



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 19 December 2019



The Somme

Type of Service: Nursing Home
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Tel No: 028 9076 3044
Inspectors: Caroline Rix

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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 registered nursing home which provides care for up to 50 patients. The home is divided into five distinct wings, namely: Wilson, Liddell, Bates, Eakin and Rogers.

3.0 Service details

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| Organisation/Registered Provider: Board of Directors Responsible Individual: Ernie Telford | Registered Manager and date registered: Leigh Patience 29 June 2017 |
| Person in charge at the time of inspection: Deputy Manager | Number of registered places: 50 |
| Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill. | Number of patients accommodated in the nursing home on the day of this inspection: 46 |

4.0 Inspection summary

An unannounced care inspection took place on 19 December 2019 from 10.15 hours to 16.15 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of previous finance and medicines management inspections have also been reviewed and validated.

Evidence of good practice was found in relation to staffing, training, risk management, record keeping, the culture and ethos, dignity and privacy, listening to patients, communication, governance arrangements and teamwork.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during the inspection, are included in the main body of this 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.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the deputy manager as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 10 and 11 June 2019

The most recent inspection of the home was an unannounced care and finance inspection undertaken on 10 and 11 June 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including pharmacy and finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. No questionnaires were returned to RQIA.

A poster was provided for staff detailing how they could complete an electronic questionnaire, no staff surveys were returned to RQIA.

A poster indicating that an inspection was taking place was displayed at the entrance to the home on the day of inspection.

The following records were examined during the inspection:

- duty rota for all staff from 9 December to 22 December 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three staff recruitment files
- three patient financial records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- two monthly monitoring reports from October and November 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

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 inspection(s)

| Areas for improvement from the last care inspection | | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 14 (4) Stated: First time | The registered person shall ensure that all potential or actual safeguarding incidents are managed in keeping with regional safeguarding guidance and best practice standards at all times. | Met |
| | Action taken as confirmed during the inspection: The inspector confirmed that no reports regarding safeguarding incidents have been received since the previous inspection in June 2019. Therefore no records were available for review. The homes policy and procedure was in line with the regional safeguarding guidance and best practice standards. A review of training records and discussion with the deputy manager indicated that all staff have completed their safeguarding training. | |

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| <p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> | <p>The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that following a review of domestic services within the home, staff induction training that includes COSHH will have been completed as scheduled by the end of December 2019. The storage of cleaning solutions was found to be secured in locked stores and trolleys were not left unattended by staff while they were cleaning bedrooms and communal areas in the home.</p> | | |
| <p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> | <p>The registered person shall ensure that monthly monitoring visits are conducted and recorded in a robust and thorough manner at all times so as to effectively quality assure care delivery throughout the home. All identified deficits (including any current RQIA QIPs) shall also be appropriately addressed within specific and time bound actions plans and kept under review at each subsequent monthly visit.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the monthly monitoring reports for October and November 2019. These reports were found to contain the required details in a standardised format with actions plans kept under review at each subsequent monthly visit. The homes responsible person application is currently being reviewed by RQIA and Board members identified to complete monthly monitoring visits have been provided with guidance in this area.</p> | | |
| <p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> | <p>The registered persons must ensure that all appropriate pre-employment selection and recruitment checks are robustly carried out in a timely manner.</p> | <p>Met</p> |

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| | <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the recruitment records for three staff. The records contained a useful checklist of all the pre-employment information required prior to staff commencing employment. The staff files each contained the required pre-employment details and information.</p> | |
| <p>Area for improvement 5</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that evidence is in place to confirm that patients (or their representatives) have been provided with an individual written agreement detailing the terms and conditions of their stay in the home.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed a sample of patient records that confirmed individual agreements had been provided to them or their representatives, where applicable. The agreements contained details of the terms and conditions of their stay in the home and each had been signed by the patient or their representative.</p> | Met |
| <p>Area for improvement 6</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that there is a record of the furniture and personal possessions brought by a patient into the room occupied by him/her.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed a sample of patient files that confirmed a record is maintained of all personal property retained by that patient. Records viewed indicated these records were updated as/when required.</p> | Met |
| <p>Area for improvement 7</p> <p>Ref: Regulation 22 (1) (b)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that money belonging to a patient is not paid into a bank account used by the registered person in connection with the carrying on or management of the nursing home.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed records and discussed the banking arrangements with the administrator. It was confirmed that no patient money is paid into a bank account used by the registered person in connection with the carrying on or management of the nursing home.</p> | Met |

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| <p>Area for improvement 8</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that a review of all previous charges to patients for toiletries supplied by the home is performed and any amounts overcharged to patients for these items identified. Evidence of restitution to current/former patients or their representatives should be available.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed records relating to charges to patients for toiletries and discussed the refunding arrangements to current/former patients or their representatives with the administrator. All refunds had been paid by July 2019 and the home policy has been revised, with any toiletries purchased by patients and billed directly to them from the pharmacy.</p> | <p>Met</p> |
| <p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p> | | <p>Validation of compliance</p> |
| <p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> | <p>The registered person shall ensure that robust governance arrangements are in place to ensure that staff receive formal supervision in keeping with best practice standards and that such records readily available for inspection at all times.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed a planning tool is used to ensure all staff receives their supervision and appraisal meetings in line with the homes policy and procedure timescales. Records sampled indicated that appropriate details have been recorded during these meetings and signed by both staff.</p> | <p>Met</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> | <p>The registered person shall ensure that appropriate training is provided for nursing staff in relation to post fall neurological observation of patients.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed staff records which confirmed all nurses had completed training in relation to post fall neurological observation of patients. One patient file sampled confirmed post fall observations had been fully completed.</p> | <p>Met</p> |

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| <p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> | <p>The registered person shall ensure the following in relation to the repositioning of patients:</p> <ul style="list-style-type: none"> • that a comprehensive and person centred care plan is in place • that supplementary repositioning records are accurately, legibly and contemporaneously maintained • that staff reposition patients in keeping with their assessed needs | <p style="text-align: center;">Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed records relating to the repositioning of patients. The records confirmed updated care plans were in place, repositioning charts had been fully completed by staff in line with their individual care plans.</p> | | |
| <p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> | <p>The registered person shall ensure that care record audits are carried out in a thorough, robust and comprehensive manner.</p> | <p style="text-align: center;">Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed evidence that confirmed care record audits were completed fully with action plans viewed where issues had been identified and subsequently addressed.</p> | | |
| <p>Area for improvement 5</p> <p>Ref: Standard 14.30</p> <p>Stated: First time</p> | <p>The registered person shall ensure that a policy and procedure is in place addressing the aims and objectives of the comfort fund and providing guidance for staff on the ethos and operation of the fund. The policy and procedure should include reference to and inclusion of the patient and/or relative forum in the decision making process for expenditure from the comfort fund.</p> | <p style="text-align: center;">Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the revised policy and procedure regarding the patients comfort fund dated June 2019. The procedure includes the aims and objectives of the comfort fund and provides guidance for staff on the ethos and operation of the fund. The manager confirmed that at the next residents/relatives meeting this matter will be an agenda item to discuss and agree the process for expenditure from the comfort fund.</p> | | |

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| <p>Area for improvement 6</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> | <p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of patients is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed records that confirmed a reconciliation of money and valuables held and accounts managed on behalf of patients is carried out at least quarterly. The reconciliation had been recorded and signed by the staff member undertaking the reconciliation and countersigned by the manager or deputy manager.</p> | | |
| <p>Area for improvement 7</p> <p>Ref: Standard 14.6</p> <p>Stated: First time</p> | <p>The registered person shall ensure that where a home is responsible for managing a patient's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each patient or their representative to spend the patient's personal monies to pre-agreed expenditure limits.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed records that confirmed written authorisation had been obtained from each patient or their representative (where applicable) to spend the personal monies of service users on pre-agreed expenditure.</p> | | |
| <p>Area for improvement 8</p> <p>Ref: Standard 14.16</p> <p>Stated: First time</p> | <p>The registered person shall ensure that where staff purchase items on behalf of patients, any store loyalty points earned are owned by the patient and this is documented on the receipt. Where a patient is not a member of a loyalty scheme, staff do not benefit from the transaction by using their personal loyalty cards. Receipts for such purchases are returned to the patient for their own records.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed records and discussed this area with the administrator and deputy manager which confirmed that staff do not purchase items on behalf of patients.</p> | | |

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| <p>Area for improvement 9</p> <p>Ref: Standard 14.29</p> <p>Stated: First time</p> | <p>The registered person shall ensure that there is evidence that any expenditure paid from the patients' comfort fund is used for the benefit of the body of patients at the home and does not fund any items which should be paid for by the home or by individual patients.</p> | <p style="text-align: center;">Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed records and discussed this area with the administrator and deputy manager that indicated any expenditure paid from the patients' comfort fund is used by the activity coordinator to benefit all patients. Receipts were viewed to verify purchase of items used during the patient's activity programmes.</p> | | |
| <p>Area for improvement 10</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> | <p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.</p> | <p style="text-align: center;">Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed records and discussed this area with the administrator which indicated that the person providing the service and the patient/staff member in receipt of the service verified that the service had been provided. The cost of each service was individually recorded and receipts viewed to confirm payments made.</p> | | |
| <p>Area for improvement 11</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> | <p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> | <p style="text-align: center;">Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed a sample of patient files that confirmed a record is maintained of all personal property retained by that patient. Records viewed indicated these records were updated as/when required and reviewed quarterly.</p> | | |

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| Area for improvement 12 Ref: Standard 13.11 Stated: First time | The registered person shall ensure that the home administrator participates in adult safeguarding training. | Met |
| | Action taken as confirmed during the inspection: The inspector reviewed records and discussed this area with the administrator which confirmed she had completed the safeguarding training in June 2019 and fully understood her role and responsibilities in relation to identifying and reporting potential safeguarding incidents. | |

Areas for improvement from the last medicines management inspection on 7 November 2018

| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
|--|---|---------------------------------|
| Area for improvement 1 Ref: Regulation 13(4) Stated: First time | The registered person shall ensure that robust arrangements are in place for injectable medicines to be administered in accordance with the prescriber's instructions. | Met |
| | Action taken as confirmed during the inspection: The inspector reviewed the records in place for injectable medicines to be administered as per the prescriber's instructions. The records indicated that all nurses have been provided with a reminder of the procedure to follow and a system is in place to highlight when each injection is given and next due date. This area is monitored on a weekly and then monthly basis. | |

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The deputy manager confirmed that the planned staffing levels for the home were subject to regular reviews to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Patients and patients' visitors spoken with during the inspection were satisfied with staffing levels in the home. The opinion of patients and patients' visitors on staffing levels were sought via questionnaires; however no responses were received.

The inspector observed that staff were responsive to patients' needs, assistance was provided in a timely manner and call bells were answered promptly.

The agency's staff recruitment processes were discussed with the deputy manager and administrator who were knowledgeable in relation to safe recruitment practices. A review of the recruitment records for three staff confirmed all pre-employment information had been obtained and reviewed in keeping with regulations. Staff spoken with stated they had completed a period of induction and review of records confirmed this process. Staff also confirmed they "usually have enough staff on duty to meet the patients needs."

Following the previous inspection a review of the staff supervision and appraisal process had been completed. The inspector reviewed the planning tool used relating to staff supervision and appraisal meetings. This system indicated that staff have received their annual appraisals with steady progress being made to complete the staff supervision meetings in line with their procedures timescales. Records of staff supervision meetings and appraisals were sampled and found to contain appropriate details.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff spoken with demonstrated their knowledge of how to deal with a safeguarding issue; they were also aware of their duty to report concerns. Staff were knowledgeable regarding their own roles and responsibilities and were familiar with the home's whistleblowing policy.

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. The deputy manager confirmed that staff compliance with mandatory training was monitored and that they were prompted when training was due.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room and storage areas. Patients' bedrooms, lounges and dining room were found to be warm, comfortable clean and tidy. Bedrooms were personalised to suit the tastes and preferences of individual patients.

The inspector saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector observed the daily routine and the care given to patients in the home and was satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients’ care needs and any changes to these. Staff spoken with were knowledgeable about the patients’ care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered and if the patients’ needs had changed.

Review of two patient’s care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. A range of risk assessments had been completed to inform care planning for each of the individual patients. There was evidence that the care planning process included input from the patient and their representative, where applicable. There was evidence of regular communication with representatives within the care records. A patient’s representative, spoken with by the inspector, confirmed the staff kept the family up to date with any changes to their relative’s condition.

Falls and post falls management to patients was also examined. Evidence was present of risk assessments regarding falls and that following a recorded fall the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present.

Where practices were in use that could potentially restrict a patient’s choice and control, for example, bedrails or alarm mats, the appropriate risk assessments and care plans had been completed and reviewed at regular intervals.

There was evidence of referrals having been made to relevant health care professionals, such as the dietician or speech and language therapist (SALT), where necessary. Patients care plans included recommendations from the dietician and/or SALT if required and were regularly reviewed.

Feedback from patients and relatives spoken with included the following comments:

- “It is fine living here. I had a lie in today. I am encouraged to do things for myself.”
- “We are very happy with the care provided to my relative. Staff are always available, helpful, welcoming, and professional.”
- “The care is good. I visit twice every week.”

Staff were observed engaging with patients and visitors in an open and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. The inspector noted that call bells were answered promptly.

Staff comments received included:

- “The care is very good. Our residents have their choices respected. I enjoy working here.”
- “Team work is very good and rewarding.”

The inspector observed the serving of lunch in the dining room. The menu choices had been sought for each patient in advance. Patients were offered clothing protectors and staff were wearing aprons. Christmas music was playing in the background, with one patient and a staff member singing along together. Two nurses were overseeing the meal and the atmosphere was calm, unhurried and relaxed. Patients were offered a selection of drinks throughout the meal time. Staff demonstrated their knowledge of how to thicken fluids if necessary and which patients required a modified diet. The food smelled appetising and was well presented. It was obvious that both the catering and care staff knew the patients well and was aware of their likes and dislikes. A staff member was heard offering a very wide variety of ‘tasty alternatives’ to a patient who was not eating their food. Staff assisted patients as required and independent eating was encouraged.

Patients spoken with expressed their satisfaction with the quality and variety of food provided in the home. A record of patients’ food and fluid intake was maintained; records reviewed were up to date.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector spoke with three patients about their experience of living in The Somme nursing home. Patients were complimentary about life in the home, they commented:

- “I’m am fine living here, my sister visits any time.”
- “I am in exactly the right place, getting the right care and am comfortable. Perhaps some staff need training in tea making as my tea is often too strong.”

Patients’ relatives spoken with were satisfied that the care provided was caring and compassionate, they commented:

- “The home is very good. We can raise any issues if needed and they will be addressed. Everyone is approachable.”
- “I am happy with the level of care being provided.”

Feedback from patients and relatives was discussed with the deputy manager, who confirmed the serving of tea preferences had already been addressed with staff.

Observation of care delivery evidenced that staff treated patients with dignity and respect. The inspector observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy. Staff stated that “we get to know the patients very well”.

Patients and patients’ visitors spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home.

The deputy manager indicated that resident/relatives meetings were generally not well attended; however the home operates an open door policy to ensure that she and the manager are available to speak to relatives as required. Review of records confirmed that a relatives meeting had been held in February 2019, information had been shared regarding changes to staff and information was presented by a Santander representative on the prevention of financial fraud and scams, no issues were raised. Patients and visitors indicated that the manager was accessible and approachable.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There has been a change in management arrangements since the last inspection. The responsible person application has been received by RQIA and is currently being considered.

A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

Review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, infection prevention and control, complaints and medication records and care plans.

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

There was also a system in place to ensure complaints were managed appropriately. The inspector reviewed records of complaints received and found they had been investigated and managed appropriately and resolved.

Monthly quality monitoring reports were reviewed for October and November 2019. These reports had been completed by the designated Board member and were very detailed with a wide range of information included and an action plan to address any issues identified.

Discussions with staff evidenced that they felt there were good working relationships within the home and they felt supported in their role. Comments included:

- "It's good here; I find the training is good and the manager is very approachable."
- "The teamwork and support is very good. We have full handover details when come on duty which is important to be sure up to date with patient's needs."
- "We have a high number of patients who are 99 years old and hope to see them get their telegrams from the Queen."

- “We have the opportunity to sit and listen to the patients which is so rewarding. I can raise ideas or issues and these do get listened to by the manager. Anything the patients need is provided right away, we never have to wait for money or funds to get approved.”
- “I love working here; the residents are great, it can be sad when they deteriorate or when they pass away, we miss them and their families.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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Assurance, Challenge and Improvement in Health and Social Care