for example, what they would like to eat and if they wanted to take part in planned activities. It was obvious that staff knew the patients well and treated them with respect.

Staff were seen to speak to patients in a polite and caring manner.

Discussion with patients confirmed that they were able to choose how they spent their day, for example, patients could have a lie in and they could spend time in the lounges or their own bedroom as they preferred. Patients were observed to be comfortable and content. One patient said that "I can go wherever I like and get up when I want".

There was a range of activities provided for patients by staff which included games, exercises, puzzles and sing-a-longs. Patients' birthdays were celebrated and there were lovely pictures on display of patients enjoying a recent celebration in the home.

Staff were seen to engage with those patients who preferred not to join in a group activity on a one to one basis. A staff member was talking to a patient about their family and what they liked to watch on the TV; staff explained this patient enjoyed chatting and reminiscing. Another staff member was supporting a patient with fidget toys and gadgets; staff explained that this patient enjoyed feeling busy.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and Care Partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Relatives who were Care Partners said that they had been provided with relevant information about the role and found staff to be supportive. A relative said that "it is good to be in regularly". Relatives said that staff were attentive and that good communication was maintained.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Dhimi Daniel has been the registered manager in this home since 15 January 2018. 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.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. As previously mentioned, in Section 5.1, IPC and weights audits had been reviewed to include action plans which were kept under review.

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.

Relatives said that they knew how to report a concern and were confident that the manager would deal with these effectively. Review of the home's record of complaints confirmed that these were well managed. The nurse in charge said that complaints and the outcome of these was used as a learning opportunity to improve practices and/or the quality of 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.

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 available for review. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Jaisamma George, Nurse in Charge, and Paul McCambridge, Responsible Individual, 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 21 (1) (b) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that, prior to making an offer of employment, the reasons for leaving previous employment are explored and that two written references are obtained, one of which is from the present or most recent employer. Ref: 5.2.1
	Response by registered person detailing the actions taken:

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

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