Unannounced Care Inspection Report
7 December 2016

The Somme

Type of Service: Nursing Home
Address: 121 Circular Road, Belfast, BT4 2NA
Tel no: 0289076 3044
Inspector: Aveen Donnelly

1.0 Summary

An unannounced inspection of The Somme took place on 7 December 2016 from 10.00 to 16.45 hours.

The inspection sought to assess progress with any 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.

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	4	4

The total number of requirements and recommendations above includes one recommendation and two requirements that have been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Gail Chambers, 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 care inspection undertaken on 9 May 2016.

Other than those actions detailed in the QIP there were no further actions required to be taken.

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 person: Charles Jonathan Kitson	**Registered manager:** Gail Ellen Chambers
Person in charge of the home at the time of inspection: Gail Ellen Chambers	**Date manager registered:** 11 June 2014
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 41

3.0 Methods/processes

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

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, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Questionnaires were distributed to patients, relatives and staff. We also met with four patients, five care staff, one registered nurse, one laundry assistant, one domestic staff and two patients' representatives.

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 records
- accident and incident records
- monthly quality monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- audits in relation to care records.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 9 May 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.

4.2 Review of requirements and recommendations from the last care inspection dated 9 May 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 30 (1) (d)(g) **Stated:** First time **To be completed by:** 06 July 2016	The registered persons must ensure that all safeguarding incidents are reported in line with regional safeguarding protocols. Records pertaining to any allegation of abuse must be appropriately maintained.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that two incidents, which had been referred to adult safeguarding team had been screened out. Discussion with staff did not evidence any other incidents. The registered manager described the systems that were in place to record safeguarding incidents.	
Requirement 2 **Ref**: Regulation 20 (c) (i) **Stated:** First time **To be completed by:** 06 August 2016	The registered persons must ensure that they attend training on adult safeguarding.	**Not Met**
	Action taken as confirmed during the inspection: The registered persons had not received training in adult safeguarding. The registered manager explained that training had been scheduled for April 2017. This requirement has been stated for the second time.	

Requirement 3 **Ref**: Regulation 14 (1) (b) **Stated:** First time **To be completed by:** 06 July 2016	The registered persons must ensure that advice/directions from the Speech and Language Therapist (SALT) are accurately entered into care records and illustrate the specified diet provided as prescribed.	**Met**
	Action taken as confirmed during the inspection: Although there was no patient in the home who required a modified diet due to swallowing difficulties, discussion with one registered nurse confirmed that they were aware that the SALT recommendations should be included in the patients' care plans. There were a number of patients who required a mechanical soft diet, due to chewing problems and the review of the care records identified that this information had been included in the care plans.	
Requirement 4 **Ref**: Regulation 15 (2)(a)(b) **Stated:** First time **To be completed by:** 06 July 2016	The registered persons must ensure that pain assessments are completed for all patients requiring regular or occasional analgesia, as appropriate. This information should be reflected in the patients' care plans.	**Met**
	Action taken as confirmed during the inspection: A review of the care records confirmed that pain assessments were in place and were completed every time the patients' required pain relief. This information was included in the care plan.	
Requirement 5 **Ref**: Regulation 13 (1) (a) **Stated:** First time **To be completed by:** 06 July 2016	The registered persons must ensure that patients' total fluid intake are recorded in the daily progress notes, to evidence validation by registered nurses and to identify any action taken in response to identified deficits.	**Partially Met**
	Action taken as confirmed during the inspection: Although there was evidence that the patients' total fluid intakes were generally recorded in the daily progress notes, this was not consistently embedded into practice. For example, in one patient care record, the patients' total fluid intake was only included on one out of the three days reviewed. There was no evidence of any action taken to mitigate against the risk of dehydration. This requirement has been stated for the second time.	

Requirement 6 **Ref:** Regulation 17 (1) **Stated:** First time **To be completed by:** 06 July 2016	The registered persons must ensure that a quality assurance report is completed on an annual basis.	**Met**
	Action taken as confirmed during the inspection: The review of the quality assurance report confirmed that this requirement had been met.	
Requirement 7 **Ref:** Regulation 30 (1) (c) **Stated:** First time **To be completed by:** 06 July 2016	The registered persons must ensure that any head injuries sustained in the home are notified to RQIA.	**Met**
	Action taken as confirmed during the inspection: A review of notifications of incidents to RQIA since the last care inspection confirmed that any head injuries had been reported to RQIA. Discussion with one registered nurse also confirmed that they were aware of the incidents that are reportable under Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 38.3 **Stated:** First time **To be completed by:** 06 July 2016	The registered persons should ensure that the recruitment and selection processes are reviewed to ensure that there are robust systems in place. This relates particularly to: • checking care staff's current registration status with NISCC at the recruitment stage • references received from the applicants' most recent employer	**Met**
	Action taken as confirmed during the inspection: Given that there had not been any new staff recruited since the last inspection, compliance with this recommendation was evidenced through discussion with the registered manager, who described the recruitment processes in detail.	

Recommendation 2 **Ref**: Standard 39.4 **Stated:** First time **To be completed by:** 06 July 2016	The registered persons should update registered nurses on person centred care planning/ nursing process through training or other means. Records of this should be retained.	
	Action taken as confirmed during the inspection: Although the registered manager evidenced the training plan which had been prepared for this training, no staff members attended the training. Plans were in place to reschedule the training. This recommendation has been stated for the second time.	
Recommendation 3 **Ref**: Standard 4.5 **Stated:** First time **To be completed by:** 06 July 2016	The registered persons should ensure that patients and/or their representatives are involved in the development of the care planning process.	
	Action taken as confirmed during the inspection: A review of the care records evidenced that patients and/or their representatives were involved in the care planning process.	
Recommendation 4 **Ref**: Standard 35.4 **Stated:** First time **To be completed by:** 06 July 2016	The registered persons should ensure that the system for auditing care records is further developed to address the deficits identified during this inspection.	
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of the care record audits confirmed that the audits had been further developed since the last inspection.	

4.3 Inspection Findings

4.3.1 Staffing Arrangements

The registered manager confirmed the planned daily staffing levels for the home and stated 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 the week commencing 28 November 2016 evidenced that the planned staffing levels were adhered to. Two staff consulted with stated that they were unhappy with the staffing levels and the system of internal rotation of staff throughout the home. Staff also stated that they believed that communication in the home was poorly maintained due to these processes. Discussion with patients and patients' representatives evidenced that there were no concerns regarding staffing levels. Staff were also observed assisting patients in a timely and unhurried way. The comments made by staff were passed to the registered manager to address.

4.3.2 Care Practices

One patient was observed to have a lap belt secured for a prolonged period. Although there was evidence within the patient's care record, that the lap belt was in place at the request of the patient's representative, there was no formal consent process in place.
Staff consulted with stated that the lap belt was in place because the patient used to stand up, without asking for assistance and that the patient was at risk of falling. Other staff consulted with stated that the lap belt was only meant to be secured when the patient was being transferred in the wheelchair and that there were 'enough staff around to keep an eye on him'. This was contrary to the observations on the day of the inspection, where the staff were observed, coming and going from the lounge area where the patient was seated. A review of the patient's care record did not evidence that a risk assessment had been completed for the use of the lap belt; and there were no records available in relation to when the lap belt had been released and repositioned throughout the day. Discussion with staff and a review of the records also did not evidence that any lesser restrictive measures had been implemented prior to using the lap belt. A requirement has been made in this regard.

The same patient was observed wearing reading spectacles which were ill fitting and were falling off the patient's face. Discussion with the registered nurse and a review of the care records confirmed that the patient had recently been reviewed by the optician and prescribed with new everyday glasses; however, it was the patient's 'reading' spectacles that were ill-fitting. It was concerning that the staff had not re-referred this patient for an another eye examination, when his 'reading' spectacles were observed to be ill fitting, It was also disappointing that consideration had not been given to the patient's dignity, in this regard. This was communicated to the registered manager, who immediately referred the patient for an eye examination. The registered manager also provided assurances that timely referrals would be made to appropriate health and social care professionals, in relation to sight tests and/or spectacle repairs.

4.3.3 Care Records

The home used an electronic system for assessing, planning and evaluating patients' care needs. Although there was evidence that improvements had been made in relation to the maintenance of care records, one requirement previously made in relation to the management of patients' fluid intakes was stated for the second time. Refer to section 4.2 for further detail.

A review of three patient care records evidenced that a range of validated risk assessments and care plans were completed as part of the admission process within the recommended timeframe for completion. Risk assessments generally informed the care planning process and both were reviewed as required.

There was evidence that wound care was managed appropriately. Wound assessments and care plans were updated on a regular basis; however, records of when the wound dressing had been changed were not consistently recorded in the patient care record. The registered nurse explained that the unit diary was used to communicate when wound dressings were due to be changed. A review of the unit diary confirmed that the wound dressings had been changed, in line with the care plan; however, this information should be recorded in the patient care records. A recommendation has been made in this regard.

The registered nurse as a patient who was receiving end of life care. A review of the care records evidenced that there had been a recent deterioration in the patient's condition. Although there was evidence that the 'do not attempt resuscitation' (DNAR) directive that was

in place for the patient had been included in the care plan, further discussions with the patient's representative had not taken in place in relation to end of life care needs/wishes. This was disappointing, given that the home is registered to provide care for patients, who are terminally ill. A recommendation has been made in this regard.

Patients were routinely assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). Some patients were at risk of losing weight due to a poor appetite, or being unable to eat independently. Patients were weighed regularly according to the guidance in their care plans. These weight records were audited regularly to ensure that any loss of weight was identified and action was taken to address the concern. Care plans had also been developed in response to short-term antibiotic use.

A review of supplementary care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans. Patients' bowel patterns were also closely monitored, to ensure that any patient who was at risk of constipation was promptly identified and the appropriate action taken.

4.3.4 Consultation

During the inspection, we met with four patients, five care staff, one registered nurse, one laundry assistant, one domestic staff and two patients' representatives.
Some comments received are detailed below:

Staff

"It is great, we have a good team of colleagues, who know their stuff".
"The care is amazing, we make sure it is that way".
"We have very good staff here".
"The care provided by the care assistants is excellent".

The majority of staff consulted with commented negatively in relation to staffing levels, poor communication and negative working relationships between staff and senior management within the home. There was no impact on patient care identified during the inspection. Based on the comments made by staff, RQIA is satisfied that on this occasion, the patients were receiving safe, effective and compassionate care. The staff consulted with also confirmed to the inspector, that despite perceived negative working relationships, between some staff members and senior management, all those consulted with stated that they would report any adult safeguarding incidents to the registered manager or to the relevant adults safeguarding professional in the local health and social care trust. Given that the comments made by staff were generally employment related or related to ongoing organisational behaviour matters, these concerns were referred to the senior management team within the home, to address. This will be followed up during future inspection. Refer to section 4.3.6 for further detail.

Patients

"I am getting on very well".
"They are all very good to me here".
"It's a nice place".
"They are great here".

Patients' representatives

"'It is all very good".
"No problems here".

We also issued ten questionnaires to staff and relatives respectively; and five questionnaires were issued to patients. No patients' questionnaires were returned. However, three staff and three relatives had returned their questionnaires, within the timeframe for inclusion in this report. Some comments received are detailed below:

Staff: All respondents indicated that they were 'satisfied' that the care provided was safe, effective and compassionate. One staff member explained that they did not feel that they had the necessary skills to enable them to undertake their role, stating that 'online training has been stopped due to changes being made about training'. Following the inspection, the registered manager confirmed that the online training had not been stopped and was ongoing for all staff.

Another respondent felt that there were not sufficient staff on duty to meet the needs of patients. Refer to section 4.3.1 for further detail.

Relatives: All respondents indicated that they were either 'very satisfied' or 'satisfied' that the care was safe, effective and compassionate; and that the home was well-led. Two relatives provided written comment in relation to the way in which the staff are rotated to work between units. Written comments included "the care staff should be assigned to particular residents' wings, instead of being moved around" and "the allocated named nurse sometimes works in another wing so (is) unaware of any changes in medical needs". One relative answered 'no', where asked if the staff had enough time to care for their relative. Written comment included "nurses do the tea rounds and therefore sometimes toilet needs have to wait". The same questionnaire included the comments "lack of continuity, if you make a fuss you are listened to, high turnover, lots of agency staff". Following the inspection these matters were fed back to the registered manager to address.

Further detail regarding comments received within the returned questionnaires is detailed in section 4.3.6.

4.3.5 Environment

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items.

Although Infection prevention and control measures were generally adhered to, a large number of disposable glove boxes and rolls of aprons were positioned on the handrails in the corridors. Jugs of water and disposable kidney dishes were also observed on the handrails. This was discussed with the registered manager who agreed to address this matter with the staff. A recommendation has been made in this regard.

A cleaning trolley containing cleaning chemicals was observed to be unsupervised in the corridor. The domestic staff member consulted with explained that the trolley had been left

unsupervised momentarily; however, it was concerning that any patient could have accessed the cleaning chemicals. This posed a risk to patients.

One of the spray bottles in use was unlabelled and did not contain any details of the contents and any precautions that were needed. These matters were discussed with the registered manager who agreed to address the matter. A requirement has been made in this regard.

Fire exits and corridors were maintained clear from clutter and obstruction.

4.3.6 Governance Arrangements

The current manager has been registered with RQIA since 11 June 2014. Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home.

Following the last inspection undertaken on 9 May 2016, a number of very negative comments were received within the returned questionnaires and were referred to the responsible person, for action under separate cover. The responsible person responded to RQIA, in writing on 15 June 2016, which outlined plans for a sub-committee, supported by human resources, to be tasked with seeking local resolution to ongoing employee-management conflict. Although the staff consulted with stated that they had met with the Board of Trustees, they stated that discussions were limited to contractual matters and that they had not been given the opportunity to discuss other matters. During this inspection, the staff again made negative comments to the inspector in relation to the management of the home. Very negative comments, specifically in relation to the registered manager, were again received on two returned questionnaire. Given that the comments made by staff were generally employment related or related to ongoing organisational behaviour matters, these concerns were again referred to the senior management team, under separate cover, to address. It is disappointing that any efforts made to improve the working relationships between the staff and senior management had not been effective. RQIA will continue to monitor this during future inspection.

Discussion with the registered manager and observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was displayed appropriately. A certificate of public liability insurance was also current and displayed.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. There was evidence that some action had been taken to improve the effectiveness of the care. For example, the care record audit template had been further developed, to include the relevant requirements and recommendations made during the last care inspection. Despite this one requirement, in relation to the care records had been stated for the second time.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately, in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives.

Areas for improvement

A requirement has been made that no patient is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other patient and that there are exceptional circumstances. Records pertaining to the use of lap belts must include the relevant risk assessment, care plan and evidence of regular release and reposition.
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A recommendation has been made that records are maintained, in respect of wound dressing changes, to ensure that the records evidentially reflect the prescribed.treatment plan.

A recommendation has been made that patients' end of life care needs are assessed and reviewed on an ongoing basis and documented in their care plan.

A recommendation has been made that personal protective equipment is appropriately stored, to ensure compliance with best practice in infection prevention and control within the home.

A requirement has been made that all cleaning chemicals are labelled and securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.

Number of requirements	2	**Number of recommendations**	3

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gail Chambers, 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**: Regulation 20 (c) (i) **Stated:** Second time **To be completed by:** 04 February 2017	The registered persons must ensure that they attend training on adult safeguarding. **Ref: Section 4.2**
	Response by registered provider detailing the actions taken: The registered persons are booked to attend Level !! Adult Safe Guarding on Thursday 9th February 2017.
Requirement 2 **Ref:** Regulation 13 (1) (a) **Stated:** Second time **To be completed by:** 04 February 2017	The registered persons must ensure that patients' total fluid intake are recorded in the daily progress notes, to evidence validation by registered nurses and to identify any action taken in response to identified deficits. **Ref: Section 4.2**
	Response by registered provider detailing the actions taken: registered nurses have again been instructed to ensure that total fluid intakes are recorded in daily progress notes and to state action taken in response to any identified deficits. Registered manager will monitor same.
Requirement 3 **Ref:** Regulation 14 (5) **Stated:** First time **To be completed by:** 04 February 2017	The registered persons must ensure that no patient is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other patient and that there are exceptional circumstances. Records pertaining to the use of lap belts must include the relevant risk assessment, care plan and evidence of regular release and reposition. **Ref: Section 4.3.2**
	Response by registered provider detailing the actions taken: Registered person will ensure that no resident is subject to restraint and that if same is required in exceptional circumstances then residents records will contain risk assessment, the care paln will reflect the reasons and any additional checks recorded to ensure regular relaese and skin observation.

Requirement 4 **Ref:** Regulation 14 (2) (c) **Stated:** First time **To be completed by:** 04 February 2017	The registered persons must ensure that all cleaning chemicals are labelled and securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health. **Ref: Section 4.3.5** **Response by registered provider detailing the actions taken:** All cleaning chemcial bottles are labelled and stored in accordance with COSHH. Domestic staff reminded not to use even one bottle without proper labelling. Same will be monitored by registered person.
Recommendations	
Recommendation 1 **Ref**: Standard 39.4 **Stated:** Second time **To be completed by:** 04 February 2017	The registered persons should update registered nurses on person centred care planning/ nursing process through training or other means. Records of this should be retained. **Ref: Section 4.2** **Response by registered provider detailing the actions taken:** Registered person has arranged for updating registered nurses on person care planning / nursing process on 17th and 18th January and provided an E-learning course.
Recommendation 2 **Ref**: Standard 23 **Stated:** First time **To be completed by:** 04 February 2017	The registered persons should ensure that records are maintained, in respect of wound dressing changes, to ensure that the records evidentially reflect the prescribed treatment plan. **Ref: Section 4.3.3** **Response by registered provider detailing the actions taken:** Registered nurses instructed to record in daily progress notes that wound dressings have been carried out at appropraite / designated times as per the prescribed treatment plan.
Recommendation 3 **Ref**: Standard 35.1 **Stated:** First time **To be completed by:** 04 February 2017	The registered persons should ensure that patients' end of life care needs are assessed and reviewed on an ongoing basis and documented in their care plan. **Ref: Section 4.3.3** **Response by registered provider detailing the actions taken:** Registered manager will monitor that all residents end of life needs are assessed and reviewed on an ongoing basis and same documented in their care plan.

Recommendation 4 **Ref**: Standard 46.2 **Stated:** First time	The registered persons should ensure that personal protective equipment is appropriately stored, to ensure compliance with best practice in infection prevention and control within the home. **Ref: Section 4.3.5**
To be completed by: 04 February 2017	**Response by registered provider detailing the actions taken:** Additional gloves boxes and apron holders to be purchased and staff instructed not to leave same quantities sitting on hand rail if no holder available. .

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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