

# Inspection Report

04 May 2021



## 47 Somerton Road

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Somerton Homes Ltd  <b>Responsible Individual:</b> Mr. Willian Trevor Gage	<b>Registered Manager:</b> Ms. Nicola Rodgers  <b>Date registered:</b> 4 December 2019
<b>Person in charge at the time of inspection:</b> Ms. Nicola Rodgers	<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> 38
<b>Brief description of the accommodation/how the service operates:</b> This is a nursing home which is registered to provide nursing care for up to 40 patients with a learning disability.	

## 2.0 Inspection summary

An unannounced inspection took place on 04 May 2021 at 9.30am to 6.30pm. The inspection was carried out by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care delivery, the ongoing daily activity and maintaining good working relationships.

Areas requiring improvement were identified in relation to the environment, infection prevention and control (IPC) and the monthly monitoring reports.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients and staff, are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in 47 Somerton Road was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the Manager at the conclusion of the inspection.

### **4.0 What people told us about the service?**

During the inspection we spoke with 18 patients individually or in groups and four staff. Patients told us that they felt well cared for, enjoyed the food and that staff was helpful and friendly. Staff said that, whilst short notice sick leave could affect staffing levels at times, efforts were made to provide cover for shifts, the manager was very approachable, teamwork was great and that they felt well supported in their role.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 15 April 2021		
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 16 (2)  <b>Stated:</b> Third and final 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>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement was met as stated.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> Third and final time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement was met.	
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure <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>	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Storage of manual handling equipment including hoist and slings was observed. Staff were observed at times not fully complying with PPE guidance. Damaged drawers had been replaced.  This area for improvement was partially met and has been stated for a second time.	

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed evidenced that this area for improvement was met as stated.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed at both the medicines management inspection on 15 April 2021 and this care inspection evidenced that this area for improvement was met.	
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure that the nutritional care plans are reflective of the current SALT and IDDSI guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that his area for improvement was met.	
<b>Area for Improvement 4</b>  <b>Ref:</b> Standard 38  <b>Stated:</b> First time	The registered person shall ensure during the recruitment process a pre-employment health assessment is obtained in line with guidance and best practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of pre-employment records evidenced this area for improvement was met	

<b>Area for Improvement 5</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time	The registered person shall ensure that records for the prescribing and administration of thickening agents include the recommended consistency level i.e. Level 1, Level 2 etc.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 6</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time	The registered person shall ensure that records of medicines ordered and received are signed and dated by a registered nurse.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. There was a robust system in place to ensure staff were recruited correctly to protect patients as far as possible. All staff were provided with a comprehensive induction programme to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding awareness. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the patients.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said they felt well looked after and one patient commented "They spoil me rotten."

There were safe systems in place to ensure staff were recruited and trained properly; and the patients' needs were met by the number and skill of the staff on duty.

### **5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?**

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on a yearly basis. Staff told us they were confident about reporting concerns regarding, for example, patients' safety or poor practice.

On occasions some patients may be required to use equipment that can be considered to be restrictive, for example lap belts and bedrails. Review of patient records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required. It was positive to note that patients and/or their relatives were involved in the consultation process and could give informed consent. Risk assessments and care plans were in place regarding the use of restrictive practices where required.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. For example staff told us that one patient who required extra support, was assisted to socialise in the communal lounge but they were aware to assist the patient to a quieter area if they showed signs of being overwhelmed.

There were systems in place to ensure that patients were safely looked after in the home and to ensure that staff were adequately trained for their role in keeping patients safe.

### **5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?**

Examination of the home's environment included reviewing a sample of bedrooms, ensuites, treatment rooms, storage spaces and communal areas such as lounges and bathrooms. Patients' bedrooms were personalised with items that were important to them. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. It was positive to see the ongoing redecoration of patients' bedrooms in the home.

We observed that some areas of maintenance work were required in the home for example wardrobes were not attached to the walls in some identified bedrooms. Two toilet seats were broken and required repair and other areas of chipped paint work was noted to doors and door frames. We discussed the outstanding maintenance further with the manager and an area for improvement was identified.

We also observed that some of the hand gel dispensers were not effectively cleaned. In some areas soap and hand gel dispensers were not filled or working although soap/ gel was available to use, the manager told us this due to a supply issue and replacements were being ordered. The underside of some commodes and shower chairs had not been cleaned after use and we observed that the manual handling equipment was not cleaned between use. An area for improvement was identified.

There was evidence throughout the home of patients' art work and floral arrangements made as part of their activity programme; art work was on display in the visiting pod in the home. Staff were seen to ask patients in the communal lounges what drinks and snacks they wanted mid-morning it was positive to see that patients were offered a choice at this time.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction. A valid fire risk assessment was available for review.

There was evidence of ongoing decoration throughout the home including patients' bedrooms. An area for improvement was identified in relation to maintenance repairs and a further area for improvement was identified in regard to the cleaning of equipment.

#### **5.2.4 How does this service manage the risk of infection?**

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and that the care partner role had been offered to relatives and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check on arrival to the home and a health declaration completed. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided.

We observed inappropriate storage of manual handling equipment in one bathroom. Staff were at times observed not to carry out hand hygiene at appropriate times or use PPE in accordance with the regional guidance, for example gloves were not worn when transferring a patient or when assisting patients with meals during meal times. This was discussed with the manager and an area for improvement stated at the previous inspection was not met and therefore will be stated for a second time.

Visiting arrangements were managed in line with department of health and IPC guidance. Policies regarding visiting and the care partner initiative had been developed.

There were systems in place to ensure minimise the risk of infection in the home. One area for improvement was stated for a second time in relation to storage of equipment in the bathroom and staff usage of PPE.

#### **5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff met at the beginning of each shift for a handover to discuss any changes in the needs of the patients. Care records were maintained which reflected the needs of the patients. Staff were knowledgeable about individual patients' needs, their daily routine, wishes and preferences. It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering rooms and offered personal care to patients discreetly.

Patients who were less able to mobilise require special attention to their skin care. Staff told us that they assisted these patients to change their position regularly and care plans were in place



to direct the frequency of repositioning. Contemporaneous records of repositioning had been maintained in the records reviewed.

We discussed with the manager in regard to how increased checks for patients who were in their room were documented. We were advised that this was evidenced through various care records. We discussed that there should be cleared evidence of these checks and that manager agreed to address this. Progress will be reviewed at the next inspection.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise. Staff had made an effort to ensure patients were comfortably seated. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients' care records were kept up to date to ensure they received the correct diet. There was a system in place to ensure that all staff were aware of individual patients' nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SLT). There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Up to date records were kept of what patients had to eat and drink daily.

There were systems in place to ensure that patients' needs, including any changes, were communicated to all staff in a timely manner. Patient privacy and dignity was maintained and needs regarding management of falls, skin care, wounds and nutrition were met.

#### **5.2.6 What systems are in place to ensure care records reflect the changing needs of the patients?**

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; these included any advice or recommendations made by other healthcare professionals. There was also evidence that care records were reviewed when a patient had been discharged from hospital.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs.

Daily records were kept of how each patient spent their day and the care and support provided by staff. Referrals to, or visits from, any healthcare professional was recorded.

There were systems were in place to ensure that care records were regularly evaluated, updated to reflect any changes in patients' needs and to ensure that staff were aware of any changes.

### **5.2.7 How does the service support patients to have meaning and purpose to their day?**

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options.

The manager advised us that an activities therapist had recently been employed and was beginning to develop a new activity programme and told us this would be displayed once finalised. Patients were observed to be taking part in various activities on the day such as arts and crafts and also quizzes. Patients advised that there was also a birthday party later in the afternoon.

Patients were observed to be enjoying watching television in the communal lounge and they also had access to the communal garden. Patients who chose were watching television or listening to music in their bedrooms.

Patients were supported with visits from their relatives in line with the current guidance and the visiting policy had been updated to reflect the impending changes to the guidance. The manager advised that a letter had been sent to the patients' next of kin to ensure they were aware of the guidance.

There were suitable systems in place to support patients to have meaning and purpose to their day. Progress with the activity programme will be reviewed at the next inspection.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff said that the manager was approachable and accessible.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. Regular audits were completed to review, for example, IPC measures, wounds, restrictive practices, falls and care records.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly, a complaints record was maintained which included relevant details and the outcome.

A record of compliments and thank you cards received about the home was kept and shared with the staff team; this is good practice.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately to patients' next of kin, their care manager and to RQIA if required. In one record reviewed we observed that the observations had not been consistently recorded. This was discussed with the manager who advised that an agency staff member had been on duty. She advised she had addressed this with the agency and ensured all agency staff were aware of the falls policy in place.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The

reports of these visits were completed; however they failed to identify the environmental deficits identified at the inspection. This was discussed with the manager and an area for improvement was identified.

There were systems were in place to monitor the quality of care and services provided and to drive improvement in the home. An area for improvement in regard to the monthly monitoring report was identified.

## 6.0 Conclusion

Patients looked well cared for and were seen to be content and settled in the home. Staff treated patients with respect and kindness.

Thank you to the patients and staff for their assistance and input during the inspection.

The outcome of this inspection concluded that one area for improvement under regulation will be stated for a second time. Two areas for improvement were carried forward for review at the next inspection. Three new areas for improvement were identified in regard to environment, IPC and monthly monitoring report.

Based on the inspection findings and discussions held there was evidence that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

## 7.0 Quality Improvement Plan/Areas for Improvement

Three areas for improvement have been identified. These were in relation to the environment, IPC and also the monthly monitoring report.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	3*

\* The total number of areas for improvement includes one under regulation that has been stated for a second time and two under the standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Nicola Rodgers, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediately and ongoing	The registered person shall ensure <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> Ref:5.1 and 5.2.4
	<b>Response by registered person detailing the actions taken:</b> Staff continue to adhere to best practice guidance for wearing of PPE and effective hand hygiene. Any items stored in bathrooms inappropriately were immediately removed. Damaged drawers had been removed post inspection 1 <sup>st</sup> September 2020.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (b) (d) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing	The registered person shall ensure that that the environmental deficits identified in this report are addressed.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> An environmental action plan has been devised and any issues identified have been addressed. Where issues arise in the future these will be addressed.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time  <b>To be completed by:</b> 30 August 2021	The registered person shall ensure the monthly monitoring includes a detailed review of the internal environment in the home and an action plan is developed and kept under review.  Ref: 5.2.8
	<b>Response by registered person detailing the actions taken:</b> The monthly monitoring audits will include a more detailed review of the Home's internal environment with associated action plan and review.

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> DD Month Year	The registered person shall ensure that records for the prescribing and administration of thickening agents include the recommended consistency level i.e. Level 1, Level 2 etc.  Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> DD Month Year	The registered person shall ensure that records of medicines ordered and received are signed and dated by a registered nurse.  Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing	The registered person shall ensure that system is in place to ensure effective cleaning of manual handling equipment between use, cleaning of hand gel dispensers and also attention to detail of the cleaning of commodes and shower chairs after use.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Staff supervision sessions addressed with all staff to ensure manual handling equipment continues to be cleaned between uses alongside enhanced cleaning of commodes and shower chairs. Housekeeping staff have been made aware of the attention to detail required for cleaning of all dispensers.

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



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