

Unannounced Inspection Report 8 November 2019



Somerton Private Nursing Home

Type of Service: Nursing Home

Address: 77 Somerton Road, Belfast, BT15 4DE

Tel No: 028 9077 6786

Inspector: Catherine Glover

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 26 patients.

3.0 Service details

Organisation/Registered Provider: Somerton Private Nursing Home Responsible Individuals: Henry Enda McCambridge Paul Henry McCambridge	Registered Manager and date registered: Dhimi Daniel 15 January 2018
Person in charge at the time of inspection: Dhimi Daniel	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: 24

4.0 Inspection summary

An unannounced inspection took place on 8 November 2019 from 11.45 to 15.00.

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

Evidence of good practice was found in relation to the dining experience, records relating to medicines management and governance arrangements.

It was positive to note that all areas for improvement from the previous care and medicines management inspections have been met and there were no areas for improvement identified during this inspection.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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
Total number of areas for improvement	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.

4.2 Action/enforcement taken following the most recent inspection dated 13 and 18 June 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 and 18 June 2019. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients/residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection a sample of records was examined which included:

- six patients' records of care
- governance audits/records
- medicine records
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

Areas for improvement from the most recent care inspection dated 13 and 18 June 2019		Validation of compliance
Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes, April 2015		
<p>Area for improvement 1</p> <p>Ref: Standard 22</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all relevant risk assessments and care plans are updated as part of the post falls assessment carried out within 24 hours of a fall.</p> <p>Action taken as confirmed during the inspection:</p> <p>The records of two patients who had had recent falls were examined. Accident forms had been completed. The appropriate observations had been completed and recorded at the specified time intervals. The falls risk assessment had been completed and care plan evaluations were reviewed after each fall.</p>	Met
<p>Area for improvement</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure pressure relieving mattresses in use in the home are maintained at the appropriate setting for the individual patient in accordance with NICE best practice guidelines on management and prevention of pressure ulceration. A robust system should be introduced to monitor these settings.</p> <p>Action taken as confirmed during the inspection:</p> <p>The manager has a spreadsheet for all patients requiring pressure relieving mattresses. The mattresses and the settings are checked each weekday by the person responsible for maintenance. The record is checked at regular intervals by the manager. A random sample of mattress settings were checked during the inspection and found to be appropriate.</p>	Met

Area for improvement 3 Ref: Standard 18 Stated: First time	The registered person shall ensure that where medication is administered for the management of distressed reactions, the effect and/or side effects of this is recorded.	Met
	Action taken as confirmed during the inspection: The records for three patients who required medicine to manage distressed reactions were examined. Care plans were in place and the reason for and outcome of administering these medicines was recorded.	

There were no areas for improvement identified at the last medicines management inspection on 13 September 2018.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, the dining room and the treatment room. The home was found to be warm, well decorated and fresh smelling throughout. Patients' bedrooms were tastefully decorated and had been personalised with items such as pictures and ornaments that were meaningful to them. The home was observed to be clean and tidy throughout. One visitor commented on the cleanliness of the home and how impressed she was.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff attended to patients' needs in a timely and caring manner; call bells were answered promptly and patients who were in their rooms were observed to have call bells within reach.

A review of personal medication records and medicine administration records showed that these records were up to date and fully and accurately completed. Pain assessment scales were readily available for use to monitor and assess patients' pain; they had been completed regularly when needed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the environment in the home and the management of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

We reviewed the admission process for one patient with regards to medicines management. Written confirmation of the medicine regime was obtained and held on file. Records had been fully and accurately completed.

We reviewed the lunchtime meal experience in the main dining room. Patients dined at the main dining area or at their preferred dining area such as their bedroom or the lounge. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch. Patients who required to have their meals modified were also afforded choice of meal. Food was served directly from the kitchen when patients were ready to eat their meals or be assisted with their meals. The food served appeared nutritious and appetising.

Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to stock control of medicines, the admission process in relation to medicines management and the dining experience for patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 11.45 and were met by staff who were friendly and welcoming. Staff displayed a consistently caring approach to the patients. Good relationships were evident.

The inspector observed an activity session in one of the lounges; the activity co-ordinator was enthusiastic and it was evident that patients were enjoying the activity. Staff spoke very warmly and positively about the activity co-ordinator.

Staff spoken with were passionate about providing the right care for patients, they told us:

- “I am happy here.”
- “Everything runs smoothly.”
- “I like it here, the staff all get on well.”

We spoke to four patients’ visitors who all commented positively on their experience of how their loved ones were cared for. They said that:

- They were very happy with the care provided and that it was a relief to have their relative looked after so well
- The food was good and that their relative was eating well
- They were happy to discuss any concerns that may arise with the staff and manager of the home.

Thank you cards were displayed in the office for the attention of staff.

We received two completed questionnaires’ from patients or relatives that said that they were “very satisfied” with all aspects of care provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and the provision of activities.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The auditing arrangements for medicines were reviewed. The manager has robust arrangements in place to ensure that patients are receiving their medicines as prescribed. If there were any issues of concern with regards to medicines, the processes in place would ensure that they would be highlighted and resolved in a timely manner.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. There have been no medicines related incidents reported since the last medicines management inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements for the management of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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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