

Unannounced Follow Up Care Inspection Report 9 April 2018



47 Somerton Road

Type of Service: Nursing Home (NH)
Address: 47 Somerton Road, Belfast, BT15 3LH
Tel No: 028 9077 2483
Inspectors: Michael Lavelle and Linda Thompson

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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.

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

Organisation/Registered Provider: Somerton Homes Ltd Responsible Individual: William Trevor Gage	Registered Manager: Wayne Salvatierra
Person in charge at the time of inspection: Mel Briones, nurse in charge followed by Wayne Salvatierra, registered manager at 09.30 hours	Date manager registered: 16 December 2015
Categories of care: Nursing Home (NH) LD – Learning disability	Number of registered places: 40

4.0 Inspection summary

An unannounced inspection took place on 9 April 2018 from 08.50 to 15.30 hours.

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

The inspection assessed progress with any areas for improvement identified during and 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 personalisation of patient bedrooms and care record management.

Areas requiring improvement were identified in relation to infection prevention and control, the homes environment, post fall management, complaints management, statement of purpose, Regulation 29 reports, staff meetings, audit activity and activity planning for patients.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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.

As a consequence of the inspection findings, and in order to drive urgent and immediate improvements, feedback was provided to representation from Somerton Homes Ltd, the responsible person, the registered manager and the deputy manager. It was reassuring that by the conclusion of the inspection significant work had commenced to improve the hygiene standards in the home.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*6	*2

*The total number of areas for improvement includes three which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Wayne Salvatierra, registered manager, and Trevor Gage, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 31 January 2018

The most recent inspection of the home was an announced variation to registration care inspection undertaken on 31 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this 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:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- 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, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 2 and 9 April 2018
- incident and accident records
- seven patient care records

- a selection of governance audits
- patient register
- complaints record
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005..

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 January 2018

The most recent inspection of the home was an announced variation to registration care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 31 January 2018

Quality Improvement Plan		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: 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. Ref: Section 6.4	Met
	Action taken as confirmed during the inspection: Review of the sluice rooms evidenced there were systems in place to ensure monitoring of cleanliness. However, one sluice room did not have a sink for hand washing. This was discussed with the registered manager who agreed to review the use of this room as a sluice.	

<p>Area for improvement 2</p> <p>Ref: Schedule 4 (6)</p> <p>Stated: First time</p>	<p>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.</p> <p>Ref: Section 6.4</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Review of electronic records evidenced a staff register is retained. The registered manager reported a register is held in a hard copy format although this was not available for inspection.</p>	
<p>Area for improvement 3</p> <p>Ref: Schedule 1 (12) & (15)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following are included in their Statement of Purpose:</p> <ul style="list-style-type: none"> • fire precautions and associated emergency procedures in the nursing home • the arrangements for dealing with complaints. <p>Ref: Statement of Purpose & Service User’s Guide</p>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection: Review of the statement of purpose evidenced that an updated version was not available on inspection.</p> <p>This area for improvement is now stated for a second time.</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that reports produced following monthly visits to the home are in sufficient detail to be in accordance with the regulations and care standards and that action plans to address any areas for improvement are generated.</p> <p>Ref: Section 6.7</p>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection: Review of Regulation 29 reports evidenced availability of reports for January and February 2018. However, no report was available for March 2018. Although the reports identified some issues they did not evidence any generation of action plans, review of outstanding issues or progress made.</p> <p>This area for improvement is now stated for a second time.</p>	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	Validation of compliance	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</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>Partially met</p>
	<p>Action taken as confirmed during the inspection: Review of staff meeting records yielded some evidence of recent staff meetings. However, minutes and agendas were not available for all meetings and there was no evidence of planned staff meetings taking place at least quarterly.</p> <p>This area for improvement is now stated for a second time.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</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>Met</p>
	<p>Action taken as confirmed during the inspection: Review of care records evidenced that they are reviewed and updated regularly and as required. Records were observed to be completed contemporaneously and problems identified on daily progress are actioned as required.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: Second time</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>Partially met</p>
	<p>Action taken as confirmed during the inspection: Review of a selection of audits evidenced some improvement. Care plans and infection control audits were well completed; however the issues identified in the infection control audits were not actioned. Improvements were noted in the analysis of accidents and incidents; however deficits were noted in oversight of falls and sharing learning within the home. This area for improvement has not been fully met.</p>	

	This area for improvement is subsumed into two requirements under regulations 13(7) and 14(2)(c) as a consequence of this inspection	
Area for improvement 4 Ref: Standard N25 Stated: First time	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"> • bedside or wall lighting • a lockable storage space • a bedside cabinet. Ref: Environment section	Met
	Action taken as confirmed during the inspection: Review of the identified bedrooms evidenced the availability of beside lighting, a beside cabinet and a lockable storage space.	

6.3 Inspection findings

6.3.1 Home environment and infection prevention and control

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge areas, dining room and storage areas. The home was found to be warm throughout with many of the patient's bedrooms highly personalised. Review of the sluice rooms evidenced there were systems in place to ensure monitoring of cleanliness; although one sluice room did not have any hand washing facilities. This was discussed with the registered manager and responsible person who agreed to review the use of this room as a functioning sluice.

Significant deficits were noted relating to infection prevention and control measures and practices. The infection prevention and control audits discussed at the previous care inspections have been improved in that audits are now being completed on a regular basis. The areas for improvement identified by these audits are in keeping with the findings of this inspection. It is however of significant concern that the actions required to address the areas of concern have not been taken. The hygiene of the home in the communal bathrooms/sluice and storage areas is evidenced to be below an acceptable standard. The findings of inspection were of such significance that we required the responsible person and the registered provider to attend for feedback to drive immediate improvements.

Areas for improvement were identified as follows:

- faecal staining noted on an identified toilet seat
- malodours in two identified bathrooms
- red mop bucket being used to clean patients bedrooms and not bathrooms
- domestic cleaning trolleys were visibly dirty
- inappropriate storage and significant clutter noted in the linen cupboard
- communal toiletries noted in an identified bathroom

- staining noted on identified shower chairs
- inappropriate storage in a number of identified bathrooms, including hand towels on the top of a waste bin, incontinence pads on bathroom windowsills and clothes hangers in an identified bath
- limited availability of antibacterial hand gels throughout the home
- there was no system in place to ensure governance of cleaning of the environment and equipment
- significant dust observed on a number of extractor fans
- domestic and laundry staff not wearing appropriate personal protective equipment (PPE)
- lack of PPE availability in the laundry
- no hand washing facility in the laundry as sink is used for dirty mop heads
- broken and cracked tiles observed in identified bathrooms
- tarnished shower head in an identified bathroom
- rusted waste bins and radiator covers in identified bathrooms
- scuffed woodwork on a number of surfaces in identified bathrooms.

Details were discussed with the senior management team at feedback and a number of immediate actions were taken prior to the conclusion of the inspection. An area for improvement under the regulations was made. The registered manager should review current arrangements for infection prevention and control training to ensure knowledge gained is embedded into practice.

Issues were identified during the review of the environment and action was required in relation to the following areas:

- trip hazard noted in an identified sluice
- poor lighting in a number of corridors in the home
- broken drawer and broken door handle with an exposed screw in an identified bedroom
- curtains hanging off the curtain pole in an identified lounge
- mildew observed in a number of identified bathrooms.

These actions were discussed with the registered manager and responsible individual and are required to be addressed without delay to ensure the safety and wellbeing of patients in the home. An area for improvement under the regulations was made. The issues identified were forwarded to the estates inspector in RQIA for their consideration.

Areas of good practice

There were examples of good practice identified during the inspection in relation to personalisation of patient bedrooms.

Areas for improvement

The following areas were identified for improvement in relation to infection prevention and control and the home's environment.

	Regulations	Standards
Total number of areas for improvement	2	0

6.3.2 Care records and post fall management

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as occupational therapist (OT), speech and language therapist (SALT) or dieticians. Review of four patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Review of accidents and incidents records evidenced two unwitnessed falls were not managed appropriately. For example, neurological observations were not monitored on either occasion and the next of kin were not notified following one of the falls. This was discussed with the registered manager who confirmed the falls management policy for the home had been updated on 1 March 2018. The registered manager confirmed that falls management would be the focus of the next formal supervision with registered nurses. This was identified as an area for improvement under the regulations.

Areas of good practice

There were examples of good practice identified during the inspection in relation to care record management.

Areas for improvement

An area for improvement was identified under the regulations in relation to post fall management.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3.3 Governance arrangements

The inspection sought to review the recently updated statement of purpose however the registered manager was unable to provide the new version for review. The statement of purpose provided did not include 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 had been identified as an area for improvement at the inspection of 31 January 2018. This area for improvement has been stated for a second time in the quality improvement plan (QIP) of this report.

Examination of Regulation 29 reports evidenced availability of reports for January and February 2018. However, no report was available for March 2018. Although the reports identified some issues they did not evidence any generation of action plans, review of outstanding issues or progress made. This was discussed with the registered manager and the responsible individual and had been identified as an area for improvement at the inspection of 31 January 2018. This area for improvement has been stated for a second time. Following discussion with the inspectors the responsible individual has agreed to review the format of the Regulation 29 reports; additional guidance on development of these templates is available within the provider guidance on the RQIA website.

Review of electronic records evidenced a staff register is retained. The registered manager reported a register is held in a hard copy format although this was not available for inspection.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were not managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. For example, the complaint book had only one complaint recorded on 24 June 2017. There was no evidence of any follow up or outcome of the complaint. In addition, the deputy manager confirmed expressions of dissatisfaction from patients were not always managed as complaints. This was discussed with the registered manager and the responsible individual and had been identified as an area for improvement under the regulations.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to care records, incidents/accidents and infection prevention and control. However, not all the results of audits had been analysed and appropriate actions taken to address any shortfalls identified. For example, many of the infection control deficits identified during the inspection had been captured during a recent audit; although there was no evidence to support that this was acted on. In addition, although accident and incidents recording had improved there was no evidence that the necessary improvements had been embedded into practice; deficits were noted in oversight of falls management and shared learning within the home with the lack of supervision with registered nurses in respect of this. This was discussed with the registered manager and the responsible individual and had been identified as an area for improvement at the inspections of 14 June 2017 and 31 January 2018. This area for improvement has been stated for a third and final time.

Analysis of staff meeting records yielded some evidence that staff meetings had taken place recently. However, minutes and agendas were not available for all meetings during the inspection and there was no evidence of planned staff meetings taking place at least quarterly. This was discussed with the registered manager and the responsible individual and had been identified as an area for improvement at the inspection of 31 January 2018. This area for improvement has been stated for a second time.

Areas for improvement

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

Areas for improvement in relation to the statement of purpose, Regulation 29 reports and staff meetings are stated for a second time.

An area for improvement in relation to audit activity is stated for a third and final time.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3.4 Activities and patient feedback

Discussion with the registered manager confirmed there was no dedicated activities co-ordinator responsible for the provision of activities in the home; rather that this was a duty carried out by care assistants in the home. A review of the duty rota did not provide clarity that the any staff member had dedicated time to work in this role. No activities planner was on

display in the home in a suitable format. However, there was evidence that activities patients took part in, such as arts and crafts, were displayed throughout the home. Further discussion with the registered manager evidenced a limited activities programme for patients within the home. For example, from Monday to Friday the morning activities consisted of residents going to the day centre. Many of the patients do not leave the home and there is no consideration to what the activity arrangements are for patients who do not attend the day centre or during holiday periods. This was identified as an area for improvement under the care standards.

Four staff members were consulted to determine their views on the quality of care within 47 Somerton Road. A poster was given to the registered manager to be displayed in the staff room inviting staff to respond to an on-line questionnaire. None of the staff responded within the timeframe for inclusion in this report.

Some staff comments to the inspector were as follows:

“I like it here.”
 “I love the patients.”

Six patients consulted were very complimentary and some commented as follows:

“Sometimes there can be fighting and bickering but it is sorted out.”
 “I am happy here. I like the staff.”
 “No matter what you ask them they will do it for you.”
 “I like coming in here.”
 “I complain about other residents but nothing is done.”

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned within the timeframe for inclusion in this report.

No patient representatives were consulted during the inspection. Ten patient representative questionnaires were left in the home for completion. None were returned within the timeframe for inclusion in the report.

Any comments from patients, patient representatives and staff in returned questionnaires or online surveys, received after the return date will be shared with the registered manager for their information and action as required.

Areas for improvement

An area for improvement was identified under the care standards in relation to development of an activities programme.

	Regulations	Standards
Total number of areas for improvement	0	1

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, and Trevor Gage, responsible individual, 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.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 3 Schedule 1 (12) & (15)</p> <p>Stated: Second time</p> <p>To be completed by: 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"> • fire precautions and associated emergency procedures in the nursing home • the arrangements for dealing with complaints.
	<p>Response by registered person detailing the actions taken: Statement of Purpose was been amended 9th April 2018 includes fire precautions and associated emergency procedure in the nursing home as well as arrangements for dealing with complaints. Copy has been forwarded to RQIA on 13th April 2018.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 29</p> <p>Stated: Second time</p> <p>To be completed by: 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>Response by registered person detailing the actions taken: Monthly visit reports undertaken by the Registered Person are undertaken in sufficient detail to be in accordance with the regulations and care standards with action plans highlighting areas for improvement.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>Communal bathrooms, sluice areas and storage areas must be maintained, clean and uncluttered.</p> <p>Ref: 6.3.1</p>
	<p>Response by registered person detailing the actions taken: Communal bathrooms, sluice rooms and storage areas are maintained to be clean and clutter free. New template for bathrooms/toilets cleaning routine was implemented on 12th April 2018 which includes regular cleaning of extractor fans. Four bathrooms were deep cleaned on 24/04/18, 8 new shower chairs arrived on 10/04/18, 5 new plastic drawers bought on 10/04/18 for additional storage in the bathroom/toilets, 3 additional antibacterial hand gel were in place on 16/04/18, 4 new bins arrived on 11/04/18, scuffed woodwork repaired on 25/04/18, new shower heads installed in identified bathrooms on 09/04/18, broken/cracked tiles were replaced on 23/04/18. Issues in laundry room have been addressed,.Rusty radiators addressed 21/05/18</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2)(b)</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2018</p>	<p>The registered person shall ensure as far as reasonably practicable, that all parts of the home to which the patients have access are free from hazards to their safety and unnecessary risks to the health and safety of patients are identified.</p> <p>This area for improvement is made with particular focus to the estate issues highlighted in section 6.3.1.</p> <p>Ref: 6.3.1</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure good practice guidance is adhered to with regard to post falls management.</p> <p>Ref: Section 6.3.2</p> <p>Response by registered person detailing the actions taken: Present post fall management in place are: - 24 hours post fall monitoring - GP referral for suspected fracture and any significant injury assessed. - Neurologic observation to commence for 24 hours for suspected head injury and unwitness fall. Further referral to be done as needed. - referral to falls clinic as needed. - referral to Physiotherapist/ Occupational Therapist for residents with recurrent fall incidents. - Monthly fall accident analysis is maintained.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 24</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the complaints procedure is adhered to in keeping with best practice, the regulations and care standards.</p> <p>Ref: Section 6.3.3</p> <p>Response by registered person detailing the actions taken: The home's complaints procedure being adhered to is in keeping with best practice, the regulation and care standards.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p> <p>To be completed by: 14 July 2017</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Response by registered person detailing the actions taken: Fixed dates for staff meeting for the rest of the year have been set for all staff with dates displayed on noticeboard.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 9 May 2018</p>	<p>The registered person shall develop a programme of activities that reflects the preferences and choices of the residents. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate.</p> <p>Ref: 6.3.4</p> <p>Response by registered person detailing the actions taken: A detailed programme of activities is presently displayed in the dayroom in a suitable format with names of staff leading the activity for each shift. Patients who participated the activities will be recorded thereafter by the person in charge of the activity.</p>



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