



The **Regulation** and  
**Quality Improvement**  
Authority

**The Somme**  
**RQIA ID: 1300**  
**121 Circular Road**  
**Belfast**  
**BT4 2NA**

**Inspector: Inspector's Name**  
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**Unannounced Care Inspection**  
**of**  
**The Somme**

**14 August 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500   Fax: 028 9051 7501   Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 14 August 2015 from 12:30 to 17:30 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall 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.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of 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 20 January 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 details of the Quality Improvement Plan (QIP) within this report were discussed with the deputy manager Jennifer Garcia and Mr Jonathon Kitson, responsible individual, 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> Board of directors The Somme Nursing Home Mr Jonathon Kitson – responsible person	<b>Registered Manager:</b> Ms Gail Chambers
<b>Person in Charge of the Home at the Time of Inspection:</b> Deputy Manager Jennifer Garcia	<b>Date Manager Registered:</b> 11 June 2014
<b>Categories of Care:</b> NH I, PH, PH(E) and TI	<b>Number of Registered Places:</b> 41
<b>Number of Patients Accommodated on Day of Inspection:</b> 39	<b>Weekly Tariff at Time of Inspection:</b> £643 - £693

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

## 4. Methods/Process

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

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plans (QIP) from the last care inspection
- the previous care inspection report
- pre-inspection assessment audit.

During the inspection the delivery of care and care practices were observed. An inspection of the general environment was also undertaken. The inspection process allowed for consultation with 12 patients individually and with others in small groups, two care staff, two registered nurses, two support staff and one visitor.

The following records were examined during the inspection:

- policies and procedures pertaining to the inspection themes
- the duty rota for the week of the inspection
- training records
- induction format for registered nurses and care assistants
- competency and capability assessment format for the nurse in charge of the home in the absence of the manager
- four patient care records.

In addition, because the registered manager was not on duty on the day of the inspection, the registered manager submitted information in support of the inspection process in relation to the development of policies and procedures, staff training statistics, planned training, scale of charges and information to validate the previous QIP. This information was forwarded to RQIA on 18 August 2015, by email.

## 5. The Inspection

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

The previous inspection of this home was an announced estates inspection on 17 February 2015. The completed Quality Improvement Plan (QIP) was returned to RQIA on 16 April 2015 and signed off by the inspector on 16 June 2015.

### 5.2 Review of Requirements and Recommendations from the last care inspection.

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 12(1)  <b>Stated:</b> First time	Patient care records must contain evidence of the decision making process for the use, or not, of bedrails following an assessment of need.	Met
	<b>Action taken as confirmed during the inspection:</b> Three care records reviewed evidenced that this requirement had been met.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 14(2)(a)(b)(c)  <b>Stated:</b> First time	Any chemical used within the home must be stored securely and in accordance with COSHH regulations.	Met
	<b>Action taken as confirmed during the inspection:</b> The registered persons confirmed, by return of the QIP, that this requirement had been met. Observations during the inspection also confirmed this.	
Last Care Inspection Recommendations		Validation of

		Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 37  <b>Stated:</b> First time	A review/audit of the length of time taken for medication rounds should be undertaken to ensure medicines are administered as prescribed and in accordance with prescribed therapeutic time lapses.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the deputy manager and nursing staff confirmed that an audit had been undertaken regarding medication rounds and adjustments made to ensure therapeutic gaps were adhered to.  The registered manager confirmed by email on 18 August 2015 the action taken by management. RQIA are satisfied that this recommendation has been met.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	A review of the use of microwaves by nursing and care staff should be undertaken to ensure that food hygiene practices are adhered to; particularly in respect of reheating requirements.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and review of training records evidenced that this recommendation has been met.	

## 5.2 Standard 19 - Communicating Effectively

### Is Care Safe? (Quality of Life)

A policy and procedure on communication was in available, however it was evident that the registered manager was undertaking a review of policies and procedures pertaining to the inspection focus and theme.

The registered manager confirmed that this review would be completed by the end of September 2015 and that staff training in relation to communicating effectively was planned also for September 2015.

The registered manager confirmed, by email, that registered nurses had been asked to read the regional guidance on 'Breaking Bad News'.

All grades of staff spoken with were aware of the importance of effective communication and that the breaking of bad news needed to be handled with sensitivity and care, however, staff were unaware of regional guidance and best practice evidence which underpins their practice. A recommendation is made.

### **Is Care Effective? (Quality of Management)**

Care records reviewed evidenced that patients' individual needs and wishes regarding the end of life care had been considered. Records included reference to the patient's specific communication needs. For example, if required care plans referred to any barriers to communications such as, language, culture or sensory impairment.

There was evidence within care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives on a day to day basis. As stated above staff were aware of the sensitivities of communicating with patients but were also aware of the how the staff communicated effectively to ensure the continuity of care.

### **Is Care Compassionate? (Quality of Care)**

Having observed the delivery of care and many staff interactions with patients, it was clearly demonstrated that communication was compassionate and considerate of the patient's needs and that patients were treated with dignity and respect.

The inspection process allowed for discussion with a number of patients individually and with others in groups. Patients were complimentary regarding how staff spoke with them and listened to their views/concerns/needs. Patients who could not verbalise their feelings appeared, by their demeanour, to be relaxed and comfortable in their surroundings and with staff.

The inspector observed one member of care staff interacting with a patient while assisting the patient with their meal. The member of staff and patient were unaware of the observation. The inspector was impressed by the quality of the interaction and the level of engagement undertaken by the care assistant to ensure the patient's experience was positive.

### **Areas for Improvement**

A recommendation is made in relation to staff awareness of regional guidance and best practice which underpins their practice.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **5.3 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

### **Is Care Safe? (Quality of Life)**

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home but, as stated previously, were under review by the registered manager. Guidance such as the Gain Palliative Care Guidelines, November 2013, were available but staff confirmed they were unaware of these. A recommendation has been made.

Staff spoken with confirmed that they had received training in the management of death, dying and bereavement but felt that this had been 'some time ago'.

The registered manager confirmed that palliative care, grief and loss training had been arranged for the end of August 2015 and that registered nurses were asked to read the regional guidance; Palliative Care Guidelines, GAIN November 2013.

Discussion with nursing and senior care staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

Discussion with the deputy manager and registered nurses confirmed that arrangements in place were in place for staff to make referrals to specialist palliative care services. If required access to specialist equipment or drugs was possible in conjunction with GP's and care managers. Staff spoken with confirmed that usually the home supplied any equipment required, particularly if the patient needed it urgently.

### **Is Care Effective? (Quality of Management)**

The review of patients' care records evidenced that the individual needs and wishes of patients regarding the end of life care was being addressed through the completion of a care plan entitled 'future care planning'. This care plan considered patients' wishes and preferences.

A review of notifications of death occurring in the home, to RQIA, during the previous inspection year was found to be appropriate.

Discussions with the deputy manager and staff evidenced that staff were knowledgeable in identifying when a patient's condition was deteriorating or nearing end of life. Links with local GP practices and palliative care support were available and could be accessed if required.

### **Is Care Compassionate? (Quality of Care)**

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. Staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible and in accordance with the persons wishes; for family/friends to spend as much time as they wish with the person.

From discussion with staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient. Comments made by relatives were as follows:

*'Thank you so much for looking after...'*

*'To ALL staff with much appreciation; thank you all so much'*

*'To all the wonderful people who looked after my... money couldn't pay for the work you all do...'*

*'I give my sincere thanks for the care and loving was you all treated my... with and I also thank you for helping me through those days.'*  
*'All the staff took such good care of my ...'*

Discussion with the deputy manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

### Areas for Improvement

A recommendation has been made in relation to staff awareness of regional guidance and best practice which underpins their practice.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b> * recommendations made are stated under Standard 19 above	<b>1*</b>
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## 5.4 Additional Areas Examined

### 5.4.1 Staff duty rotas

A review of the staff duty rotas for the week of the inspection confirmed that staffing levels were planned in advance and kept under review to ensure the needs of patients were met.

Staff spoken with expressed the view that staffing levels met the assessed needs of the patients.

### 5.4.2 Consultation with patients, staff and patient representative/relatives

The inspector met the 12 patients individually and with others in small groups. Patients were content and relaxed in their home. Those patients able to communicate their views confirmed that they were happy and content in their home and that the care and staff support was 'very good'. Interactions observed between patients and staff were appropriate, caring and compassionate.

Five patient questionnaires were provided for distribution to patients by the registered manager; four were returned. Responses indicated that patients were either very satisfied or satisfied with the care they received.

Staff spoken with confirmed that they enjoyed their work and believed that they made a difference. Staff also confirmed that they were expected to undertake mandatory training and felt that management supported them. There were no expressions of concern raised with the inspector.

In addition to speaking with staff on duty five questionnaires were provided for staff not on duty. The nurse in charge agreed to forward these to the staff selected. At the time of writing this report none had been returned.



The inspector spoke very briefly with one visitor to the home – no concerns were expressed.

Five questionnaires were also provided for patient representatives/relatives. At the time of writing this report two had been returned. Responses indicated that the relatives were either satisfied or very satisfied with the care and services provided.

### 5.4.3 Environment

A general inspection of the home was undertaken which included inspection of a random sample of bedrooms and bathrooms and communal areas. The home was found to be warm, well decorated and clean throughout.

### 5.4.4 Care planning and record keeping

Review of four care records evidenced that in three, care needs were appropriately assessed and care plans developed and implemented appropriately.

However, one care plan reviewed evidenced that while registered nurses recorded their assessment of the delivery of care on a daily basis, care plans were not in place to direct or manage care in respect of falls, pressure area care and the use of bedrails. A recommendation is made.

### Areas for Improvement

A recommendation is made that management ensures that care plans are in place following assessment to manage and direct the care delivery required.

<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 issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the deputy manager, Jennifer Garcia, and briefly with the responsible person, Jonathon Kitson, 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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 39.8  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 September 2015	The registered person should ensure that staff are aware of regional guidance and best practice evidence which underpins their practice; commensurate with their role and function in the home.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> "Regional Guideline on Breaking Bad News" , have been made available to all RN's, who have been asked to sign to confirm that they had read same. All relevant guideline on Palliative and End of Life Care are available within the Home.		
<b>Recommendation 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 September 2015	The registered person should ensure that following a nursing risk assessment that, as required, a care plan is devised to direct care delivery in the management of the assessed need.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> Clear instruction again has been relaid to the RN'S in the construction of Care Plan following a nursing risk assessment. Manager / Deputy Manager will continue to monitor / audit care plans for compliance and safe delivery of care.		
<b>Registered Manager Completing QIP</b>	Gail Chambers	<b>Date Completed</b>	17/09/15
<b>Registered Person Approving QIP</b>	Jonathan Kitson	<b>Date Approved</b>	17/09/15
<b>RQIA Inspector Assessing Response</b>	Lyn Buckley	<b>Date Approved</b>	17/09/15

*\*Please ensure the QIP is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**