

# Inspection Report

28 February 2022



## The Somme

Type of service: Nursing  
Address: 121 Circular Road, Belfast, BT4 2NA  
Telephone number: 028 9076 3044

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Board of Directors  <b>Responsible Individual:</b> Mr Gary William Stewart Cassells	<b>Registered Manager:</b> Ruth Rogers - not registered
<b>Person in charge at the time of inspection:</b> Bogdan Dina, nurse in charge	<b>Number of registered places:</b> 50  1 named Resident in category RC-I
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b>  39
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides general nursing care for up to 50 patients. The home is a single storey building which is divided into three units; there is a large communal dining room and a selection of lounges and sitting areas.	

## 2.0 Inspection summary

An unannounced inspection took place on 28 February 2022, from 10:25am to 18:20 pm by a care Inspector. Due to Covid test results obtained during the morning of this inspection the inspection focused on the Wilson Liddell unit. Staff in the Bates and Eakin unit were spoken with.

The inspection assessed progress with the 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.

The outcome of the inspection confirmed that the care in The Somme was delivered in a safe, effective and compassionate manner. The service had a clear management structure and systems in place to provide oversight of the delivery of care.

As a result of this inspection four areas for improvement were identified with regard to the displaying of patient information, completion of repositioning charts, the frequency of review of pressure ulcer risk assessments and the review of action plans as part of the monthly monitoring visit. Compliance with these areas will further improve the services provided in the home.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection information held by RQIA about this home was reviewed. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine the effectiveness of care delivery and the systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the RI and the nurse in charge were provided with details of the findings. Feedback was provided to the manager in a phone call on her return from leave.

### **4.0 What people told us about the service**

Patients were complimentary regarding staff, their attitude and their willing to assist them. They provided examples of what they liked about living in The Somme; they said they were well looked after and that they enjoyed the food. The atmosphere in the home was unhurried and social. Patients called staff by their name and were well informed of the day to day running of the home.

Patients who were unable to give their opinion on their care were observed to be well attended to with good attention paid to their personal appearance.

Staff were knowledgeable of patients assessed care needs and also of patients likes, dislikes and preferred routines.

At the time of the inspection visiting was suspended due to an infectious outbreak; care partners continued to visit to provided support to their loved ones. A care partner spoken with confirmed that they were very happy with how their loved one was cared for. They explained that if they

had any questions or concerns they would not hesitate to raise them with staff or the manager and was confident that they would be addressed. They explained that the one area they would like improved was the provision of activities. Activities are further discussed in section 5.3.4

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 10 September 2020		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 23.5  <b>Stated:</b> First time	The registered person shall ensure that pressure relieving mattresses which required the setting to be completed manually are set accurately.	Met
	Systems to ensure that correct setting is maintained must be implemented.	
	<b>Action taken as confirmed during the inspection:</b> Observations of pressure relieving mattresses in use confirmed that they were set accurately with a system was in place to ensure the correct setting was maintained.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There was a robust system in place to ensure staff were safely recruited prior to commencing work. All staff were provided with an induction programme to prepare them for working with the patients. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when.

Staff working in nursing homes are required to be registered with a professional body. Systems were in place to check that they were appropriately registered and that their registration remained live. Newly appointed care staff were being supported by the manager to complete their registration.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Prior to the inspection management had made RQIA and the Belfast Health and Social Care Trust (BHSCCT) aware of staffing difficulties; these were directly linked to the outbreak of Covid 19. At

the time of the inspection, deployment of staff was structured to ensure there was minimal movement of staff between units. Staff explained the need to adjust routines and prioritised certain tasks in the event of planned staffing not being met. Staff were knowledgeable of patient need and their routines and preferences. Staffing was being reviewed on a daily basis by the home management team and the BHSCT were supporting the home with staff where possible.

Staff acknowledged that the staffing difficulties at the time of the inspection were as a result of the current infectious outbreak in the home however it was evident from conversation with the majority of staff that planned staffing has been a challenge throughout the entire global pandemic. Staff were satisfied that patients' needs were being met and that they were being well looked after but they reported that there was little time to spend with the patients outside of assisting them with care. The Responsible Individual and Business Support Manager spoke at length regarding the recent challenges of recruiting care staff and were considering alternative approaches to attracting staff. One unit in the home was currently unoccupied as a result of staffing pressures.

Patients were happy with the manner in which staff attended them; they described the staff as caring and attentive. They confirmed that staff responded to the nurse call bell promptly. One patient felt that at times there were staff shortages but praised staff for the standard of care they delivered. Interactions between patients and staff were informal and respectful.

We spoke with one relative, who was a care partner; they spoke of how they were always made to feel welcome when they visited. They were happy with the standard of care, they were aware of who to speak with if they had issues and were confident that they would be addressed.

### 5.2.2 Care Delivery and Record Keeping

Systems were in place to ensure that patients' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet the needs of the patients. Patient information displayed on the board in the nursing office should be reviewed to ensure patient confidentiality and dignity is not compromised. This was identified as an area for improvement.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs. Care records provided details of the care each patient required and were reviewed regularly to reflect the changing needs of the patients. Records included any advice or recommendations made by other healthcare professionals.

A review of the management of catheter care evidenced that care plans were in place and included the frequency with which catheters were due to be renewed. Records confirmed that catheters were renewed in accordance with the prescribed frequency.

Risk assessments were completed to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. These risk assessments were not consistently irrespective of the level of risk identified. Pressure ulcer risk assessments for patients assessed at risk of developing pressure ulcers must be reviewed regularly within a meaningful timeframe; this was identified as an area for improvement. Pressure relieving care

was recorded however the repositioning charts were not consistently completed; this was also identified as an area for improvement.

If a patient had an accident or a fall a report was completed. Patients' next of kin and the relevant health and social care trust were informed of all accidents. Following the inspection the notification of accidents which resulted in no injury but where medical advice was sought was discussed and clarified with the manager and confirmation given that these would be notified in the future.

Patients' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink.

Staff explained that normally patients were encouraged to come to the dining room for their meals. At the time of the inspection patients were generally being cared for in their bedrooms. Meals were delivered on trays and staff were well organised to ensure that patients received their meals promptly. The meals served were home cooked and smelt and looked appetising. Patients were complimentary regarding the quality and selection of meals provided. Previously catering was provided by an external company; this arrangement had recently changed and work was ongoing with a review of the menu to include suggestions from the patients.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The atmosphere in the home was relaxed and well organised. The environment provided homely surroundings for the patients. Patients' bedrooms were personalised with items important to the patient and reflected their likes and interests. Bedrooms and communal areas were suitably furnished and comfortable.

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.

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. There were adequate supplies of PPE stored appropriately throughout the home.

Arrangements were in place for visiting and care partners. Precautions such as the completion of lateral flow tests and completion of a health declaration were in place for visitors to minimise the risk of the spread of infection. Visiting was suspended at the time of the inspection in accordance with Public Health Authority (PHA) guidance; care partner arrangements continued. Staff were enthusiastic to have families visiting again when the current outbreak was declared over.

#### 5.2.4 Quality of Life for Patients

Staff demonstrated respect for the patients' privacy and dignity by the manner in which they supported them. Staff introduced us to patients using their preferred name and responded to requests for assistance in a quiet, calm manner. Each patient had their own routine and staff demonstrated a sound understanding of patients' behaviours and choices.

Patients were of the opinion that they were well supported by staff and were able to make choices about their day to day life in the home and that these choices were respected by staff. These choices included times for getting up and going to bed, where they chose to have their meal, food and drink options, and where and how they wished to spend their time. Some patients were frustrated with the restrictions of Covid 19 and told us that they were looking forward to the summer and hopefully the end of the current restrictions.

A member of staff was employed to plan and oversee the delivery of activities. The Responsible Individual (RI) advised that delivering activities during the pandemic and at times of infectious outbreaks in the home has been a challenge but staff continue to strive to provide a programme of activities planned around the interests of the patients. They were hopeful that as restrictions continue to ease that the provision of activities will increase.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the Covid-19 pandemic. Care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

#### 5.2.5 Management and Governance Arrangements

There was a clear management structure within the home. Mrs Rodgers has been the Manager since May 2021; to date there has been no application to register with RQIA. This was discussed with the RI who provided an update regarding the future management structure of the home. The manager is supported in her role by senior nurses and a business support manager both of whom were present throughout the inspection and knowledgeable of the day to day operation of the home. Management support was also provided by the RI, Mr Cassells, who was present in the home regularly and available throughout the inspection.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or members of the team completed regular audits of the environment, infection prevention and control (IPC) practices and the use of PPE.

There was a system in place to manage complaints and to record any compliments received about the home.

Members of the Board of Directors undertake an unannounced visit each month on behalf of the RI, to consult with patients, their relatives and staff and to examine all areas of the running of the home. This is done on a rotational basis. The reports of these visits were completed in detail and were available in the home for review by patients, their representatives, the Trusts and RQIA if requested. Where action plans were completed with the findings of the visits, these were not always followed up at the subsequent visit to ensure that the actions were addressed. As these monitoring visits are undertaken by various members of the board to ensure the improvements identified at previous visits are made it is essential that action plans are reviewed

at subsequent visits. Where further action is required these should be carried forward for review at the next visit. This was identified as an area for improvement.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Gary Cassells, Responsible Person and Bogdan Dina, Nurse in Charge, as part of the inspection process. Feedback was provided via the phone to the manager when she returned from leave. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.8  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The Registered Person shall ensure that the patient information displayed on the board in the nursing office should be reviewed to ensure patient confidentiality and dignity is not compromised.  Ref 5.2.2  Information board reviewed with nursing staff no resident names visible identified with room number and wing .DNAR wording removed from board and indicated now with symbol to maintain dignity of residents concerned all staff made aware of change
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The Registered Person shall ensure that pressure ulcer risk assessments for patients assessed at risk of developing pressure ulcers are reviewed regularly and within a meaningful timeframe.  Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> All risk assessments now reviewed and updated. Moving forward will be reviewed at least monthly or more often if necessary .Audit carried out monthly by nurse /assistant manager to ensure compliance .

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The Registered Person shall ensure that repositioning charts are consistently completed to evidence that patients are assisted in accordance with their care plan.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken</b></p> <p>Repositioning charts completed in accordance with residents care plan and audited by nurse manager weekly to ensure being completed.</p> <p>The registered person shall ensure that action plans identified as a result of the monthly monitoring visits are reviewed at the each visit to ensure the necessary improvements have been made. Where further action is required these should be carried forward for review at the next visit.</p> <p>Ref:5.2.5</p> <p>Action plan will be reviewed and discussed at beginning of each monitoring visit this will be audited by registered provider on a monthly basis.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

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