

Unannounced Care Inspection Report 21 June 2016



47 Somerton Road

Type of Service: Nursing Home
Address: 47 Somerton Road, Belfast, BT15 3LH
Telephone: 028 9077 2483
Inspector: Bridget Dougan

1.0 Summary

An unannounced inspection of 47 Somerton Road Nursing Home took place on 21 June 2016 from 11.00 to 17.00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of positive outcomes for patients, who were being assisted and responded to in a timely and dignified manner. Patient risk assessments were undertaken, reviewed and updated on a regular basis. The home was found to be warm, fresh smelling and clean.

However we were unable to evidence that the relevant pre-employment checks had been completed for two members of staff. The induction records for two newly appointed staff were not maintained on file.

The majority of staff and patients representatives felt there was enough staff to meet the needs of the patients. Two members of staff and one patients' representative expressed some concerns regarding staffing levels.

Two requirements and two recommendations have been made.

Is care effective?

Care records accurately reflected the assessed needs of patients were kept under review and where appropriate adhered to recommendations prescribed by other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate.

Staff meetings were held on a regular basis (at least quarterly) and, whilst staff reported there was good teamwork, they also felt that communication between staff about patients' care could be improved.

Patients' representatives expressed their confidence in raising concerns with the home's staff/management.

One recommendation has been made.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Patients spoken with were complimentary regarding the care they received and life in the home. Those 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.

No requirements or recommendations were made.

Is the service well led?

There was a clear organisational structure within the home and evidence that the home was operating within its registered categories of care.

There was evidence that a range of audits had been completed on a monthly basis, for example, accidents/incidents and care records.

Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Monthly monitoring visits in respect of Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were completed as required. A recommendation was made for a more robust follow up on the compliance with RQIA requirements and recommendations.

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 Department of Health (DOH) Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr. Wayne Salvaterra, registered manager and Mr Trevor Gage, responsible person, 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 type e.g. care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 25 February 2016. Other than those actions detailed in the previous QIP there were no further actions required. 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.

2.0 Service details

Registered organisation/registered provider: Somerton Homes Ltd / Mr. William Trevor Gage	Registered manager: Mr. Wayne Salvatierra
Person in charge of the home at the time of inspection: Mr. Wayne Salvatierra	Date manager registered: 16 December 2015
Categories of care: NH-LD	Number of registered places: 38

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection we met with 20 patients, two relatives, two registered nurses, six care staff, one catering and one ancillary staff.

Ten patients, ten staff, and six relatives' questionnaires were left for distribution.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training planner for 2016/17
- three staff personnel records
- accident and incident records
- notifiable events records
- sample of audits
- complaints records
- NMC and NISCC registration records
- staff induction records
- nurse competency and capability assessments
- minutes of staff meetings

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 25 February 2016 - Care

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

4.2 Review of requirements and recommendations from the last care inspection dated 25 February 2016

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 4.9 and 18.6</p> <p>Stated: Second time</p> <p>To be Completed by: 29 April 2016</p>	<p>Nursing care plans regarding the use of a restrictive practice should be written and regularly evaluated and updated, where appropriate, in accordance with best practice guidance, DHSSPS Deprivation of Liberty Safeguards 2010 and DHSSPS Restraint and Seclusion 2005.</p> <p>Action taken as confirmed during the inspection: Review of three patients care records evidenced that care plans for the use of restrictive practice were in place and reviewed and updated regularly in accordance with best practice guidance.</p>	<p>Met</p>

Recommendation 2 Ref: Standard 17 Stated: First time To be Completed by: 29 April 2016	Nursing care plans regarding behaviours that challenge should be written and evaluated in accordance with best practice guidelines. Nursing staff should complete training in care planning and support for a patient who displays a behaviours that challenge. Ref: Section 5.3.1	Met
	Action taken as confirmed during the inspection: Review of three patient's care records evidenced that care plans regarding behaviours that challenge were in place and reviewed and updated regularly in accordance with best practice guidance. Nursing staff had completed the relevant training on 02 June 2016.	

4.3 Is care safe?

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 rotas for the weeks commencing, 30 May 2016, 02 and 16 June 2016 evidenced that the planned staffing levels were adhered to.

The majority of staff and patients representatives felt there was enough staff to meet the needs of the patients. Two members of staff and one patients' representative expressed some concerns regarding staffing levels. This was discussed with the registered manager following the inspection and one recommendation has been made.

The registered manager informed us that there were systems in place for the safe recruitment and selection of staff, and staff consulted confirmed that they had only commenced employment once all the relevant checks had been completed. Three staff personnel files were viewed and we were able to evidence that all the relevant pre-employment checks had been completed for one member of staff. There was no evidence of references in two staff personnel files. This was discussed with the registered manager and the responsible person following the inspection. Confirmation was received following the inspection that the references had been obtained for the two members of staff. A requirement has been made.

Discussion with staff and review of records evidenced that one recently appointed staff member completed a structured orientation and induction programme at the commencement of their employment. The induction records for two newly appointed staff members were not maintained on file. One of the staff members informed us that they had completed an induction programme and had kept the records in their own home. A requirement has been made with regard to staff induction.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. There was also evidence that mandatory training had been completed by all staff in 2015. 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, skills and experience necessary to fulfil their role, function and responsibility.

There was evidence of competency and capability assessments completed for the majority of registered nurses. The registered manager did not have a planner in place for staff supervision and appraisals for 2016. A recommendation has been made.

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).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

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 had been notified appropriately

Review of three 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.

Discussion with the registered manager confirmed that a range of audits was conducted on a regular basis (refer to section 4.6 for further detail). A sample of falls audits confirmed the number, type, place and outcome of falls. This information was analysed to identify patterns and trends. An action plan was in place to address any deficits identified.

A review of the accident and incident records confirmed that Trust care management and patients' representatives were notified appropriately. RQIA had been notified appropriately in the majority of cases; however as previously discussed, two potential safeguarding concerns had not been notified in a timely manner.

We observed the environment, including a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, fresh smelling and clean.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

The registered manager should review staffing levels to ensure there is adequate staff available to meet the assessed needs of patients.

Two written references must be obtained before making an offer of employment. Records must be kept of all the documentation relating to the recruitment process.

All staff who are newly appointed are required to complete a structured orientation and induction and records are retained.

A supervision and appraisal schedule should be maintained, showing completion dates and the name of the supervisor.

Number of requirements	2	Number of recommendations:	2
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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 and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

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. However, two questionnaires received from staff members following the inspection indicated that communication between staff about patients' care could be improved. A recommendation has been made in this regard.

Discussion with staff and the registered manager confirmed that staff meetings were held on a regular basis (at least quarterly) and records were maintained.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities.

Patients' representatives expressed their confidence in raising concerns with the home's staff/management.

Areas for improvement

The registered manager should review the staff communication systems to ensure there is good communication between staff about patients' care.

Number of requirements	0	Number of recommendations:	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely.

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 rooms and offered patients a choice of two meals for lunch and dinner. A choice was also available for those on therapeutic diets. Patients all appeared to enjoy their lunch.

Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients spoken with were complimentary regarding the care they received and life in the home. Those 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.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. We were informed that regular staff meetings were held and patient/representative meetings were held every six months. The minutes of a patient/relatives meeting held in February 2016 were available in the home.

Patients were aware of who the registered manager was, however, three patient's questionnaires indicated that the registered manager did not always have the time to listen to patients concerns. This was contrary to the findings on the day of the inspection. The registered manager was observed interacting with patients in a dignified and timely manner. This was discussed with the registered manager and registered provider following the inspection and we were assured that this issue would be followed up.

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

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Three patients, two patient's representative and seven staff completed questionnaires. Some comments are detailed below.

Staff

- "This is a good care home. Maybe we could do with more staff, especially when staff off sick"
- "Sometimes there is poor communication about residents, or you get two different instructions about the same thing"
- "When we are short staffed, it is very stressful for staff"

Patients

- “We’re very well looked after”
- “I love coming here”
- “Sometimes the manager doesn’t always have time to listen to me”
- “The staff are all very good to me”

Patients’ representatives

“This is an excellent home; the staff are all very good and kind”

Responses received from the majority of relatives would indicate a high level of satisfaction with this service. One relative stated that they were not satisfied that staff have enough time to care for their relative. A recommendation has been made regarding staffing in section 4.3

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and staff stated that the registered manager was generally responsive to any concerns raised.

The certificate of registration issued by RQIA was displayed in the home.

A certificate of public liability insurance was current and displayed.

Discussion with the registered manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home’s complaints record and discussion with the registered manager 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.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff confirmed that they had access to the home’s policies and procedures.

Patients and representatives spoken with confirmed that they were aware of the home’s complaints procedure.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the registered manager and staff; and 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 accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, complaints and incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

Discussion with the registered manager and review of records for March, April and May 2016 evidenced that Regulation 29 monthly quality monitoring visits were generally completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Whilst the Regulation 29 reports made reference to the Quality Improvement Plan from the previous RQIA inspection, they did not comment on the progress made in complying with the requirements /recommendations. A recommendation has been made in this regard.

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.

Areas for improvement

The responsible person 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.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Wayne Salvatierra, registered manager and Trevor Gage, responsible person, 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 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 may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

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

<p>Requirement 1</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>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.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: The Management of Somerton will ensure that two written references linked to the applicants previous employment are obtained prior to any offer of employment Documentation relating to the recruitment proces are retained in the staff personnel files.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>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.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: All newly recruited staff undergo a detailed orientation and induction programme the records of which are retained in the staff's personnel files.</p>
<h3>Recommendations</h3>	
<p>Recommendation 1</p> <p>Ref: Standard 40.2</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</p>	<p>The registered provider should ensure that a supervision and appraisal schedule is in place, showing completion dates and the name of the supervisor.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: A staff supervision and appraisal matrix is in place which details the information required including the completion date of the supervision/appraisal and the name of the person undertaking the appraisal or supervision</p>

<p>Recommendation 2</p> <p>Ref: Standard 41.1</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered provider should review the staffing levels to ensure there is adequate staff available to meet the assessed needs of patients.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Staffing levels within the home is continually monitored in relation to maintaining optimum staffing levels which are in line with the residents assessed needs.</p>
<p>Recommendation 3</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</p>	<p>The registered provider should review the staff communication systems to ensure there is good communication between staff about patients' care.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken This issue will be discussed further in upcoming staff meeting on 15th August 2016 aside from individual group discussion done each shift during hand-over.</p>
<p>Recommendation 4</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered provider 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.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: Within the Regulation 29 monthly quality reports comments on progress in relation to previous inspection requirements and recommendations will be included.</p>

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