



The Regulation and  
Quality Improvement  
Authority

# Unannounced Care Inspection Report 1 September 2020



## 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  4 December 2019
<b>Person in charge at the time of inspection:</b> Mel Briones Deputy Manager	<b>Number of registered places:</b> 40
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 37

### 4.0 Inspection summary

An unannounced inspection took place on 1 September 2020 from 10.00 to 17.00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection prevention and control practices
- Care delivery
- Care records
- Governance and management.

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>	*3	*5

\*The total number of areas for improvement includes two that have been stated for a third and final time and one that is stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mel Briones, deputy 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. However, due to deficits identified in the wound care and evaluation of care, the registered individual and manager were invited to attend a meeting via teleconference on 24 September 2020. During the meeting the manager provided an action plan to drive improvement and ensure that the concerns raised at the inspection were addressed.

Following the assurances provided at the meeting it was decided that the registered persons shall be allowed a period of time to demonstrate that the improvements are made and embedded into practice.

## 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 six patients and four 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 'Tell us' 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.

The following records were examined during the inspection:

- duty rota from 17 to 30 August 2020
- incident/accident records
- a sample of monthly monitoring reports or monthly monitoring reports
- a sample of governance records
- complaints/compliments records
- three patients' care records
- COVID-19 information file
- RQIA registration certificate.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 24 September 2019.

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 27(2) (q) <b>Stated:</b> First time	The registered person shall ensure that the gas safe engineer safety improvement recommendations are implemented.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A certificate had been received and reviewed as satisfactory by the RQIA estates inspector.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 16 (2) <b>Stated:</b> Second time	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.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that some improvement had been made, however, these records did not fully reflect oversight of all the supplementary care records. This will be discussed further in section 6.2.  This area for improvement has not been met and will be stated for the third time.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> Second 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>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Wound care records reviewed for one patient evidenced that a wound care plan was not in place to direct the care required.</p> <p>This area for improvement has not been met and has been stated for the third time.</p>		
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5</p> <p><b>Stated:</b> Second time</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><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Relevant documentation and records were in place.</p>		
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 16</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that complaints to the home are managed in accordance with legislation and DHSSPS guidance.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Complaints records reviewed evidenced that these were managed in accordance with legislation and DHSSPS guidance.</p>		

Areas for improvement from the last medicines management 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 29 <b>Stated:</b> First time <b>To be completed by:</b> 9 August 2018	The registered person shall ensure that the allergy status of each patient is recorded on personal medication records and that obsolete personal medication records are cancelled and archived.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed evidenced that allergy statuses were recorded and obsolete records were archived.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time <b>To be completed by:</b> 9 August 2018	The registered person shall ensure that records of disposal include the date of disposal and are verified and signed by two registered nurses.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Date of disposal was not recorded. Disposals were not signed by two registered nurses.  This area for improvement has not been met and has been stated for the second time.	

## 6.2 Inspection findings

### 6.2.1 Staffing

During the inspection we observed that patients' needs were met by the number and skill mix of staff on duty. No concerns regarding staffing levels were raised by staff or patients during the inspection. Staff told us that teamwork was good and that the management team was supportive and approachable.

Staff told us that they felt well equipped to carry out their role; a programme of mandatory training was in place. This included updates on the use of personal protective equipment (PPE) and infection prevention and control (IPC) measures during the COVID-19 pandemic.

Staff were knowledgeable about the actions to take if they had any concerns about the patients in their care.

Staff were seen to be attentive to the patients; the atmosphere in the home was calm and unhurried. Staff commented positively about working in the home; they told us:

“I love it here.”

“We have a good team.”

“We are kept up to date by manager.”

### **6.2.2. Infection Prevention and Control Practices (IPC)**

Signage was in place at the entrance of the home to reflect the current guidance on Covid-19. Staff and visitors entering the home had their temperature checked on arrival. We observed a number of the wall mounted hand sanitiser dispensers were not working; however, bottles of hand sanitiser were available. This was discussed with the administrator in the home who confirmed that they were being replaced. Confirmation was sent to RQIA post inspection to confirm these works were completed.

PPE was available at various stations throughout the home and stations were well stocked. Staff assured us they had sufficient stocks of PPE at all times. Staff changing facilities were also allocated.

We observed a small number of staff were not adhering to best practice guidance for effective handwashing by wearing jewellery or had nail varnish on their nails. We also observed some staff not wearing their face masks appropriately. We discussed this with the deputy manager who agreed to address this.

We reviewed a sample of patients’ bedrooms, bathrooms, storage areas and communal areas. We observed that some of the drawers used for storage in the bathrooms were broken and items inside were exposed. We also observed the storage of equipment within one communal bathroom and some communal toilets such as manual handling equipment, opened packets of wipes and lids of commodes. An area for improvement under IPC was made.

There were good examples of personalisation of patients’ bedrooms and it was positive to see the development of the patio area to the front of the home.

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

### **6.2.3 Care delivery**

We observed that the patients were well cared for; they were well groomed and nicely dressed. Staff were aware of their patients’ needs, they were friendly and attentive.

Patients were content and the atmosphere in the home was calm and relaxed.

Patients said;

“I like it here.”

“I am getting on ok.”

“I’m really happy.”

Six patient /relative questionnaires were returned within the time frame. Comments received were positive and were shared with the manager.

We observed the serving of lunch and observed that staff were aware of the patients’ dietary needs. The meal on offer was well presented and smelled appetising. Staff were present to



provide assistance and encouragement. Condiments were available for the patients and a variety of drinks were offered.

#### **6.2.4 Care records**

We reviewed the wound care records for one patient who sustained a minor wound. These records evidenced that an initial and ongoing wound assessment had been recorded. We observed that there was no care plan in place to direct the care for the wound and discrepancies were noted in the evaluation records. The wound we reviewed had healed well and it was positive to note that there were no additional wounds in the home on the day of inspection. We discussed the deficits further during the teleconference meeting and assurances were provided. However, due to the deficits identified in the wound care records an area for improvement will be stated for a third and final time.

We reviewed the records for one patient who had required an antibiotic to treat a chest infection. We observed that there was no care plan in place to direct the care. An area for improvement was identified.

We also observed a care plan had not been updated to reflect the changes made to a patient's medications following a hospital admission. An area for improvement was identified.

We reviewed the falls protocol in place for one patient; we observed that appropriate actions had been taken and relevant care plans and risk assessments were in place.

We reviewed the daily and monthly evaluation of care. In this we evidenced the evaluations lacked a person centred approach and the supplementary care records was inconsistent, for example, the records pertaining to bowel management. This was discussed further at the teleconference meeting and formed part of the action plan submitted to RQIA. An area for improvement will be stated for a third and final time.

We reviewed the care plans for two patients who required a modified diet. The records viewed had not been fully updated to reflect the current speech and language therapist (SALT) guidelines or written reflecting the international dysphagia diet standardisation initiative (IDDSI) guidance. We were assured at the time of inspection that the patients were receiving the correct diets and further assurances were sought post inspection to ensure that the care plans for patients requiring a modified diet were correct. This was also further discussed at the meeting and assurances were provided that all care plans were correct. An area for improvement was identified.

We reviewed the records for the disposal of medications and evidenced that disposals of medications was signed by one registered nurse and not signed as checked by another registered nurse this had been identified as an area for improvement at the previous medicines management inspection and will therefore be stated as a second time.

We also identified during this review that drugs that are required to be denatured on disposal had not been documented as such. This was discussed with the deputy manager who agreed to address this and advised she would discuss this further with the supplying pharmacy.

## 6.2.5 Governance and management arrangements

We reviewed a sample of governance audits in the home. These audits identified areas in the home that required improvement; we observed that action plans were developed and timeframes for completion were visible. We discussed with the deputy manager in regard to the further development of the wound audit to ensure a review of the care plan is included.

Staff were complimentary about the manager and advised that they found her supportive and approachable.

We reviewed the recruitment process in the home and observed that relevant references and Access NI checks were in place, however, we identified that a health questionnaire was not included. We discussed this further with the administrator and an area for improvement was identified.

### Areas of good practice

Areas of good practice were observed in the personalisation of patients' bedrooms and the development of the outdoor patio area. Areas of good practice were also identified in relation to staff interaction with patients and the teamwork within the home.

### Areas for improvement

Areas for improvement were identified in relation to IPC, care plans for patients who have an acute infection, updating care plans to reflect current needs and nutrition care plans. A further area for improvement was identified in relation to the recruitment process.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	4

## 6.3 Conclusion

During the inspections patients were observed to be well presented and content in their surroundings. Staff were observed interacting with patients in a friendly and caring manner. As discussed, a meeting was held via teleconference to discuss the findings of the inspection and assurances were provided to RQIA as to how these deficits were to be addressed.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mel Briones, deputy 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 16 (2)</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> Immediately and ongoing</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>Ref: 6.1 and 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> The nurses will continue to have oversight of the care records for each patient and ensure this oversight reflects in the daily nursing records</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> Immediately and ongoing</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>Ref: 6.1 and 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> A wound flowchart has been devised for all nurses to follow in relation to managing wound care and outlines the appropriate documentation and record keeping of same that is required</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure</p> <ul style="list-style-type: none"> <li>• staff adhere to best practice guidance for wearing of PPE and effective handwashing</li> <li>• items that are stored inappropriately in bathrooms are removed.</li> <li>• the damaged drawers in use for storage in bathrooms are replaced.</li> </ul> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> PPE competencies and hand hygiene audits are carried out and any areas for concern will be identified within same. All items that should not be held within the bathrooms have been removed and damaged drawers have been replaced</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 29</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 October 2020</p>	<p>The registered person shall ensure that records of disposal include the date of disposal and are verified and signed by two registered nurses.</p> <p>Ref: 6.1 and 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Two nurses record the disposal of all drugs. The audit of medications will now include closer monitoring of this</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 November 2020</p>	<p>The registered person shall ensure that an appropriate care plan is in place to direct the care for patients with an acute infection requiring antibiotic treatment.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> An acute care plan template has been devised and all nurses are aware of this and are aware they need to implement and personalise this as and when a resident requires an acute care plan. There is also now an acute medication register for nurses to document any prescribed acute medications and this triggers the implementation of care plans to reflect same</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 November 2020</p>	<p>The registered person shall ensure that relevant care records are updated to reflect the changes in needs of patients. This is made in reference to, but not limited to, the changes required for medications following discharge from hospital.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> On any discharge from hospital the nurse receiving the patient will review discharge notes/ discharge medication and review and update any relevant care plan such as changes to medication or baseline condition</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 38</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that the nutritional care plans are reflective of the current SALT and IDDSI guidance.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> All residents with SALT prescribed diets have nutritional care plans both on the computer system and held on file in a hard copy. All care plans are reflective of the IDDSI guidance and this has been verified via audit and review with the Speech and Language Therapist</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 38</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2020</p>	<p>The registered person shall ensure during the recruitment process a pre-employment health assessment is obtained in line with guidance and best practice.</p> <p>Ref: 6.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>We have a pre employment health check in place and ensure this is attached to every application form</p>

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



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