

Unannounced Secondary Care Inspection

Name of Establishment:	47 Somerton Road
RQIA Number:	1299
Date of Inspection:	26 February 2015
Inspector's Name:	Norma Munn
Inspection ID:	017008

1.0 General Information

Name of Establishment:	47 Somerton Road
Address:	47 Somerton Road Belfast BT15 3LH
Telephone Number:	02890772483
Email Address:	oliviadoak@workmail.com
Registered Organisation/ Registered Provider:	Mr William Trevor Gage
Registered Manager:	Ms Olivia Doak
Person in Charge of the Home at the Time of Inspection:	Ms Olivia Doak
Categories of Care:	NH-LD
Number of Registered Places:	38
Number of Patients Accommodated on Day of Inspection:	36
Scale of Charges (per week):	£609
Date and Type of Previous Inspection:	Unannounced Secondary Inspection 20 March 2014
Date and Time of Inspection:	Unannounced Secondary Inspection 26 February 2015 10.40 – 16.40 hours
Name of Inspector:	Norma Munn

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 Methods/Process

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

- Discussion with the registered provider
- discussion with the registered manager
- discussion with staff
- discussion with patients individually and to others in groups
- consultation with relatives
- review of a sample of policies and procedures
- review of regulation 29 visits reports
- review of the annual quality report
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a sample of care plans
- review of the complaints.

- observation during a tour of the premises
- evaluation and feedback .

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients	11 patients individual and to others in groups
Staff	8
Relatives	2
Visiting Professionals	0

Questionnaires were provided by the inspector, during the inspection, to patients, and staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients	5	4
Relatives/Representatives	0	0
Staff	5	5

6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

47 Somerton Road Nursing home is situated in a residential area of North Belfast. The home is located in a one and a half acre site with privacy provided by mature trees and hedges. There is car parking space at the front and to the side of the home. Public transport facilities are nearby. The Home is convenient to shops and local community services.

The nursing home is owned and operated by Somerton Homes Ltd.
The current registered manager is Ms Olivia Doak.

Accommodation for patients is single storey accommodation, which enables easy access for patients to all areas of the building.

Communal lounge and dining areas are provided. There is a large lounge/seating area at the main entrance to the home and another quiet lounge in one wing of the home. The dining room is located at the main entrance of the home. The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 38 persons under the following categories of care:

Nursing

NH - LD learning disability

8.0 Executive Summary

This unannounced inspection of 47 Somerton Road was undertaken by inspector Norma Munn on 26 February 2015 between 10:40 and 17:00 hours. The inspection was facilitated by Ms Olivia Doak, registered manager who was available throughout the inspection. Mr Trevor Gage, responsible person, was also available during the inspection. Verbal feedback was given to Ms Doak at the conclusion of the inspection.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection of 20 March 2014.

As a result of the previous inspection five recommendations were made. These were reviewed during this inspection and it was evidenced that all five recommendations have been fully complied with. Details can be viewed in the section immediately following this summary.

Assessments and care plans were reviewed with regard to the management of continence in the home. Areas for improvement were identified in relation to the care records reviewed and two recommendations have been made.

Nursing staff spoken with on the day of the inspection were knowledgeable regarding the management of continence care, urinary catheters and the frequency with which the catheters within the home required to be changed.

From a review of the available evidence, discussion with relevant staff and observation, it was evidenced that the level of compliance with the standard inspected is substantially compliant.

Additional Areas Examined

Care Practices
Complaints
Staffing
Patients' Comments
Staff Comments
Environment

Details regarding the inspection findings for these areas are available in the main body of the report.

Conclusion

At the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and patients were observed to be treated by staff with dignity and respect. Good relationships were evident between staff and patients. Patients were well groomed, appropriately dressed and appeared comfortable in their surroundings.

As a result of this inspection two recommendations have been made.

The inspector would like to thank the patients, registered manager, nurses and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-Up on Previous Issues from 20 March 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	1.6	It is recommended the views and opinions of patients and/or their representatives about the running of the home are sought formally at least once a year and a report of this available in the home. A copy of the report should be forwarded to the inspector, when available.	Discussion with the registered manager and a review of the most recent annual report evidenced that the views of patients and/or their representatives are included in the report.	Compliant
2	26.1	It is recommended the policy on quality assurance for the home includes information/arrangements for the regulation 29 monthly monitoring reports and the completion of the annual quality report. Information should also be detailed that these	Review of the policy on quality assurance evidenced information regarding the Regulation 29 visits and the annual report. Information had been included regarding the availability of these reports.	Compliant

		reports are available in the home and patients and/or their representatives may read the reports if they so wish.		
3	25.12	It is recommended the regulation 29, monthly monitoring report includes any requirement and/or recommendation made by an agency authorised to inspect the home. The report should detail the action taken to address any requirement or recommendation.	Review of the regulation 29 monthly monitoring reports following the previous inspection evidenced that recommendations made had been included and the action to address the issues identified.	Compliant
4	25.12 and 25.13	It is recommended patients and their representatives should be made aware of the availability of the regulation 29 reports and the annual quality report in the home, should they wish to read them.	Discussion with the registered manager confirmed that the Regulation 29 reports were made available for patients and/or their representatives to read	Compliant

5	25.13	It is recommended the annual quality report includes, for example, evidence of consultation with patients, representatives and staff, outcome and action taken in response to patients/representatives satisfaction questionnaires, action taken to address any deficits identified through audit or consultation.	Discussion with the registered manager and a review of the most recent annual report evidenced that consultations with patients and/or their representatives had taken place and any action taken in response to issues identified had been recorded.	Compliant
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9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection on 20 March 2014, RQIA have been notified by the home manager of an ongoing investigation in relation to a potential or alleged safeguarding of vulnerable adults (SOVA) issue.

Following discussion with the registered manager RQIA were satisfied that SOVA issues were dealt with in the appropriate manner and in accordance with regional guidelines and legislative requirements.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	COMPLIANCE LEVEL
Inspection Findings: <p>Review of five patients' care records evidenced that bladder and bowel continence assessments were undertaken. However, four out of five continence assessments reviewed had not been fully completed. A recommendation has been made to ensure that continence assessments have been fully completed for all patients.</p> <p>The outcome of these assessments, including the type of incontinence product to be used, was incorporated into the patients' care plans on continence care.</p> <p>Two out of five patients who had been assessed as requiring continence care did not have a care plan in place to manage continence. A recommendation has been made to ensure that care plans are in place for each individual assessed need.</p> <p>Continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.</p> <p>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p> <p>Review of five patients' care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.</p>	Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

COMPLIANCE LEVEL**Inspection Findings:**

The following policies and procedures were in place;

- continence management / incontinence management
- stoma care
- catheter care

The following guideline documents were in place:

- RCN continence care guidelines
- NICE guidelines on the management of urinary incontinence
- NICE guidelines on the management of faecal incontinence

Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.

Compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Not assessed	Not assessed
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the registered manager and staff confirmed that staff were assessed as competent in continence care. Several registered nurses in the home were deemed competent in catheterisation and the management of stoma appliances. Staff informed the inspector that advice and support for continence management can be sourced from the continence nurse in the local Trust if required. Regular audits of the management of incontinence had been undertaken and the findings acted upon to enhance already good standards of care.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Substantially Compliant
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11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

11.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

Discussion with the registered manager confirmed that complaints were managed in a timely manner and in accordance with legislative requirements.

11.3 Staffing

Duty rotas for weeks commencing 2 February 2015, 9 February 2015 and 16 February 2015 were reviewed and evidenced that staffing numbers were in keeping with RQIA's recommended minimum staffing guidelines for the number of patients accommodated in the home during the inspection

.11.4 Patients and Relatives Views

During the inspection, the inspector spoke with eleven patients individually and with the majority of others in smaller groups. Patients spoken with confirmed that they were treated with dignity and respect, that staff were polite and respectful, that they could call for help if required, that needs were met in a timely manner, that the food was good and plentiful and that they were happy living in the home.

Two relatives spoken with commented positively regarding the attitude of staff and the care their loved ones received.

Four completed questionnaires from patients were received by the inspector during the inspection.

There were no issues or concerns raised with the inspector during this inspection.

11.5 Questionnaire Findings/Staff Comments

During the inspection the inspector spoke with eight staff and received five completed questionnaires during the inspection. Staff responses in discussion and in the returned questionnaires indicated that staff received an induction, completed mandatory training, completed additional training in relation to the inspection focus and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

No issues or concerns were raised by staff during this inspection.

11.6 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Olivia Doak, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Norma Munn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**

Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.1 <ul style="list-style-type: none"> At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment. Criterion 5.2 <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission. Criterion 8.1 <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent. Criterion 11.1 <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Policies and procedures relating to pre admission and admission for planned and emergency admissions. A nurse visits a prospective resident and records an initial assessment using the 12 activities of living. All comprehensive holistic assessments including Malnutrition universal Screening Tool, continence and braden are completed on the day of admission to the home.	Compliant

Section B	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.3 <ul style="list-style-type: none"> A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional. Criterion 11.2 <ul style="list-style-type: none"> There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability. Criterion 11.3 <ul style="list-style-type: none"> Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals. Criterion 11.8 <ul style="list-style-type: none"> There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration. Criterion 8.3 <ul style="list-style-type: none"> There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulations13 (1);14(1); 15 and 16	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>There is a named nurse system in the Home, The named nurse discusses, plans and agrees nursing interventions along with the resident and their family. All nursing staff are familiar with referrals to the multidisciplinary team for advice and for further planning of care including tissue viability. Where a resident is assessed as being at risk of developing pressure ulcers then the appropriate action would be taken which includes documentation and seeking advice and if necessary making a referral to healthcare professionals which would include dietician, tissue viability etc.</p>	Compliant

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
All assessments and care plans are re-evaluated and recorded on a monthly basis and more frequent if the need arises.	Compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.5 <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. Criterion 11.4 <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. Criterion 8.4 <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
All nursing interventions that are carried out in the Home are done in collaboration with the resident, family following policies and that are supported by research evidence and guidelines that have been established by standard setting bodies such as NICE and the Department of Health as well as the RQIA and as also advised by other healthcare professionals within the multidisciplinary team.	Compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient are reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Contemporaneous nursing records are kept in accordance with NMC guidelines with outcomes recorded. A record of the meals provided within the home is kept for inspection which is of sufficient detail to ascertain that the residents diet is satisfactory.. If a resident assessment or care plan indicates that the resident requires extra supervision of what their intake is a food record chart is completed and advice and/or referral is sought from their GP and dietician if necessary. Weekly monitoring of weight may also be required.</p>	Compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Daily progress reports are generated by nursing staff as set out by the NMC guidelines. Care plans and assessments are reviewed monthly and more regular if required following the daily progress reports. Care plans and risk assessments are developed and discussed with the resident and their families.as well as healthcare professionals.	Compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.8 <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. Criterion 5.9 <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Residents and their families are always informed of reviews and encouraged to attend during reviews. Residents and families have an opportunity to discuss care and their progress The results of the reviews and the minutes are distributed to all parties involved and where there are changes made to the nursing care plan these are documented, agreed and communicated to all those involved..	Compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 12.1 <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dietitians and other professionals and disciplines. Criterion 12.3 <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>All residents are provided with a nutritious and varied diet and at each mealtime there are 2 choices if the resident does not want to avail of the 2 choices they are offered an alternative meal.</p> <p>There is a record kept of each meal choice each resident has had for that day.</p> <p>The menu is planned bearing in mind the up to date nutritional guidelines</p> <p>Menus are reviewed on a regular basis.</p>	Compliant

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 8.6 <ul style="list-style-type: none"> Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to. Criterion 12.5 <ul style="list-style-type: none"> Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times. Criterion 12.10 <ul style="list-style-type: none"> Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure: <ul style="list-style-type: none"> risks when patients are eating and drinking are managed required assistance is provided necessary aids and equipment are available for use. Criterion 11.7 <ul style="list-style-type: none"> Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Nurses have up to-date knowledge in managing feeding techniques for residents who have swallowing difficulties all instructions that are drawn up by the speech and language therapist are adhered to and implemented into the care plan.</p> <p>Meals are provided at the conventional times based upon resident preference, hot and cold drinks are offered at customary intervals and fresh drinking water is always available.</p> <p>Wound care assessment is carried out by the nurses and will make referrals to the Tissue Viability Nurse for further advice and or management.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	COMPLIANCE LEVEL
	Compliant



Quality Improvement Plan

Secondary Unannounced Care Inspection

47 Somerton Road

26 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Olivia Doak, registered manager, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.1	The registered person should ensure that continence assessments are completed for all patients Ref: Section 5.0, standard 19.1	One	All continence assessments have been completed for each individual patient	By 26 March 2015
2	19.1	The registered person should ensure that care plans to manage continence are in place for each individual assessed need Ref: Section 5.0, standard 19.1	One	Following continence assessments, appropriate patients have care plans in place to manage continence	By 26 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Olivia Dook (NM)
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Norma Munn	13 April 2015
Further information requested from provider			