

Inspection Report

1 July 2024



47 Somerton Road

Type of service: Nursing Home
Address: 47 Somerton Road, Belfast, BT15 3LH
Telephone number: 028 9077 2483

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Somerton Homes Ltd Responsible Individual: Mr William Trevor Gage	Registered Manager: Mrs Isabella Christine Kim Date registered: 30 May 2022
Person in charge at the time of inspection: Mrs Isabella Christine Kim	Number of registered places: 40
Categories of care: LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 38
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 40 patients. Patients' bedrooms and communal areas are all situated across one floor and patients have access to a garden.	

2.0 Inspection summary

An unannounced inspection took place on 1 July 2024 from 9.45 am to 5 pm by a care inspector.

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.

The home was clean, warm, and well lit, and there was a welcoming atmosphere. Patients looked well cared for, in that staff had paid attention to personal care and dressing needs. Patients spoke positively about living in the home and their interactions with staff. Some patients commented that while they were satisfied with the care provided, they would like some redecorating and more activities. A summary of patient comments was shared with the manager and are included in this report.

Patients who were unable to voice their views looked comfortable and relaxed in their environment and with staff.

Staff were seen to be professional in manner with each other, and were polite and warm towards patients.

Areas of good practice were found in relation to staff knowledge about individual patients' needs and preferences, staff training and induction, and working relationships between staff and management.

A previously stated area for improvement in relation to the auditing of infection prevention and control was not fully met and was stated for a second time.

Further areas for improvement were identified in relation to nurse competency records, the environment, infection prevention and control, inappropriate locking systems on two patient bedroom doors, activities, and the provider monthly monitoring.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients 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.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Isabella Christine Kim, Manager, at the conclusion of and following the inspection. Mr William Trevor Gage, Responsible Individual (RI), was also informed of the inspection findings via telephone following the inspection.

4.0 What people told us about the service

Due to the nature of learning disabilities, some patients may have difficulties communicating their views and opinions. Patients who were unable to share their views verbally looked comfortable in the company of staff and responded with positive non-verbal cues such as smiling, waving, or giving a thumbs up.

Patients who were able to discuss their feelings and views on the home were happy to participate in the inspection process and told us that they were overall satisfied with the care and services provided, with a few suggestions for improvement made by some.

Patients described staff as “all good”, “very nice”, and said that staff were available when they needed them, “help me out when I need it”, “they brought me to my appointment today.”

Some patients said that while they were happy with the cleanliness of their rooms, they felt some areas could be redecorated.

Some patients went out to a day centre and told us that this was an enjoyable part of their day. Patients who did not attend a day centre gave mixed opinions about socialising and activities. Some patients told us that they joined the group activities if it was something they enjoyed and the rest of the time they occupied themselves with interests such as reading or knitting. Other patients who preferred not to attend groups said that there was “not much” to do.

Comments were shared with the manager for consideration and action where required.

Staff told us that they were happy working in the home and felt supported by good teamwork and the manager. Staff said that for the most part there was enough staff on shift, but that unplanned absences could sometimes cause additional burden during the working day. Staff said that management made all efforts to cover any short notice absences.

Staff told us that patient wellbeing was their main priority and that they enjoyed working with the patients. Staff confirmed that they would go to the nurse in charge or the manager if they ever had any concerns or worries about patient care and that they felt confident that issues raised would be managed appropriately.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

No staff survey responses or questionnaires were received within the allocated timeframe for this report.

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 3 August 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c)	The registered person shall ensure that all chemicals are securely stored to comply with the Control of Substances Hazardous to Health (COSHH) regulations.	Met

<p>Stated: Second time</p>	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence to show that this area for improvement was met as stated. Steps had been taken to secure chemical storage with key pad locks.</p> <p>However, a new area for improvement in relation to staff compliance with securing chemicals was identified.</p> <p>Further detail can be found in sections 5.2.3 of this report.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the use of bed rails is risk assessed prior to implementation. Suitable care plans should be developed where the use of bed rails has been recommended following appropriate risk assessment.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Regulation 19 (1) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records are securely stored at all times.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Regulation 15 (1) (e)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an application is submitted to RQIA to vary the registration of the home to include the NH-LD(E) category of care.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	Met

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 11 Stated: Second time	<p>The registered person shall review the arrangements for activities in the home. A contemporaneous record of activities delivered must be retained. Activities must be an integral part of the care process with daily progress notes reflecting these activities.</p>	Met
	<p>Action taken as confirmed during the inspection: Some improvements in this area were noted: some patients attended a day centre, an activities lead was employed on a part time basis, and some records were maintained.</p> <p>However, the provision of activities was not always equitable and records were not consistently maintained.</p> <p>This area for improvement was met as stated. However, a new area for improvement in relation to consultation about activities has been identified.</p> <p>Further detail can be found in section 5.2.4 of this report.</p>	
Area for improvement 2 Ref: Standard 46 Stated: First time	<p>The registered person shall ensure that action is taken to resolve the identified environmental IPC issues and to monitor that staff training in this area is embedded into practice.</p>	
	<p>Action taken as confirmed during the inspection: This area for improvement was met as stated, however a new area for improvement relating to infection prevention and control was identified. Further detail can be found in sections 5.2.3 and 6.0 of this report.</p>	
Area for improvement 3 Ref: Standard 46 Stated: First time	<p>The registered person shall ensure that IPC audits are consistently completed. The audits should be robust in identifying deficits and include an action plan where necessary. Evidence that required actions have been followed up should be recorded.</p>	Partially met

	<p>Action taken as confirmed during the inspection:</p> <p>IPC audits were being completed regularly, however they were not sufficiently robust in identifying issues picked up during the inspection. See section 5.2.3 for further detail.</p> <p>This area for improvement was partially met and has been stated for a second time.</p>	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of staff recruitment records evidenced that a robust system was in place to ensure staff were recruited correctly to protect patients. All pre-employment checks were in place as required.

Staff were provided with a comprehensive induction to their role on commencement of their employment. Staff confirmed that this process was supportive and that they were able to work alongside more experienced staff to help them become familiar with the home's policies and procedures and to get to know the patients. It was positive to note that the induction period included a suite of training courses which included core values and principles of care, fire safety, IPC, dealing with complaints, behaviours that challenge, first aid, moving and handling, safeguarding adults, and basic clinical skills. This is good practice.

There was a system in place for staff training which included both theory session via an eLearning platform, and face to face practical sessions. There was a planner in place for 2024 and the manager had good oversight of staff compliance.

Staff said there was good team work and that they felt well supported in their role and that there was a good the level of communication between staff and management.

Staff said that they were generally satisfied with the staffing levels but they sometimes felt under pressure if planned staffing was effected. For example, if someone phoned in sick on short notice. Staff confirmed that the management team would take action and try to cover any shortfalls in staffing to the best of their ability.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way and staff were seen to respond to patients with compassion and respect.

Records pertaining to nurses' competencies were reviewed and a number of shortfalls were found. For example, there was a matrix in place for 2021-2022 but no matrix thereafter.

Some records were incomplete. For example, documents were left unsigned and/or not dated, therefore it was unclear if they were up to date. An area for improvement was identified.

There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Patients and staff were observed to engage warmly with each other and it was clear that patients felt comfortable in the company of staff. Patients said that staff were available when they needed assistance and that staff treated them well.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. For example, staff recognised early cues that a patient was becoming restless and engaged with the patient and provided reassurance.

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 and these included any advice or recommendations made by other healthcare professionals. Care records were generally well maintained, however for one identified patient, it was noted that care plans were not in place for pressure prevention and the use of restricted practice. This was brought to the attention of nursing staff, and following the inspection the manager confirmed that all required documentation was now in place.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats, or lap belts. With the exception of the omission of one care plan as mentioned above, it was established that safe systems were in place to manage this aspect of care and relevant documentation was in place.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, specialist equipment such as low beds, bedrails, alarm mats, or mobility aids were used. Staff encouraged patients to wear suitable footwear and patient areas were clutter free.

Examination of records confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Part of the serving of lunch was observed and found to be a relaxed and unhurried experience. Staff were organised and coordinated their tasks to ensure patients who required assistance and or supervision were safe.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet.

There was a choice of meals and drinks on offer and patients told us that they enjoyed their meal.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included a sample of patient bedrooms, communal rooms, and storage areas. The home was found to be clean, warm, well lit, and free from malodours.

Patients bedrooms were tidy and personalised with items of interest and importance to each patient. Two bedrooms were found to have unsuitable locking systems installed. Discussion with the manager confirmed that these locks were in place at the request of patients and/or relatives to secure patient property. However, the locks used did not meet care standards for nursing homes, raised concerns about fire safety, and these arrangements were not clearly documented in the patients' care records. An area for improvement was identified.

Following the inspection, the manager confirmed with RQIA that arrangements had been made to replace the bedroom locks with a more suitable system.

Corridors were wide, bright, and free from trip hazards. Staff were trained in how to respond in the event of a fire or the fire alarm sounding. Fire exits and doors were free from obstruction and fire extinguishers were accessible. The most recent fire risk assessment was undertaken on 30 May 2023 and had no recommendations, however, the home was overdue for the next assessment. This was brought to the attention of the manager who confirmed that she was in the process of arranging a new date. This will be reviewed at the next inspection.

Clinical rooms and sluice rooms were appropriately locked when unattended by staff. It was noted that since the last inspection, keypad locks had been installed on all stores containing chemicals, and a previously stated area for improvement was met in that respect. However, it was observed that staff did not consistently ensure that these doors were correctly closed to engage the lock.

One domestic store containing chemicals was accessible while unattended by staff. An area for improvement in relation to the monitoring of staff compliance with the safe storage of chemicals was identified.

The environment showed evidence of poor general maintenance. For example, curtain rails removed and not repaired or replaced, ill-fitting wall mounted dispensers, wallpaper peeling from the walls, damaged walls, and a broken toilet roll dispenser. This was discussed with the manager who confirmed that there was no onsite or regular maintenance personnel employed in the home and that repairs were usually put out to external contractors for completion. It was evident from the environment that the current arrangements for general building maintenance were not sufficiently robust to uphold the minimum standards for a nursing home environment. In addition to the potential hazards this could cause, the lack of attention to the environment was not conducive to a comfortable homely space for patients. An area for improvement was identified.

Some of the deficits identified in the environment in addition to some practices were not conducive to infection prevention and control (IPC) standards. For example, the use of paper notices in patient areas, storage of one patient's used razor beside oral care items, apron supplies stored on top of used laundry hamper, poor management of lime scale on showerheads, and damaged furniture surfaces that could not be effectively cleaned. An area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times and to use personal protective equipment in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the management team and records were kept.

Patients told us that they saw staff cleaning the home daily and that they were satisfied with their bedrooms. Some patients shared that they would like to see some redecorating done.

5.2.4 Quality of Life for Patients

Observation of daily life in the home evidenced that patients could go about their preferred routines with varying degrees of support and guidance from staff. Patients were seen to move around the communal areas of the home as they wished and told us that they made decisions about where and how they spent their day. For example, one patient told us that they often used the communal rooms but could also spend alone time in the privacy of their bedroom if they wished.

Arrangements were in place for some patients to attend a day centre and staff supported these patients to be transported to and from the facility. Discussion with patients evidenced that this was a meaningful daily activity for some and patients told us that they enjoyed attending the day centre and felt valued.

There was an activities programme available which was organised and facilitated by an activities lead who was employed in the home on a part time basis. The activities programme included music, arts and crafts, and trips out of the home. Some records pertaining to patients' participation in activities were recorded on the electronic patient records system, however it was identified that records were not always completed. For example, pastoral visits by a minister or priest were not being routinely recorded. This was highlighted to the manager who gave assurances that all relevant staff would be reminded to keep these important records.

Discussion with patients and staff evidenced that the provision of activities was not always equitable or consistent. For example, patients who did not attend a day centre and did not join in with group activities, did not have a structured or meaningful activity plan. Some patients told us that they often occupied themselves by listening to music, reading, or watching television. One patient said “there is not much on...I do my own thing.”

Nursing and care staff told us that they tried to provide adhoc activities in-between other duties, but that this was not always possible, and acknowledged that the part time activities lead did not have enough time to “get round everyone.”

RQIA acknowledged that some improvements in relation to the provision of activities had been made since the last inspection, however, an area for improvement in relation to patient engagement was identified.

5.2.5 Management and Governance Arrangements

There have been no changes in the management of the home since the last inspection. Mrs Isabella Christine Kim has been the registered manager since 30 May 2022.

Staff were aware of the management arrangements and knew who was in charge of the home at any given time. Staff demonstrated good understanding of their roles and responsibilities within the home and confirmed that they would escalate any issues or concerns to the nurse in charge or the manager. Staff said they had faith that any issues raised would be dealt with appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. It was noted that while IPC audits were completed regularly and picked up and addressed some issues, they were not sufficiently robust as to pick up on those issues found on inspection. A previously identified area for improvement was partially met and stated for a second time.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. The manager liaised with the Trust adult safeguarding team when required and maintained good records on any incidents, decisions, investigations, and outcomes.

Review of records evidenced that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their Trust key worker and to RQIA.

There was a system in place to manage complaints and records were well maintained. Discussion with the manager evidenced that complaints were seen as an opportunity to for the team to learn and improve. Patients knew the manager by name and said that they could raise any concerns if they wished.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Staff said “Christine is great”, “they are good...I could go to Christine or the deputies for anything.”

The home was visited each month by the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. Review of these reports showed that consultation took place and a cursory review of the running of the home and the environment was completed, however, the resulting actions plans did not evidence issues identified during the inspection and did not drive the necessary improvements. An area for improvement was identified.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	3	5*

*The total number of areas for improvement includes one under standards that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs. Isabella Christine Kim, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (b) (d)</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2024</p>	<p>The registered persons shall make arrangements to ensure that all areas of the home are maintained in a good state of repair and reasonably decorated.</p> <p>Maintenance repairs should be completed in a timely manner.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The curtain rails, wall mounted dispensers wallpaper and broken toilet dispensers identified on the day have been addressed.</p> <p>The home is currently seeking to recruit a maintenance person to assist in ensuring repairs are carried out in a timely manner</p> <p>The directors have engaged an architect and interior designer to review the interior of the nursing with a view to enhancing the décor of the home.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2024</p>	<p>The registered persons shall address the environmental and practice IPC issues identified during the inspection.</p> <p>This is with specific reference to surfaces that cannot be effectively cleaned, showerhead descaling, and appropriate storage of hygiene items and personal protective equipment.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2024</p>	<p>The registered person shall ensure that the Regulation 29 monitoring visits are robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p> <p>Ref: 5.2.5</p>
<p>Response by registered person detailing the actions taken: All issues identified have been addressed. New furniture has been purchased, shower heads have been changed and will be descaled on regular basis. Staff have been reminded re proper storage of hygiene items and personal protective equipment this will be monitored on an ongoing basis.</p>	
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: Second time</p> <p>To be completed by: 08/07/24</p>	<p>The registered person shall ensure that IPC audits are consistently completed. The audits should be robust in identifying deficits and include an action plan where necessary. Evidence that required actions have been followed up should be recorded.</p> <p>Ref: 5.1. and 5.2.3</p>
	<p>Response by registered person detailing the actions taken: IPC audits are carried out monthly and further weekly environmental audits have been put in place to identify deficits to be addressed. All follow up actions will be recorded</p>

<p>Area for improvement 2</p> <p>Ref: Standard 41.7</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2024</p>	<p>The registered persons shall ensure that any nurses taking charge of the home have up to date and complete competency and capability assessments in place.</p> <p>Ref: 5.2.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 8 July 2024</p>	<p>Response by registered person detailing the actions taken: Competency assessments in administration of medicines and as nurse in charge have been completed for all nurses. A matrix has been developed indicating dates completed</p> <p>The registered persons shall ensure that any locking systems install on bedroom doors can be controlled from inside the room, as well as being operated by staff from outside the room in the event of an emergency.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 4</p> <p>Ref: Standard 47.3</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2024</p>	<p>Response by registered person detailing the actions taken: Snib locks have been removed from the doors identified and replaced with locks which can be opened from both sides of the door</p> <p>The registered persons shall ensure staff compliance with health and safety at work. This is with specific reference to Control of Substances Hazardous to Health (COSHH).</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 5</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 4 November 2024</p>	<p>Response by registered person detailing the actions taken: The sluice room door was open due to the hinge being damaged. This was immediately repaired and we will ensure the door is kept locked at all times and opened with a keypad</p> <p>The registered persons shall undertake a consultation exercise to seek the views and opinions of patients and any other significant parties in relation to the provision of meaningful activities.</p> <p>Records of the consultation and any resulting actions should be maintained for future review.</p> <p>Ref: 5.2.4</p>

	<p>Response by registered person detailing the actions taken:</p> <p>A consultation has been carried out with each individual resident listing their preferences for activities and their ability to participate. A summary has been drawn up and activities will be planned around residents preferences and all activities recorded.</p>
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