

Unannounced Care Inspection Report 10 September 2020



The Somme

Type of Service: Nursing Home (NH)
Address: 121 Circular Road, Belfast BT4 2NA
Tel No: 028 90 763 044
Inspector: Sharon McKnight

www.rqia.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.

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 55 persons.

3.0 Service details

Organisation/Registered Provider: Board of Directors The Somme Responsible Individual (RI): Leigh Patience (acting)	Registered Manager and date registered: Ruth Rodgers (acting)
Person in charge at the time of inspection: Ruth Rodgers	Number of registered places: 50
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of patients accommodated in the nursing home on the day of this inspection: 33

4.0 Inspection summary

An unannounced inspection took place on 10 September 2020 from 09.30 to 15.50 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to areas of risk identified in homes. In response to this RQIA decided to undertake an onsite inspection to this home.

The following areas were examined during the inspection:

- Staffing
- care delivery
- care records
- Infection prevention and control (IPC) measures
- environment
- leadership and governance.

Patients told us they were happy living in the home. Examples of comments received are included in the main body of the report.

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.

4.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ruth Rodgers, acting manager, and Leigh Patience, acting RI, 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.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home.

A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- Staff duty rota for the week commencing 7 September 2020
- care records for three patients
- supplementary care charts, including food and fluid intake and repositioning
- accidents and incidents records from January to September 2020
- records of monthly audit
- records of staff meetings
- monthly monitoring reports dated 18 June and 27 August 2020.

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 previous inspections

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staff rotas for the week of the inspection confirmed that the staffing numbers identified were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

Patients told us the following:

"I have everything I need, I am happy with the staff and the food is good."

"Staff are very jolly."

"Everyone is so kind and helpful."

"Staff have such great time for you."

We spoke with one relative who told us:

"We had complete confidence that staff were looking after mum when we couldn't visit – they became her family."

We spoke with five members of staff, who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives. Staff spoke with positivity of the support provided by management and were confident that any issues raised with the manager would be responded to and addressed.

We saw that there were regular meetings with staff, both formal and informal, throughout the recent outbreak period. The purpose of the meetings was to ensure staff were kept up to date with guidance and to allow staff to raise any questions and seek clarity.

6.2.2. Care delivery

We arrived in the home mid-morning. The majority of patients were either being cared for in their individual bedrooms or in the lounge area. Patients were supported by staff to adhere to social distancing. Patients were warm and comfortable. They were nicely dressed with good attention to detail with their personal care needs evident.

A number of patients were being nursed in bed. Some patients had pressure relieving mattresses in place which required to be set manually – a number were not set accurately in accordance with the patients weight. Systems to ensure that correct setting is maintained must be implemented. An area for improvement has been made.

Patients spoken with told us that they were well looked after and felt safe and comfortable in the home. Patients told us:

"As far as I am concerned you couldn't find fault."

"I have my own routine and no one interferes."

One relative told us:

“It’s a fabulous home, one big family.”
The activities are great.”

On the day of the inspection planned visits were taking place with the assistance of staff to facilitate social distancing restrictions. The patients enjoyed the visit from their relatives and, those who were aware of the pandemic restrictions, welcomed being able to spend time with their loved ones again. Precautions such as a booking system, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Systems such as video calls and regular telephone calls to ensure good communications between the home, patient and their relatives were also in place.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards.

“Without each and every one of you there would be no hopethank you for all you do – all the care, support, kindness and love you show to us all.”

“Thank you for all the care and support shown to all of us, especially our ... in these horrible times.”

“Thank you for all that you are doing we couldn’t appreciate you more.”

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection. Unfortunately there were no responses received.

6.2.3 Care records

A range of assessments, to identify each patient’s needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients’ notes.

Staff were well informed with regard to patients’ needs, what areas patients were independent with and the level of assistance they required in daily life. Staff encouraged choice and independence.

We reviewed three patients’ care records which evidenced that care plans were person centred and reviewed regularly. Arrangements were in place to identify patients who are unable to mobilise or move independently and are therefore at greater risk of skin breakdown. A review of records confirmed that staff assisted the patient to change their position regularly. Pressure relieving care was recorded on repositioning charts. These charts consistently evidenced that the patients were assisted by staff to change their position regularly.

Patients’ nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs. Patients’ weights were kept under review and checked monthly to identify any patient who had lost weight. Records of what individual patients eat at each meal were completed for patients with a poor appetite.

6.2.4 Infection prevention and control (IPC) measures

Signage had been placed at the entrance to the home which provided advice and information about Covid-19. Alcohol based hand sanitiser was available at the entrance and throughout the home.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE.

The manager informed us that training in IPC had been provided to ensure that staff have the necessary skills and knowledge to care for the patients. We observed staff applying and removing PPE, good use of hand sanitising gel and hand washing.

Patients appeared to be accepting of the need for staff to wear masks and/or visors. Staff advised that they explained the need for the use of the masks if any patients presented as confused or distressed by this.

6.2.5 Environment

The atmosphere in the home was relaxed and well organised. The environment was warm and comfortable and provided homely surroundings for the patients. The home was clean and fresh smelling throughout. Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails.

No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices.

6.2.6 Leadership and management arrangements

Since the last inspection there has been changes in management arrangements; RQIA were notified appropriately and updated as required. The management arrangements were discussed at length and a full update of the current situation provided. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

A number of audits were completed on a monthly basis by the manager to ensure the safe and effective delivery of care. For example, falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records and environment audits were also carried out monthly.

The monthly visits required to be undertaken to review the quality of the services provided have been completed throughout the outbreak by the acting RI or a member of the board of directors. There was no visit completed for July 2020 due to leave. The importance of ensuring that arrangements are in place to ensure visits are completed every month was discussed. The reports of the completed visits were available in the home.

Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, care delivery, the provision and usage of PPE and the approachability of the manager.

Areas for improvement

One area for improvement was identified in relation to the management of pressure relieving mattresses.

	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 Ruth Rodgers, acting manager, and Leigh Patience, acting RI, 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 23.5</p> <p>Stated: First</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The registered person shall ensure that pressure relieving mattresses which required the setting to be completed manually are set accurately.</p> <p>Systems to ensure that correct setting is maintained must be implemented.</p> <p>Ref: 6.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: All residents have had their weights checked and pressure relieving mattresses have been set accordingly to the correct setting for their weight . Resident careplans have been updated with correct setting . A pressure relieving mattress audit has been implemented and will be carried out monthly to ensure correct settings are maintained</p>

Please ensure this document is completed in full and returned via Web Portal



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