

Inspection Report

Name of Service: The Somme

Provider: Board of Directors

Date of Inspection: 19 September 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Board of Directors
Responsible Individual:	Mr Gary William Stewart Cassells
Registered Manager:	Mrs Ruth Rogers
<p>This home is a registered nursing home which provides general nursing care for up to 50 patients under and over 65 years of age, including patients with a terminal illness. The Somme also provides care for patients living with a physical disability other than sensory impairment over and under the age of 65 years.</p> <p>The home is a single storey building which is divided into four units; Wilson Liddell Unit, Bates Unit, Eakin Unit and Rogers Unit. There is a large communal dining room and a selection of lounges, sitting areas and enclosed outside courtyards.</p>	

2.0 Inspection summary

An unannounced inspection took place on 19 September 2024 from 9.40 am to 5.45 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 11 August 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to staffing and care delivery. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

While we found care to be delivered in a safe, effective and compassionate manner, improvements were required to ensure that governance systems are effectively reviewed including action plans and the oversight of staff mandatory training. Details and examples of the inspection findings can be found in the main body of the report.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider; one area for improvement has been stated again and two areas for improvement in relation to medicines management have been carried forward for review at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices. A patient said, "I have a nice room and the staff are great. I prefer to have lunch in my room. My husband visits everyday and I'm given the choice of attending the activities provided or not. Sometimes my husband joins in the activities with me".

Patients' relatives spoken with said, "This is a great place. I'm very happy with everything and I have no concerns" and "There's enough staff on duty. I couldn't fault the care or the staff as they are excellent. Mum's settled and happy here".

Following the inspection, we received two completed patient questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

The provision and effective review of mandatory training was discussed with the manager and an area for improvement made as a result of the previous inspection has not been fully complied with and has been stated for a second time.

Patients told us that they felt well cared for; that there was enough staff on duty if they needed them; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff spoken with said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. Patient call systems were noted to be answered promptly by staff.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and 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.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive such as bedrails to keep them safe. It was established that safe systems were in place to safeguard patients and manage this aspect of care.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

The dining experience was an opportunity for patients to socialise. The menu was displayed on

the notice board, outlining what was available at each meal time for patients and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was noted that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Discussion with patients, patients' relatives and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Each patient was given a copy of the weekly programme of activities, which was displayed in their room to advise them of forthcoming events. Patients told us that they were aware of the activities provided in the home and that they were offered the choice of whether to join in or not. A few patients told us that they sometimes declined to take part in daily activities as they prefer to plan their own time. Patients spoken with said they enjoyed the activities they attended, especially a recent visit from an outside entertainer who came to sing to them.

Patients' needs were met through a range of individual and group activities such as ball games, playing boccia, musical exercises, making shortbread and arts and crafts.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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 included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Treatment rooms, sluice rooms and cleaning stores were observed to be appropriately locked. However, a store containing oxygen cylinders and prescribed supplements for patients, was observed to be unlocked and unattended. An area for improvement was identified.

Review of records and discussion with the manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Ruth Rogers has been the manager in this home since 21 November 2023.

Patients, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Patient, patients' representative and staff meetings were held on a regular basis. It was noted that not all identified actions had been reviewed and addressed. An area for improvement was identified.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	3*

* the total number of areas for improvement includes one that has been stated for a second time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Ruth Rogers, Registered 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	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that the management of refrigerated medicines is robust as detailed in the report. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 14 (2) (c) Stated: First time To be completed by: From the date of inspection 19 September 2024	The registered person shall ensure that dietary supplements and oxygen cylinders are stored safely, in order to minimise unnecessary risks to the health and safety of patients. Ref: 3.3.4
	Response by registered person detailing the actions taken: The door to the store was temporarily repaired on the day of inspection. The following day a keypad lock was placed on door to minimise unnecessary risks to the health and safety of residents
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 28 Stated: First time To be completed by: Immediate and ongoing	The Registered Person shall ensure that robust systems are in place to manage the ordering of prescribed medicines. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 39 Stated: Second time To be completed by: 31 October 2024	The Registered Person shall ensure that the written training and development plan is kept under review and is regularly updated to reflect the training needs of individual staff to ensure that all mandatory training requirements are met. This includes the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training. Ref: 3.3.1

	<p>Response by registered person detailing the actions taken: Mandatory training is provided for all staff as a mixture of online training and face to face training. Training has been reviewed by management for all staff and allocated according to job role. The Mental Health Capacity Act -Deprivation of Liberty Safeguards training has now been completed for all staff that were outstanding at time of inspection.</p>
<p>Area for improvement 3 Ref: Standard 35 Stated: First time To be completed by: 31 October 2024</p>	<p>The Registered Person shall ensure that any actions identified at patient, patients’ representative and staff meetings are reviewed and addressed appropriately.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Any actions arising from resident residents representative and staff meetings will be addressed and reviewed in timely manner with date to be completed by documented in meeting minutes. Any actions taken /resolved will be documented for reference when completed .</p>

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The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews