



The Regulation and  
Quality Improvement  
Authority

# Unannounced Follow Up Care Inspection Report 9 October 2018



## 47 Somerton Road

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

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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 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 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:</b> William Trevor Gage	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Martin Kelly	<b>Date manager registered:</b> Martin Kelly – acting manager
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability.	<b>Number of registered places:</b> 40

### 4.0 Inspection summary

An unannounced inspection took place on 9 October 2018 from 10.05 hours to 16.10 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 sought to assess progress with issues raised since the last care inspection on the 1 August 2018.

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>	1	*2

\*The total number of areas for improvement includes one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Martin Kelly, 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.

## 4.2 Action/enforcement taken following the most recent inspection dated 1 August 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 1 August 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 1 August 2018.

## 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
- pre-inspection audit.

During the inspection the inspector met with four patients, two patients' relatives and four staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 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 'Have we missed you 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. No responses were received.

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 24 September 2018 and 8 October 2018
- nurse in charge competencies
- activities programme
- incident and accident records
- three patient care records
- a selection of patient care charts including food and fluid intake charts and bowels charts
- minutes of staff meetings
- a sample of governance audits
- RQIA registration certificate
- a sample of 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 or partially 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 1 August 2018

The most recent inspection of the home was an unannounced 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 1 August 2018

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> Third time	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.  This matter is stated for a third and final time.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of reports produced following monthly visits to the home evidenced these were in sufficient detail to be in accordance with the regulations and care standards. They included action plans which signposted the manager to action as appropriate and were reviewed by the registered person on follow up visits.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</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>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the environment evidenced that the infection, prevention and control deficits identified during the previous care inspection had been satisfactorily addressed.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (c)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure best practice guidance is adhered to with regard to post falls management.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of one patient care record evidenced when an identified patient had an unwitnessed fall, neurological and clinical observations were carried out. A post fall risk assessment was completed within 24 hours and the patient's next of kin were informed of the fall. The acting manager agreed to ensure staff document evidence that care managers are notified following unwitnessed falls.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>This is made with specific reference to sufficient protected management hours being available to ensure the governance arrangements for the nursing home and legislative requirements are met.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the staffing rota and discussion with the manager confirmed interim management arrangements are in place with a new manager due to commence employment in mid-October 2018.</p>		

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure as far as is 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 and so far as possible, eliminated.</p> <p>This area for improvement is made in reference to the supervision of domestic trolleys.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that domestic trolleys were supervised while in use and in a locked cupboard when not in use.</p>	<b>Met</b>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (4) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure any fluid thickeners kept in the nursing home are ;</p> <ul style="list-style-type: none"> <li>• appropriately labelled and administered as prescribed</li> <li>• are appropriately stored in a secure place</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of the environment and treatment room confirmed fluid thickeners were appropriately labelled and stored.</p>	<b>Met</b>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that nursing staff promote and make proper provision for the nursing, health and welfare of patients and where appropriate treatment and supervision of patients.</p> <p>This area for improvement is made in reference to the following:</p> <ul style="list-style-type: none"> <li>• weight loss management</li> <li>• ensuring weekly weights and blood pressures are monitored as directed</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of records and discussion with the deputy manager confirmed a new system has been introduced to provide oversight of patient's weight on a monthly basis. These are then audited with measures in place to reweigh patients who have weight loss.</p>	<b>Met</b>

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> Second time	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Review of the environment and review of records confirmed an activities programme was displayed in a suitable format in the lounge, with records maintained of all activities, who took part in them and who led the activities. Discussion with the activities co-ordinator confirmed the activities programme was developed without involvement of the patients. This was discussed with the manager who confirmed they were developing lifestyle preference care plans which would ensure patient involvement in the activity programme development.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time	<p>The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. Registered nurses should have oversight of supplementary care records.</p>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Review of supplementary care records evidenced deficits in recording. For example, review of three care records confirmed that although bowel records were very well completed, gaps were observed in all three of the electronic food and fluid charts. This was discussed with the manager who confirmed that some of the information was being recorded on a paper record although paper records were not available for all gaps identified. These arrangements must be reviewed to ensure contemporaneous records are maintained.</p> <p><b>This area for improvement has been partially met and is stated for a second time.</b></p>	



<b>Area for improvement 3</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure that robust processes are in place to ensure that effective communication is achieved between staff, specifically during 'handover' meetings.	<b>Carried forward to the next care inspection</b>
	<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>	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 19 <b>Stated:</b> First time	The registered person shall ensure that staff adopt a person centred care approach and communicate with patients in a manner that is sensitive and understanding of their needs.	<b>Met</b>
	Observation of staff interaction with patients evidenced that they communicated with patients in a manner that was sensitive and understanding of their needs. Staff also adopted a person centred approach.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The registered person shall ensure that the staffing rota clearly identifies the first and surname of all staff employed in the home	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the staffing rota confirmed that it clearly identified the first and surname of all staff employed in the home.	

### 6.3 Inspection findings

The inspection sought to follow up and validate the areas for improvement identified at the last inspection on 1 August 2018 and to review the governance and management of the home.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. A review of the duty rota evidenced that the acting manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the acting manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the acting manager. Discussion with the acting manager confirmed a new deputy manager has commenced employment and a new manager is due to start mid-October 2018. Arrangements are in place for a robust handover.

Minor deficits were identified on the staffing rota. For example, the nurse in charge was not clearly identified for all shifts, abbreviations were used but no explanatory key was available to explain what they meant and it did not clearly identify which staff member was responsible for

one to one cover. This was discussed with the acting manager and deputy manager who agreed to review the staff rota as appropriate. This will be reviewed at a future care inspection.

We reviewed accidents/incidents records since the last care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately although not all notifications were submitted in accordance with regulation. Following the previous inspection on 1 August 2018 the registered person agreed to notify RQIA when there were staff shortages in the home. Review of the duty rota from weeks commencing 24 September 2018 to 8 October 2018 confirmed that on at least five occasions notifications were not submitted. This was discussed with the acting manager who agreed to review the staffing rota and submit the notifications retrospectively. An area for improvement under regulation was made.

Gaps were observed in completion of the accident book in respect of an unwitnessed fall. This was discussed with the acting manager who confirmed that supervisions had taken place with trained staff in relation to management of unwitnessed falls. They agreed to review the falls policy and monitor management of falls via the home's internal governance arrangements. We recommended that the manager liaise with the community falls prevention and management service to ensure appropriate falls management support was availed of. This will be reviewed at a future care inspection.

Review of records confirmed that nurse in charge competencies had been completed by the acting manager for four registered nursing staff.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated and fresh smelling throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment. The trolley for clean clothing in the laundry was observed to be very dusty – this should be cleaned or replaced. In addition, a fan and the top of machinery in the laundry were observed to be very dusty. This was discussed with the manager who agreed to address these deficits. This will be reviewed at a future care inspection.

During review of the environment information pertaining to personal care was observed on display in the dining room. This was discussed with the manager who agreed to review this practice to ensure patient identifiable information is stored securely in the home. This will be reviewed at a future care inspection.

Consultation with four patients individually, and with others in smaller groups, confirmed that living in 47 Somerton Road was viewed as a positive experience. Some of the comments received were as follows:

“Martin the manager is getting on well and so am I.”

“I am getting well looked after.”

“They take good care of me. They are awful good to me and I have made friends here.”

Two relatives were consulted during the inspection. Some of the comments received were as follows,

“The care and staff are excellent.”

“The girls are terrific and they bend over backwards to help.”

Four staff members consulted with during the inspection commented positively on improvements in the home since the last inspection.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the personalisation of patient bedrooms, communication between residents, staff and other key stakeholders, culture and ethos of the home and maintaining good working relationships.

### Areas for improvement

One area for improvement under the regulations was identified in relation to notifiable events.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Martin Kelly, 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 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 DHSSPS 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>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30 (1) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All staff absences where the shift has not been covered are being reported to the RQIA as soon as possible via the web portal notifiable events.</p> <p>The manager is regularly monitoring and reviewing the accidents/incidents/any untoward occurrence in the home and ensuring this is reported to management as soon as possible to ensure RQIA can be notified without delay.</p> <p>A copy of all notifiable events are then printed and stored on file for review</p> <p>All nurses are aware of what events are reportable to RQIA and a copy of the required notifications are circulated to the nurses for reference</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>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that robust processes are in place to ensure that effective communication is achieved between staff, specifically during 'handover' meetings.</p> <p>Ref: 6.5</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><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.9</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 contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. Registered nurses should have oversight of supplementary care records.</p> <p>This area for improvement is made in reference to the issues highlighted in section 6.5 of the previous care inspection report.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Nurses have been made aware of their responsibility and duty to oversee and monitor daily records completed for each resident through 1:1 meetings ; such as personal care and hygiene, food and fluid intake, bowel charting, activities and events attended and any medical procedures/appointments or other significant events are accurately recorded with sufficient detail.</p> <p>Care staff have been advised through audit feedback of the importance of documentation and to ensure this is clear, concise and of sufficient detail in all aspects of residents' care.</p> <p>Staff are continuing to document accurate detail of daily activities and the resident's response to each activity and the activity therapist has been completing lifestyle preference plans 'All about me' files for each resident to reflect their likes and dislikes and ensure they are offered a range of activities to suit their likes and choices.</p> <p>Home Manager has had the Goldcrest system updated and the system provider has come to the Home to undertake training and assistance in navigating the system and using this to its potential. The Home Manager is daily reviewing the notes input on the system each day in relation to each resident and audits are in place for care plans, assessments, weights, medication management, falls and incidents and accidents and where training needs are identified this is addressed with individuals for reflection and learning.</p> <p>Competencies have been completed with all registered nurses and where training needs are identified this will be addressed.</p> <p>A number of nurses are attending 'Nurse In Charge' training in February 2019 held by the RCN to further develop their knowledge, skills and promote understanding of their role, responsibilities and accountability.</p>
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***\*Please ensure this document is completed in full and returned via Web Portal***



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