



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
47 Somerton Road  
  
25 February 2016**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 25 February 2016 from 10.00 to 14.30.

The focus of this inspection was to determine what progress had been made in addressing the requirements and recommendations made during the previous care inspection on 26 October 2015, to re-assess the homes level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes 2015.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 26 October 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2*

\*The total number of recommendations includes one recommendation stated for a second time.

The 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.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Somerton Homes Ltd William Trevor Gage	<b>Registered Manager:</b> Wayne Salvatierra
<b>Person in Charge of the Home at the Time of Inspection:</b> Wayne Salvatierra	<b>Date Manager Registered:</b> 16 December 2015
<b>Categories of Care:</b> NH-LD	<b>Number of Registered Places:</b> 38
<b>Number of Patients Accommodated on Day of Inspection:</b> 35	<b>Weekly Tariff at Time of Inspection:</b> £637 per week

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine the level of compliance attained.

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the Registered Person, Trevor Gage
- discussion with the Registered Manager, Wayne Salvatierra
- discussion with one registered nurse
- discussion with care staff
- discussion with patients
- a general tour of the home and review of a random selection of patients' bedrooms, bathrooms and communal areas
- examination of a selection of patient care records
- examination of a selection of records pertaining to the inspection focus
- observation of care delivery
- evaluation and feedback

During the inspection, the inspector met with 10 patients individually and with others in smaller groups; two care staff, one registered nurse and ancillary staff.

Prior to inspection the following records were analysed:

- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plan (QIP) from the care inspection of 26 October 2015

The following records were examined during the inspection:

- staff duty rotas
- care records relating to:
  - restrictive practice
  - palliative care
  - responding to behaviours
- staff induction training records
- quality assurance processes in the home including frequency of staff meetings
- competency and capability assessments for registered nurses
- complaints record
- compliments record

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 26 October 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 26 October 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 16 (1) and Standard 32.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure:</p> <ul style="list-style-type: none"> <li>information regarding patients end of life wishes, in consultation with patients' representatives, where applicable, is retained in care records</li> <li>a care plan is written, monitored and evaluated in respect of the palliative or end of life wishes and needs of patients. The care plan should reflect the recommendations of the specialist palliative care team, where applicable.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Care records evidenced that patients end of life wishes, where applicable, had been discussed and recorded. There was evidence within care records of consultation with the specialist palliative care team and a corresponding care plan. Care records evidenced the outcome of any visit from the specialist palliative care team and care plans were updated, where applicable, accordingly.</p>	
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure the competency and capability assessment for registered nurses, in charge of the home, reflects accurately reflects the responsibilities of the role. The competency and capability assessment must be signed and dated and validated by the home manager.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The competency and capability assessment for registered nurses had been reviewed and revised by the registered manager. The assessment was relevant to a care home setting. Assessments were up to date and had been validated by the registered manager.</p>	

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (i)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure the staff induction training programme s accurately completed, signed by both parties and validated by the home manager.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The review of three staff induction training records evidenced that the induction training programme reflected the roles and responsibilities of the grade of staff. The records reviewed were fully completed, signed and validated by the registered manager.</p>		
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 24</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure any complaint received into the home is recorded in the complaints log. Complaints must be investigated in accordance with regulation 24.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The complaints record evidenced that information as stated in Regulation 24; The Nursing Homes Regulations (Northern Ireland) 2005 was being maintained. The registered person reviews the complaints record during the monthly visit in accordance with Regulation 29.</p>		
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 17</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that the system/s in place to monitor the quality of services provided by the home is robust. Quality auditing must evidence that the range of services provided and where a shortfall was identified the remedial action taken to address the shortfall.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The issues previously identified included the frequency of staff meetings, to review and revise the staff induction training programme and to review and revise the competency and capability assessment for registered nurses. All of these aspects were reviewed during the inspection and action had been taken to address the issues which had been previously identified</p>		

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 19.1 and 32.1  <b>Stated:</b> First time	Policies on Communicating Effectively and palliative and End of Life care should be written, in accordance with best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Policies had been written that reflected best practice and regional guidelines. Evidence was present to verify that staff had read the new policy documentation. Staff had signed and dated the record to verify they had read the required documentation.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 19.6 and 32.1  <b>Stated:</b> First time	A management system should be implemented to evidence staff have read and understood the new policy documentation in respect of communicating effectively and palliative and end of life care.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Evidence was present to confirm that management had implemented a system to evidence staff had read the policies on communicating effectively and palliative care. Staff had signed and dated a record after they had read the documentation.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 19  <b>Stated:</b> First time	Training in respect of communicating effectively should be provided for staff. The training should include the areas discussed in standard 19.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of the staff training records confirmed that 18 staff had completed training regarding communicating effectively in November 2015.	
<b>Recommendation 4</b>  <b>Ref:</b> Standard 39.1  <b>Stated:</b> First time	Palliative and end of life care should be included in the induction training programme for registered nurses and care staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Evidence was present in the revised staff induction training programme for nursing and care staff that palliative and end of life care had been included.	

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 4.9 and 18.6</p> <p><b>Stated:</b> First time</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><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The review of six patients' care records did not evidence a consistent approach by nursing staff regarding care planning and the use of a restrictive practice. Please refer to section 5.3.1 for further information.</p>		
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 43.5</p> <p><b>Stated:</b> First time</p>	<p>Areas of high noise levels should be monitored and the home should provide and/or utilise smaller more homely lounge areas so as patients have a choice of where they wish to sit.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Staff confirmed that patients have a choice of seating arrangements. All lounge areas, including those away from the main entrance area are now in use. This provides patients with a smaller quieter lounge to relax in.</p>		
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p>	<p>Replacing the carpeting in corridor A and two patients' bedrooms should be considered. The flooring in the dining room should also be considered for replacement.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The flooring in the dining room had been replaced and the dining room had been repainted. New flooring had been laid in the identified corridor areas and three patients bedrooms.</p>		
<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 43.6</p> <p><b>Stated:</b> First time</p>	<p>To enhance the appearance of patients' bedrooms bed linen should be ironed when laundered. The use of valance sheets on beds would also improve the appearance of the bed and bedroom.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Patients' bedrooms were decorated and furnished in accordance with the patient's preferences. Bedrooms viewed were clean and fresh and bed linens had been ironed.</p>		

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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It is recommended that 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. This recommendation is stated for a second time.

### **5.3 Standard 19 – Additional Areas Examined**

#### **5.3.1. Nursing Care Records**

##### **Restrictive Practice**

As previously stated in section 5.2, recommendation 5 was made to ensure that the treatment and other services provided to each patient; reflects his individual needs and current best practice. This recommendation was made in relation to the use of any restrictive practice in the home. Of the six care records which were reviewed four did not reflect best practice guidelines. The need for and the use of lap belts was not stated in the relevant care plans of four patients. There was no evident reference to the use of and monitoring of the lap belts in the patient's care plans. Where a restrictive practice is in use care documentation should clearly state the rationale for the use of the restrictive practice and that the restrictive practice is monitored in accordance with best practice guidelines. This recommendation is stated for a second time.

##### **Responding to Behaviours**

Care records did not evidence that nursing staff developed care plans in accordance with best practice guidelines. A care plan for the management of aggression was reviewed. The care plan did not state how aggression was manifested, for example physical or verbal aggression, if there were known triggers for the behaviour and how the patient should be supported during these times. The administration of medication was the first intervention stated in the care plan. This is not in accordance with best practice guidance. It is recommended that nursing staff receive training regarding care and support for a patient who displays behaviours that challenge.

#### **5.3.2. The Environment**

The nursing home was found to be clean, comfortable and well decorated throughout. The replacement of the floor covering in the dining room, three patients' bedrooms and corridor areas had enhanced the appearance of these areas. The registered manager stated a rolling programme of upgrading areas in the home was in place.

#### **5.3.3. Patient and Representatives Views**

Nine patients were attending day care centres and were not due back to the home until mid-afternoon. Patients expressed their satisfaction with the care and attention afforded by staff in the home.



Comments included:

'I like it here.'

'It's good here.'

'Staff are my friends.'

There were no relatives present during the time of the inspection to meet with inspector. However, the review of the compliments record maintained in the home was reviewed.

Comments included:

'Most caring and loving staff.'

'Thank you for the loving care you gave .....

'Good care and attention from all the staff.'

Staff did not raise any issues. It was confirmed by staff that there were sufficient staff on duty to meet the needs of patients. A driver for the mini bus had recently been employed and was due to start in the near future. This will increase the social opportunities for patients and increase the availability of bus runs and weekend activities.

### Areas for Improvement

It is recommended that nursing staff complete training regarding care and support for a patient who displays behaviours that challenge. Nursing care plans should evidence a management plan to support the patient.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 6. Quality Improvement Plan

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

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

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

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 4.9 and 18.6</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 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><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Care plans regarding the use of restrictive practice are amended to be patient centred and mainly for promotion of residents safety. These care plans are formulated to continually respect residents rights, to be treated with compassion and dignity. Care plans are amended as per guided by Care Standards for Nursing Homes ( April 2015 ) and DHSSPS Guidance regarding Deprivation of Liberty. Care plans are reviewed monthly and/or as needed.</p>		
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 17</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 29 April 2016</p>	<p>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.</p> <p><b>Ref: Section 5.3.1</b></p>		
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Care plans regarding Residents behaviour has already been amended therefore ensuring that they are safe, effective and patient centred. This is based as per Home Policy and as guided by Care Standards for Nursing Homes ( April 2015 ). Staff have undergone update training on Management of Actual and Potential Aggression ( MAPA ). 7 Nurses and 10 Carers. Challenging behaviour training is booked on April 22 for all staff. Care planning and record keeping training is due for nurses on April 19.</p>		
<b>Registered Manager Completing QIP</b>	Wayne Salvatierra	<b>Date Completed</b>	06/04/16
<b>Registered Person Approving QIP</b>	Trevor Gage	<b>Date Approved</b>	06/04/16
<b>RQIA Inspector Assessing Response</b>	Heather Sleator	<b>Date Approved</b>	11/04/16

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