



# Unannounced Follow Up Care Inspection Report 24 September 2019



**47 Somerton Road**

**Type of Service: Nursing Home**  
**Address: 47 Somerton Road, Belfast, BT15 3LH**  
**Tel No: 028 9077 2483**  
**Inspector: Gillian Dowds**

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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 40 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Somerton Homes Ltd  <b>Responsible Individual(s):</b> William Trevor Gage	<b>Registered Manager and date registered:</b> Nicola Rodgers Registration pending
<b>Person in charge at the time of inspection:</b> Nicola Rodgers	<b>Number of registered places:</b> 40
<b>Categories of care:</b> Delete as required: Nursing Home (NH) LD – Learning disability.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 38

### 4.0 Inspection summary

An unannounced inspection took place on 24 September 2019 from 10.00 to 16.45 hours.

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.

The inspection sought to assess progress with issues raised since the last care inspection on the 11 June 2019.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patient experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*3	*2

\*The total number of areas for improvement includes three which have been stated for the second time and one which has been carried forward for review at the next care inspection.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 11 June 2019

The most recent inspection of the home was an unannounced care and estates inspection undertaken on 11 June 2019. Enforcement action resulted from this inspection on 11 June 2019.

## 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 returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with five patients, one patient's relative and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients/relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you 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. No responses were received.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- incident/accident records
- complaint management
- activities programme
- four care records
- a selection of patient care charts including food and fluid intake charts and bowel charts
- two wound care records
- a sample of governance audits
- a sample of the monthly monitoring reports undertaken in accordance with Regulation 29 of The Nursing Home Regulations (Northern Ireland) 2005
- RQIA registration certificate.

Areas for improvement identified at the last care 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 previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> Second time	The registered person shall give notice to RQIA without delay of the occurrence of any notifiable event.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records confirmed that notifications were sent to RQIA in a timely manner.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) (b) and (c) <b>Stated:</b> First time	The registered person shall ensure that as far as reasonably practicable unnecessary risks to the health or safety of patients is identified and so far as possible eliminated.	<b>Met</b>
	This is in relation to the accessibility by patients to the hair dryer and hair straighteners in the quiet room. <b>Action taken as confirmed during the inspection:</b> On review of the environment the quiet room was observed free from electrical equipment.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 27 (b) and (d) <b>Stated:</b> First time	The registered person shall ensure that a refurbishment plan is implemented to include the repair or replacement of identified curtains and the refurbishment of loft hatches in multiple rooms.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A new window covering was in place and loft hatches repaired.	
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment confirmed that previous issues identified were addressed.	

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 16 (2)</p> <p><b>Stated:</b> First</p>	<p>The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions and procedures carried out in relation to each patient and the registered nurses have oversight of the supplementary care records.</p> <p><b>Action taken as confirmed during the inspection:</b> Oversight of supplementary care was not in the daily progress notes.</p> <p>This area for improvement has not been met and has been stated for the second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of records in relation to two identified wounds evidenced that these were not maintained appropriately.</p> <p>This area for improvement has not been met and has been stated for the second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that reports produced following monthly visits to the home are in sufficient detail to be in accordance with the regulations and care standards and where shortfalls are identified, an action plan is put in place to address these.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of the monthly monitoring reports evidenced they were completed with sufficient detail, shortfalls were identified and action plans were in place.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 27(2) (q)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the gas safe engineer safety improvement recommendations are implemented.</p> <p><b>Action taken as confirmed during the inspection:</b> On discussion it was confirmed that a quote has been obtained for work to be completed and this will be reviewed at next care inspection.</p>	<p><b>Carried forward to the next care inspection</b></p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 5 <b>Stated:</b> First time	The registered person shall ensure when bedrails or lap belts are in use there is documentation to evidence consultation with patients, relatives and other relevant personnel.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Good documentation for bedrails was evidenced but lap belts need to be added to this documentation.  This area for improvement has been partially met and has been stated for the second time.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 17 <b>Stated:</b> First time	The registered manager shall review and revise the management of patients whose behaviour challenges others to ensure that care plans are person centred and detailed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care plans reviewed were person centred and detailed.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.	<b>Met</b>
	<ul style="list-style-type: none"> <li>Governance audits in respect of care planning, Infection prevention and control and accident incidents should identify shortfalls and improvement embedded into practice.</li> </ul> <b>Action taken as confirmed during the inspection:</b> Auditing records reviewed identified shortfalls and improvements had been embedded into practice.	

## 6.2 Inspection findings

### The Environment

A review of the environment was undertaken and included observation of a sample of patients' bedrooms, bathroom, lounges and storage areas. Some of the bedrooms reviewed were very well personalised. Storage areas were tidy and clutter free. The home was found to be warm and fresh smelling and ongoing refurbishment was evident with new carpets in the main lounge area and ongoing painting to areas in the home. New blinds were in place to windows identified from the previous inspection.

Corridors were clear from obstruction. One fire door was observed to have a chair in front of it on the external side. This was discussed with the manager and removed and she agreed to address this with the staff.

We found that records pertaining to a patient was accessible in a lounge, potentially breaching patient confidentiality. This was discussed with the manager who agreed to review this practice to ensure these records are stored securely when not in use. This will be reviewed at a future care inspection.

Patients were observed socialising in the main lounge and in a smaller quieter lounge. A patient discussed how he liked to sit in this lounge to do his jigsaws. Staff were observed interacting positively with patients.

### Areas for improvement

No areas for improvement were identified

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

### Care Records

We reviewed the care plan for a patient who required a modified diet following assessment by the speech and language therapist (SALT). The care plan was reflective of the recommendations made by SALT.

We reviewed the documentation in relation to the supplementary care records pertaining to food and fluid intake and bowel management, however, this was not reflected in the daily evaluation of care and an area for improvement in this regard will be stated for a second time.

We reviewed the care records for two wounds in the home; deficits were noted in the records for ongoing assessment of the wounds and an area for improvement in this regard will be stated for a second time.

There was clear evidence provided that discussions had taken place with relevant persons for the use of bed rails. However, there was not sufficient evidence available regarding the management of lap belts and an area for improvement in this regard will be stated for the second time.

We reviewed the care plans for patients with behaviour that challenges. These were patient centred and identified specific care required for the individuals.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## Governance

We reviewed the accident/incident records in the home since the last inspection in comparison to the notifications submitted to RQIA in accordance with Regulation 30 and evidenced these were submitted in a timely manner.

A review of the system in place for managing complaints identified that not all complaints were recorded in accordance with the DHSSPS Care Standards for Nursing Homes (2015). This was discussed with the manager and an area for improvement was identified.

A review of governance audits for care records and infection prevention and control identified systems were in place to ensure deficits identified had the necessary actions taken to ensure improvement.

## Areas for improvement

An area for improvement was identified in relation to the management of complaints.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## Consultation

Consultation with five patients individually confirmed that living in 47 Somerton Road was a positive experience. Some comments received were as follows:

- “Love it here.”
- “I’m happy.”
- “Like it all.”

Two relatives were consulted during the inspection. One spoke positively about the service in 47 Somerton Road. The second had raised a concern with the manager during this inspection and this was addressed by the manager.

Staff spoken to commented positively about working in the home, though, comments were made about the provision of additional activities which would be of benefit to patients. These comments were discussed with the manager who agreed to review and action as appropriate.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Nicola Rodgers, 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 Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27(2) (q)  <b>Stated:</b> First time  <b>To be completed by:</b> 2 August 2019	<p>The registered person shall ensure that the gas safe engineer safety improvement recommendations are implemented.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (2)  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 November 2019	<p>The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions and procedures carried out in relation to each patient and the registered nurses have oversight of the supplementary care records.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b>            Nurse's meeting was held on 17<sup>th</sup> October 2019 with all Nurses to review and action the detail of information contained within the daily nursing notes of all nursing interventions. This is under review by the nurse manager and significant improvement has been noted. The daily nursing notes now include an overview of each resident's daily needs and highlights any areas for handover or review, follow up of relevant information.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> 25 November 2019	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b>            The need to ensure appropriate wound care assessment and care planning was emphasised at a nurses meeting post inspection on 17<sup>th</sup> October 2019. All nurses have been made further aware of the requirement in relation to wound care documentation. All wounds are being documented appropriately in a wound care chart, regularly assessed and care plans implemented. A monthly wound care audit reflects this.</p>

<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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 November 2019</p>	<p>The registered person shall ensure when bedrails or lap belts are in use there is documentation to evidence consultation with patients, relatives and other relevant personnel.</p> <p>Ref 6.1 and 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Bedrail documentation remains robust and following the inspection lapbelt discussion forms have also been devised and implemented with the same principal and are being discussed and signed by/with resident and/or next of kin or representative. Lapbelt checklists are in place daily for residents who are wheelchair users and have lapbelts in use. All appropriate risk assessments are in place, reviewed monthly or sooner if required and care plans in place to support the risk assessments. All relevant documentation in relation to the use of bedrails and/or lapbelts are discussed at care management reviews which includes other relevant personnel.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2019</p>	<p>The registered person shall ensure that complaints to the home are managed in accordance with legislation and DHSSPS guidance.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> The complaints process has been reviewed and amended. The complaints procedure continues to be available for viewing in all resident bedrooms for the resident/families/visitors to be made aware of the procedure. The complaints book is now held in the nurse's station and discussed with the nurses at the nurse meeting on 17<sup>th</sup> October 2019, any complaints are to be noted in this and the managers attention to be brought to same to ensure all complaints or concerns are addressed and resolved within 28 days.</p>

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



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