Unannounced Care Inspection Report
13 December 2016

47 Somerton Road

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

1.0 Summary

An unannounced inspection of 47 Somerton Road took place on 13 December 2016 from 06.30 to 10.30 hours.

Information was received by the RQIA duty desk on 05 October 2016 of the following: patients were being showered before 07.00 am; patients were being washed in cold water as some of their rooms do not have hot water; patients were being 'drag lifted' instead of using appropriate standing hoist. Staff were not referring to and talking to patients in an appropriate manner. The concerns were referred to the adult safeguarding team in the Belfast Health and Social Care Trust who agreed to review the issues raised through a safeguarding investigation.

The purpose of this inspection was to seek assurances that the care and welfare of patients was in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015.

On the day of the inspection none of the concerns were found to be substantiated. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2*	0

*One requirement was not assessed on this occasion and has been carried forward for review at the next inspection.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Wayne Salvatierra, registered 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 July 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection. As stated in section 1.0 the focus of this inspection was in respect of concerns brought to the attention of RQIA by a whistle blower.

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Somerton Homes Ltd/Mr William Trevor Gage	**Registered manager:** Mr Wayne Salvatierra
Person in charge of the home at the time of inspection: Lorraine Drumm (06.30 – 07.30 hours) Imelda Briones (07.30 – 09.00 hours) Wayne Salvatierra (09.00 – 10.30 hours)	**Date manager registered:** 16 December 2015
Categories of care: NH-LD	**Number of registered places:** 38

3.0 Methods/processes

Information was received by RQIA on 05 October 2016 which raised concerns in relation to the areas discussed in section 1.0.

It is not the remit of RQIA to investigate complaints or safeguarding allegations made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with senior management at RQIA, it was agreed that an inspection would be undertaken to review the following areas:

- the number of patients who were washed and dressed between 06.30 and 07.30 hours
- the availability of sufficient hot water for washing/showering
- moving and handling practices.

Prior to the inspection we analysed the following information:

- the registration status of the home
- written and verbal communication received by RQIA since the last care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection.

During the inspection we met with 20 patients, three registered nurses, eight care staff and one domestic staff.

Ten staff and six relatives' questionnaires were left for distribution. Ten staff and two relatives completed and returned questionnaires within the allocated timeframe.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- observation of care practices
- inspection of the premises.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 July 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 21 June 2016

Last care inspection statutory requirements		**Validation of compliance**
Requirement 1 **Ref**: Regulation 21 (1) (b) **Stated:** First time **To be completed by:** 30 June 2016	The registered provider must ensure, before making an offer of employment, two written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer. Records must be kept of all the documentation relating to the recruitment process.	**Not assessed**
	Action taken as confirmed during the inspection: This requirement was not assessed on this occasion and is carried forward for review at the next inspection.	

Requirement 2 **Ref**: Regulation 20 (1) (c) (i) **Stated:** First time **To be completed by:** 31 August 2016	The registered provider must ensure that all staff who are newly appointed are required to complete a structured orientation and induction and records are retained. **Action taken as confirmed during the inspection**: Induction records for three recently appointed staff were reviewed and evidenced that a structured orientation and induction had been completed and records had been maintained appropriately.	**Met**
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 40.2 **Stated:** First time **To be completed by:** 31 July 2016	The registered provider should ensure that a supervision and appraisal schedule is in place, showing completion dates and the name of the supervisor. **Ref: Section 4.3** **Action taken as confirmed during the inspection**: A supervision and appraisal schedule was in place with completion dates indicating that the majority of staff had received supervision and appraisal in the current year.	**Met**
Recommendation 2 **Ref**: Standard 41.1 **Stated:** First time **To be completed by:** 31 August 2016	The registered provider should review the staffing levels to ensure there is adequate staff available to meet the assessed needs of patients. **Ref: Section 4.3** **Action taken as confirmed during the inspection**: The registered manager informed us that he had reviewed staffing levels and additional care staff had been appointed. A twilight shift had been introduced five nights per week to ensure the assessed needs of patients were being met. We were informed that the workforce was stable, with only minimal use of agency staff to cover the occasional care assistant shift. A sample of duty rotas for weeks commencing 05 and 12 December 2016 was reviewed and evidenced that planned staffing levels were adhered to. No concerns were raised by the majority of staff, patients or relatives regarding staffing levels. Two staff expressed some dissatisfaction with staffing levels and this was brought to the attention of the registered manager for follow up.	**Met**

Recommendation 3 **Ref**: Standard 4.4 **Stated:** First time **To be completed by:** 31 July 2016	The registered provider should review the staff communication systems to ensure there is good communication between staff about patients' care. **Ref: Section 4.4**	**Met**
	Action taken as confirmed during the inspection: The registered manager informed us that this had been addressed in staff meetings and during supervision. Nursing and care staff were required to attend a handover report at the commencement of each shift. We observed the handover report from night to day staff which was comprehensive with discussion regarding each patients care. No concerns were raised by staff regarding communication.	
Recommendation 4 **Ref**: Standard 35.7 **Stated:** First time **To be completed by:** 31 August 2016	The registered provider should ensure that the Regulation 29 monthly quality monitoring reports comment on the progress made in complying with the requirements /recommendations from the previous RQIA inspection/s. **Ref: Section 4.6**	**Met**
	Action taken as confirmed during the inspection: A sample of three Regulation 29 monthly quality monitoring reports were reviewed and evidenced comment on the progress made in complying with the requirements /recommendations from the previous RQIA inspections.	

4.3 Inspection findings

4.3.1 Care Practice

On commencement of the inspection we observed that all patients were in their beds and the majority appeared to be asleep. There was a calm atmosphere in the home and there was no evidence of any patients requiring assistance at that time. At 06.45 hours one patient was observed to be awake and sitting up in their bed. In discussion with nursing staff it was stated that this patient likes to rise at around 06.45 each morning. The patient was unable to express their wishes verbally and we were informed that they communicated their wishes to rise by means of sitting up in the bed. Nursing staff informed us that another two patients liked to rise around 07.00 hours each day and they would request assistance of staff to get up at this time.

The care records of the three identified patients were reviewed and did not evidence a preferred time of rising and retiring. Nursing and care staff from both day and night duty stated that patients were normally assisted out of bed and showered between 08.00 and 09.00 hours, except in cases where their care needs dictated otherwise or where it was the patient's choice to rise earlier. A requirement has been made that care records accurately reflect the preferred rising and retiring times of patients. Care records must also reflect if a patient has specific care needs which require the assistance of the night staff.

We spot checked a number of patients bedrooms and bathrooms and there appeared to be adequate hot water for washing/showering. Staff informed us that there had been a problem with lack of hot water some time ago; however this had since been resolved. In discussion with the registered manager it was confirmed that there had been one occasion during the month of October 2016 when staff reported the water in a patient's bedroom was cold, however this was dealt with by the maintenance man at the time and the problem had been resolved.

We observed the serving of breakfast. Breakfast times were 'staggered' with breakfast served as and when each patient came to the dining room. Patients had a choice of a range of breakfast foods including cereals, porridge, toast, eggs, sausage or a 'fry'. The meal was not rushed in any manner and two staff members were in the dining room at all times to assist patients.

Moving and handling practices were observed throughout the morning and no inappropriate practices were found. A review of staff training records evidenced that moving and handling and other mandatory training had been completed to date.

The atmosphere within the home was calm and staff did not appear to be rushed in any manner. There were no malodours evident and the environment presented as clean and tidy.

Staff spoke compassionately in respect of the patients and had a good knowledge of patients' care needs. In addition ten staff and two relatives completed and returned questionnaires within the allocated timescales.

Staff comments included:

- "Our patients are looked after like our own families."
- "There are shifts where we would be short of staff, where there is very short notice of staff absences and we cannot get cover. However, staff are good and we get the work done with good team work."
- "We could do with three carers on night duty instead of two."
- "Nobody is made to get up early in this home."

The comments expressed by two staff members regarding staffing levels were discussed with the registered manager for follow up as appropriate.

Patients also expressed their satisfaction with the care afforded by staff, comments included:

- "This is the best place."
- "I'm very well cared for. Staff are all very good."
- "Staff couldn't be better."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Relatives

Two relatives stated that they were satisfied with the care and services provided. No additional comments were made.

Areas for improvement

Care records must accurately reflect the needs of patients including their preferred times of rising and retiring. Care records must also reflect that if a patient has specific care needs which requires the assistance of the night staff, the rational for night staff intervention must be stated.

Number of requirements	1	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Wayne Salvatierra, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref:** Regulations 15 and 16 **Stated:** First time **To be completed by:** 31 January 2017	The registered provider must ensure that care records must accurately reflect the needs of patients including their preferred times of rising and retiring. Care records must also reflect that if a patient has specific care needs which requires the assistance of the night staff, the rational for night staff intervention must be stated. **Ref: section 4.3.1**
	Response by registered provider detailing the actions taken: Care plans are formulated as patient centered which reflects the needs of the residents, time of rising,retiring and rationale for specific needs which requires assistance from night staff.
Requirement 2 **Ref**: Regulation 21 (1) (b) **Stated:** First time **To be completed by:** 31 January 2017	**This requirement was not assessed on this occasion and has been carried forward for review at the next inspection.** The registered provider must ensure, before making an offer of employment, two written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer. Records must be kept of all the documentation relating to the recruitment process. **Ref: section 4.2**
	Response by registered provider detailing the actions taken: New staff are strictly monitored to submit two references, one of which should be coming from applicant's present or most recent employer. Records are being kept and monitored relating to recruitment process.

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

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