

# Announced Variation to Registration Care Inspection Report 31 January 2018



## 47 Somerton Road

Type of Service: Nursing Home  
Address: 47 Somerton Road, Belfast, BT15 3LH  
Tel No: 02890772483  
Inspector: Michael Lavelle

[www.rqia.org.uk](http://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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 40 persons.

### 3.0 Service details

<b>Registered Provider:</b> Somerton Homes Ltd  <b>Responsible Individual:</b> Mr William Trevor Gage	<b>Registered Manager:</b> Mr Wayne Salvatierra
<b>Person in charge at the time of inspection:</b> Mr Wayne Salvatierra	<b>Date manager registered:</b> 16 December 2015
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability	<b>Number of registered places:</b> 40

### 4.0 Inspection summary

An announced variation to registration inspection of 47 Somerton Road took place on 31 January 2018 from 11.45 to 14.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005; The Nursing Homes Regulations (Northern Ireland) 2005; and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection sought to assess an application submitted to RQIA for a variation to the registration of 47 Somerton Road for the addition of six en-suite bedrooms.

The variation to registration was granted from a care perspective following this inspection.

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

### 4.1 Inspection outcome

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

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Wayne Salvatierra, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the application to vary the registration of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

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

- an examination of the general environment of the home and its readiness to admit patients
- a review of the statement of purpose
- a review of the service user guide
- a review of regulation 29 (monthly monitoring) visits
- a selection of audits
- a discussion regarding the admission plans for patients
- RQIA registration certificate

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 dated 24 January 2018

The most recent inspection of the home was an announced pre-registration premises inspection. Other than those actions detailed in the QIP no further actions were required to be taken.

## 6.2 Review of areas for improvement from the last care inspection dated 14 June 2017

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 13 (7) <b>Stated:</b> First time	The registered person shall ensure that the sluice room is cleaned and infection prevention and control practices, for the decontamination of patient equipment are in place.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</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>Area for improvement 2</b> <b>Ref:</b> Regulation 4 (6) <b>Stated:</b> First time	The registered person shall ensure that the record of staff employed in the home is in accordance with details as outlined in Schedule 4(6) of the Nursing Homes Regulations (Northern Ireland) 2005.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</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.	
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 41 <b>Stated:</b> First time	The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that care records are reviewed and updated regularly and in response to any changes in patients' condition to ensure they accurately reflect the assessed needs of the patient. Records shall be completed contemporaneously, ensuring that any risks or problems noted in daily evaluations are followed through.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure that audit activity is increased and the results of audits are analysed to ensure that appropriate actions are taken to address any shortfalls identified and ensure that any necessary improvements could be embedded into practice.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of monthly audits of accidents, incidents and care plans evidenced deficits in completion, analysis, review and identification of patterns and trends. No action plans were generated and there was no evidence of learning having been disseminated.  This area for improvement is now stated for a second time.	

This inspection focused on the variation to registration application made by the registered provider to RQIA. One area for improvement from the last care inspection on 14 June 2017 was reviewed as part of the inspection. The outstanding areas are carried forward to the next care inspection.

### 6.3 Inspection findings

#### Environment

The registered manager guided the inspector around the entire premises.

47 Somerton Road will provide accommodation for 40 patients once all beds have been registered. The home is situated in a quiet residential area and offers bright and spacious accommodation at ground floor level. All areas of the home are wheelchair accessible.

As previously reported this inspection focussed on the addition of six en-suite bedrooms. All bedrooms were equipped with a range of built in furniture and en-suite facilities. The nurse call bell chords in the en-suites were in a tied up position, toilet lids had not been fitted and the doors of two of the bedrooms were not closing properly. This was discussed with the manager who agreed to address this. Inspection of the bedrooms evidenced that none of the rooms had a lockable space or a bedside cabinet. In addition only three of the rooms had a bedside light or wall lighting. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Discussion with the registered manager and review of the dining and lounge areas offered assurance that there was sufficient seating to meet the needs of the patients.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and dining room. The home was found to be warm and decorated to a very high standard. It was fresh smelling and clean throughout. Many of the patient's bedrooms were highly personalised.

Adequate car parking facilities are provided.

### **Statement of Purpose & Service User's Guide**

Prior to the inspection the statement of purpose and the service user guide were submitted to RQIA. A review of service user guide found it to be satisfactory. Deficits were identified on review of the statement of purpose. It did not include the fire precautions and associated emergency procedures in the nursing home or the arrangements for dealing with complaints. This was discussed with the registered manager and identified as an area for improvement.

### **Policies and Procedures**

Two policy and procedure files were available for review on inspection. Although neither file was indexed, a sample of policies and procedures reviewed evidenced that they included the date when issued, reviewed or revised. One file contained many outdated policies and discussion with the manager evidenced there was no system in place to ensure that policies and procedures are reviewed three yearly minimum and more frequently if required. This will be reviewed and monitored at the next care inspection.

### **Governance arrangements**

The management of audits was reviewed and shortfalls were identified. For example, review of accident and incident audits evidenced these were not fully completed. One monthly incident audit was actually a six monthly audit from July 2017 until January 2018. A further monthly accident audit was a three monthly audit completed for August 2017 to October 2017. None of these were signed or dated by the registered manager and the audit summary page was not completed for any of the audits. In addition, the accident and incident audits lacked analysis, review and did not look for patterns and trends. There was no evidence of any learning or improvement.

Review of care plan audits evidenced gaps in completion of the audit forms. For example, review of a care plan audit evidenced sections were incomplete for continence, bed rail assessment, personal hygiene and mobility. The care plan audit matrix referenced care plans had been reviewed but there was no supporting documentation to provide assurance as to what elements of the care plans were reviewed. There was no evidence of any shortfalls identified, action plans generated or how improvements could be imbedded into practice. This was discussed with the registered manager and had been identified as an area for improvement at the inspection of 14 June 2017. This area for improvement has been stated for a second time.

Review of the hygiene and cleanliness audit evidenced this was well completed and had been recently completed for January 2018.

Discussion with the registered manager and review of records evidenced that monthly monitoring visits, although completed, were not in sufficient detail to give an assurance that actions were taken to address deficits identified. This was discussed with the registered manager during feedback of inspection findings. The registered person should refer to guidance as to the areas to be included in a monthly monitoring report, available on RQIA's website. This has been identified as an area for improvement under the regulations.

## Staffing

A discussion with the registered manager outlined the proposed staffing structure and that these would be reviewed in accordance with the health and welfare needs of the patients to be accommodated. The staffing arrangements will be reviewed and monitored at subsequent care inspections.

## Areas of good practice

There were examples of good practice evidenced in relation to the homes environment, hygiene and cleanliness audits and staffing.

## Areas for improvement

The following areas were identified for improvement in relation to lockable spaces, bedside lockers and lamps in the new bedrooms, the statement of purpose and monthly monitoring reports. An area for improvement in relation to audits is stated for a second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

## 6.4 Conclusion

The application to vary the registration of 47 Somerton Road was granted from a care perspective following this inspection.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Wayne Salvatierra, registered 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 enforcement action. 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.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Schedule 1 (12) &amp; (15)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following are included in their Statement of Purpose:</p> <ul style="list-style-type: none"> <li>• fire precautions and associated emergency procedures in the nursing home</li> <li>• the arrangements for dealing with complaints.</li> </ul> <p>Ref: Statement of Purpose &amp; Service User's Guide</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Statement of Purpose has been amended to include the home's fire procedure and associated emergency procedures as well as the arrangements for dealing with complaints</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 March 2018</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 that action plans to address any areas for improvement are generated.</p> <p>Ref: Section 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> Regulation 29 monthly reports produced have been amended to include sufficient detail in accordance with regulations and care standards and include action plans to address areas which need improvement.</p>

### Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that audit activity is increased and the results of audits are analysed to ensure that appropriate actions are taken to address any shortfalls identified and ensure that any necessary improvements could be embedded into practice.</p> <p>Ref: Section 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> Audit activity has been increased with audit results being analysed and where identified appropriate action taken to address any deficits, ensuring that they are embedded into practice.</p>

<b>Area for improvement 2</b>  <b>Ref:</b> Standard N25  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that the following equipment is available in patient's bedrooms prior to any patient being admitted to these rooms: <ul style="list-style-type: none"> <li>• bedside or wall lighting</li> <li>• a lockable storage space</li> <li>• a bedside cabinet.</li> </ul> Ref: Environment section
	<b>Response by registered person detailing the actions taken:</b> Lighting and bedside cabinets with lockable storage space has been installed in the new bedrooms.

**Action required to ensure compliance with this regulation/standard was not reviewed as part of this inspection and is carried forward to the next care inspection.**

<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 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 14 July 2017	<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>  The registered person shall ensure that the sluice room is cleaned and infection prevention and control practices, for the decontamination of patient equipment are in place.  Ref: Section 6.4
	<b>Response by registered person detailing the actions taken:</b> Sluice room is continually cleaned and disinfected as per infection control guidelines.
<b>Area for improvement 2</b>  <b>Ref:</b> Schedule 4 (6)  <b>Stated:</b> First time  <b>To be completed by:</b> 14 July 2017	<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>  The registered person shall ensure that the record of staff employed in the home is in accordance with details as outlined in Schedule 4(6) of the Nursing Homes Regulations (Northern Ireland) 2005.  Ref: Section 6.4
	<b>Response by registered person detailing the actions taken:</b> Staff Record has been updated on 15/06/17

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 July 2017</p>	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Staff meetings will be done quarterly and proposed dates of meetings is on 28th August and 27th November 2017</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 July 2017</p>	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>The registered person shall ensure that care records are reviewed and updated regularly and in response to any changes in patients' condition to ensure they accurately reflect the assessed needs of the patient. Records shall be completed contemporaneously, ensuring that any risks or problems noted in daily evaluations are followed through.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Nurses are reminded to review and update care records regularly which reflects accurately changes in resident's condition and needs. Follow up actions/management done are recorded in daily notes for continuous care and monitoring.</p>

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



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