

Unannounced Care Inspection Report

14 June 2017



47 Somerton Road

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

www.rgia.org.uk

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 38 persons.

3.0 Service details

Organisation/Registered Provider: Somerton Homes Ltd Responsible Individual(s): Mr Trevor Gage	Registered Manager: Mr Wayne Salvatierra
Person in charge at the time of inspection: Mr Wayne Salvatierra	Date manager registered: 16 December 2015
Categories of care: Nursing Home (NH) LD – Learning disability.	Number of registered places: 38 NH- LD

4.0 Inspection summary

An unannounced inspection took place on 14 June 2017 from 12.05 to 18.35 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 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 staffing, including the recruitment, induction, and training of staff, adult safeguarding, risk management and the home's environment. Patients were treated with, dignity and respect and were afforded privacy when required. Of particular note was the interaction between staff and patients and the comfortable and light atmosphere in the home.

Areas requiring improvement were identified such as cleaning of, and infection prevention and control practices in relation to the decontamination of patient equipment in the sluice room. Ensuring that patient care records are completed contemporaneously, and any risks or problems noted in daily evaluations are followed through. Staff meetings should be held at least every quarter as a minimum and audit activity should be increased and the results of audits analysed.

Patients said, "Staff are great, look after me well," "The home is lovely and the food is good," and, "Staff are friendly and caring." 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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr 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.

4.2 Action taken following the most recent inspection dated 13 December 2016

The most recent inspection of the home was an unannounced care inspection undertaken on 13 December 2016. 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
- 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 10 patients, and nine staff. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Nine questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff from 5 June 2017 to 26 June 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- four staff recruitment and induction files
- four patient care records
- one patient care chart including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- two governance audits
- patient register
- staff register
- complaints record

- compliments received
- 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 13 December 2016

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 13 December 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulations 15 and 16 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that care records reflected the patients preferred times of rising and retiring. Care records also reflected that the rational for specific care needs requiring the assistance of the night staff, were recorded.	

Area for improvement 2 Ref: Regulation 21 (1) (b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of the personnel files for three staff confirmed that, before making an offer of employment, two written references, linked to the requirements of the job were obtained, one of which was from the applicant's present or most recent employer. Staff recruitment records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 5, 12 and 19 June 2017 evidenced that the planned staffing levels were adhered to. Staff consulted confirmed that staffing levels met the assessed needs of the patients.

Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Discussion with staff and review of records evidenced that regular staff supervision and appraisals are undertaken. Competency and capability assessments for nursing staff were up to date.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

Review of the record of staff employed in the home held on computer identified gaps in the recording of staff details as outlined in Schedule 4(6) of the Nursing Homes Regulations (Northern Ireland) 2005. The registered manager confirmed by electronic mail on 15 June 2017 that these details had been updated. This was identified as an area for improvement.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager had been identified as the safeguarding champion.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified, safeguards were put in place.

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.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were recorded. However, there was no evidence that these were analysed to identify patterns and trends or action plans were needed to address any deficits identified. There was evidence that the number of falls informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

Review of repositioning, food and fluid intake records for a patient nursed in bed evidence that these were recorded appropriately. In some care records a low risk Braden or MUST assessment was recorded, it was good to note that nurses had ensured that preventative measures were in place to manage the potential risk.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room, clinical and storage areas. The home was generally found to be warm, well decorated, fresh smelling and clean throughout.

The sluice room was cluttered, untidy and in need of detailed cleaning; equipment was grubby and stained. This was identified as an area for improvement. In two patients' bedrooms only a very thin pillow was on their bed, the registered manger stated that this was their preference and confirmed that this preference would be recorded in their care plan. Patients and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately cleaned and stored except for the sluice mentioned previously. The home has submitted plans to RQIA to extend the home with six new bedrooms and facilities. A visit by estates inspectors was undertaken on 9 June 2017, the works were at a very early stage and the work area fenced off. One area of improvement was identified in regard to having the fire risk assessment reviewed and updated in order to reflect the fire exit that could not be used during the works. There was an alternative means of escape that could be used. The registered manager wasn't present during the visit but confirmed by telephone that the fire risk assessment had been reviewed and updated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management and the home's environment.

Areas for improvement

The following areas were identified for improvement in relation to regulations, cleaning of, and infection prevention and control practices in relation to the decontamination of patient equipment for the sluice room and ensuring that the record of staff employed in the home is up to date.

The management audits for falls needs to be improved to ensure falls are analysed to identify patterns and trends and if required action plans are put in place to address any deficits identified. Audits and their overall management have been identified in section 6.7 as an area for improvement.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

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 tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Review of four patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. In one instance patient care records were not completed contemporaneously. Care interventions noted by night staff in the handover record had not been recorded in the daily evaluation record. Nurses also need to ensure that any risks or problems noted in daily evaluations are followed through. This was identified as an area for improvement.

Patients' records were all retained on computer and maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005. There was evidence that the care planning process included input from patients and/or their representatives were appropriate.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. In one returned staff questionnaire it was suggested that the manager attends the morning handover; see section 6.6.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and generally reflected in the patient's care records except in the instance noted previously in this section of the report.

Discussion with the registered manager confirmed that staff meetings were held on a six monthly basis and records were maintained. The Care Standards for Nursing Homes (2015) clearly state that staff meetings should be held at least every quarter as a minimum. This was identified as an area for improvement.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or responsible person.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced relatives meetings were held on a yearly basis. Minutes were available. Patients spoken with expressed their confidence in raising concerns with the home's staff/management. Patients were aware of who their named nurse was and knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between residents, staff and other key stakeholders.

Areas for improvement

The following area was identified for improvement in relation to the standards. To ensure that patient care records are completed contemporaneously, and ensuring that any risks or problems noted in daily evaluations are followed through. The registered manager should ensure that staff meetings be held at least every quarter as a minimum.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. On arrival at the home 14 patients were attending their day care placement, one patient was out on respite with their family and one patient was out to lunch with his relative. Patients attending day care returned to the home from 15.00 hours. Activities were arranged after lunch for those patients who remained in the home.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. 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.

Observation of the lunch time meal confirmed that patients were given a choice in regards to food and fluid choices and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately. The daily menu was displayed in the dining room and patients were offered a good choice of lunch including two choices of main meal and a variety of desserts. A choice was also available for those on therapeutic diets and if patients wanted something different from the displayed menu. The atmosphere and communication in the dining was good with plenty of conversation and laughs; it was evident that there are good relationships between staff and patients. Patients spoken with and observed all appeared to enjoy their lunch.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in 47 Somerton Road was good.

As part of the inspection process, we issued questionnaires to staff (eight), patients (eight) and their representatives (eight). Seven patients, three patient's representative and eight staff completed and returned questionnaires.

The questionnaires from patients and patient's representative highlighted that all were either very satisfied or satisfied that the home was well led and provided safe, effective and compassionate care.

One comment was received from a patient.

"Manager, available on request."

Some comments were made by patients during the inspection are detailed below:

"Staff are great, look after me well."

"My key worker is great."

"The home is lovely and the food is good."

"Staff are friendly and caring."

The questionnaires from staff highlighted that, in all but one section of one questionnaire, staff were either very satisfied or satisfied that the home was well led and provided safe, effective and compassionate care. The questionnaire gave an unsatisfied response for the well led section, and a comment detailed below.*

Overall, two comments were received from staff:

"We can always communicate with manager if any concerns."

**"The nurse manager is not attending the report in the morning. It is necessary that the nurse manager is present during the report so that they will know the concerns of the staff and patients."

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients. Of particular note was the interaction between staff and patients and the comfortable and light atmosphere in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager, review of records and observation evidenced that the home was operating within its registered categories of care.

Policies and procedures were indexed, dated and approved by the registered provider. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Review of training records evidenced that staff had attended training on the handling of complaints in the previous year or as part of their induction. A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

There was evidence that audits for care plans and accidents/incidents had been completed on a monthly basis, including falls. The results of audits had not been analysed to ensure that appropriate actions are taken to address any shortfalls identified and ensure that any necessary improvements could be embedded into practice. Learning from audits should be disseminated to staff for learning through mediums such as staff meetings. Audit activity should increase if there are many shortfalls, or the same shortfalls, are identified. Additional audits should be conducted on a range of areas, such as, wound management, infection prevention and control, environment, complaints. This was identified as an area for improvement.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly quality monitoring visits were completed in accordance with the regulations. Action plans are generated to address any areas for improvement when required. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and maintaining good working relationships.

Areas for improvement

The following area in the standards was identified for improvement in relation to the number and management of the audits undertaken by the registered manager.

	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 Mr 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 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 to Nursing.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 14 July 2017</p>	<p>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.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Sluice room is continually cleaned and disinfected as per Infection Control Guidelines each shift amidst of it not being used by staff.</p>
<p>Area for improvement 2</p> <p>Ref: Schedule 4 (6)</p> <p>Stated: First time</p> <p>To be completed by: 14 July 2017</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>Response by registered person detailing the actions taken: Staff record has been updated on 15/06/17.</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: First 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>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Staff meeting will be done quarterly and proposed dates of meetings is on 28th August and 27th November .</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 14 July 2017</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>Response by registered person detailing the actions taken: Nurses are reminded to review and update care records regularly which reflects accurate changes in resident's condition and needs. Follow up actions/ management done should be recorded in daily notes for continuous care and monitoring.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 14 July 2017</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> <hr/> <p>Response by registered person detailing the actions taken: As a result of the inspection audit, activity has been reviewed and increased to take account of the areas identified and ensure that learning outcomes are disseminated and incorporated into practice.</p>
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