

Inspection Report

Name of Service: 47 Somerton Road

Provider: Somerton Homes Ltd

Date of Inspection: 3 April 2025

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:	Somerton Homes Ltd
Responsible Individual:	Mr William Trevor Gage
Registered Manager:	Mrs Isabella Christine Kim
Service Profile: This home is a registered nursing home which provides nursing care for up to 40 patients under and over 65 years of age with a learning disability. There are a range of communal areas throughout the home and patients have access to a garden.	

2.0 Inspection summary

An unannounced inspection took place on 3 April 2025 from 9 am to 3.45 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 1 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. One area for improvement was stated for a second time and another area for improvement under standards was subsumed into regulation. 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

Due to the nature of learning disabilities, some patients were unable to fully express their views and opinions about the home. These patients looked comfortable and relaxed in their surroundings.

Patients spoken with said that they were "very happy" with the care and services they received in the home. Patients described staff as "good" and "nice", and said that staff were available to help them when they needed anything.

Patients told us that they get choices throughout the day. For example, several patients confirmed that they have a choice from at least two options at every meal time and another patient talked about picking movies to watch in the afternoon.

Patients told us that they were happy with the home's environment and their bedrooms. One patient talked about adding personal touches such as family photos.

A relative was spoken with during the inspection. This relative told us that they were happy with the care provided and that their loved one was always "clean and comfortable...well cared for." This relative said that they knew how to raise any concerns and that they had faith that the manager would address any concerns appropriately.

The relative said that the home was always "clean and (bedroom) is spotless" and "laundry done to my standards."

No completed questionnaires were received following the inspection.

Staff told us that they were happy working in the home and that they were satisfied with the staffing arrangements. No staff survey responses were received following the inspection.

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 patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

In the absence of the manager, a nurse in charge is appointed to take charge of the home on each shift. Review of records evidenced that some nurses' competency and capability assessments were overdue. A previously identified area for improvement was stated for a second time.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in 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 or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs. Review of one patient's care records relating to pressure prevention evidenced that the required care plan was not in place. This was brought to the attention of the nurse and manager and addressed immediately.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, assistance or supervision from staff with mobility, or use of mobility aids recommended by physiotherapy such as a rollator.

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 and their diet modified.

Observation of the lunch time meal and discussion with patients and staff evidenced that patients were offered a choice of meals, and those patients on modified diets received the correct meals. Catering staff confirmed that they received timely updates about any changes in patients' eating and nutritional needs.

During the mealtime observation it was unclear if there was an appointed mealtime coordinator and the nurse was not present in the dining room. Staff were not seen to undertake a safety pause, and discussion with staff evidenced that they were unfamiliar with the Mealtimes Matter regional framework, which stipulates that mealtimes must consist of an identifiable coordinator and a safety pause. This was discussed with the manager who informed RQIA that training was underway for staff. This will be reviewed at the next care inspection.

The importance of engaging with patients was well understood by the manager and staff. The home conducted a survey in partnership with patients and relatives in July 2024 to review the activity arrangements in the home. The review took into consideration patients' capabilities and preferred activities. This information was used to inform the home's activity planning. A previously identified area for improvement was assessed as being addressed by the provider.

The home had an activities coordinator who demonstrated an understanding of individual patients' social and recreational preferences.

A monthly programme displayed events such as arts and crafts, shopping trips, board games, karaoke, film nights, and pamper sessions. It was evident that special occasions such as birthdays were celebrated.

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.

A sample of care records were reviewed. Two minor discrepancies were identified in two care records. These were brought to the attention of the nursing team and the manager and the discrepancies were addressed during the inspection. Care records will be reviewed again at the next care inspection.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean and tidy and there was a welcoming atmosphere. Patients' bedrooms were personalised with items of importance or interest to the patient. It was positive to note that some bedrooms had been recently redecorated and had new curtains and matching bedding.

Improvements had been noticed in the environment since the last inspection. For example, a number of repairs to fixtures and fittings had been completed and some communal furniture had been replaced. The manager confirmed that there was an ongoing refurbishment and repair action plan in place.

A number of shortfalls were identified in relation to infection prevention and control (IPC) practices. For example, staff were seen to handle clean laundry directly after handling used laundry without hand hygiene or change of personal protective equipment (PPE). Inappropriate storage of patients' toiletries and soap bars was found in some communal bathrooms. In addition, a number of unclean basins and commode pans were seen to be stored in communal bathrooms. An area for improvement was identified.

Fire safety measures were in place. The most recent fire risk assessment of the home was undertaken on 6 September 2024. Any recommendations made had been actioned by the provider. Records indicated that staff participated in fire drills to ensure they knew what to do in the event of a fire.

3.3.5 Quality of Management Systems

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

Patients, relatives, and staff said that that the manager was approachable and it was noted during the inspection that some patients could come and go from the manager's office when she was present. One relative said, "Christine is great...she really helps".

Review of a sample of records evidenced that systems for reviewing the quality of care and other services was in place. However, a number of shortfalls indicated that the systems were not sufficiently robust to drive the necessary improvements. For example, IPC audits did not identify the poor practices picked up during the inspection. In addition, a previously identified area for improvement in relation to IPC auditing was not met. IPC audits were not completed monthly, as per the home's own policy. In addition, there was inconsistent evidence to show if or how deficits identified during the audits were addressed, as detailed action plans were not always completed. This area for improvement was originally stated under standards and was subsumed into regulation.

Discussion with staff evidenced that they understood their roles and responsibilities in relation to safeguarding adults. Staff said that they would report any concerns relating to patient care and/or staff practices to the manager. However, a review of staff meeting records evidenced that safeguarding concerns were brought to the attention of the manager and the safeguarding process was not followed. An area for improvement was identified.

While the findings of the inspection did not meet the threshold for a referral to the Belfast Health and Social Care Trust safeguarding team, RQIA liaised with the Trust to share the concerns about the safeguarding processes within the home.

Patients and their relatives said that they knew who to approach if they had a complaint. There was a system in place for complaints management and records were maintained. Records did not always indicate the complainant's satisfaction status at point of closing. This was brought to the attention of the manager who provided assurances that this detail would be recorded going forward.

The home was visited each month by the responsible individual to consult with patient, relatives, and staff, and to examine all areas of the running of the home. Reports from these visits were available for review and found to be robust.

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	3	1*

*The total number of areas for improvement includes one 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 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 3 April 2025</p>	<p>The registered person shall ensure that staff adhere to infection prevention and control guidance. This is with specific reference to laundry handling and storage in communal bathrooms / toilets.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The outcome of the inspection has been shared both in written formal and verbal with all staff. They have been reminded of the importance of adhering to infection prevention and control guidance at all times, specifically in relation to handling laundry. They have also been reminded that items belonging to individual residents should not be left in communal bathrooms</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2025</p>	<p>The registered person shall ensure that the auditing of the quality of care, staff practices and other services provided by the home is undertaken in accordance with the home's own policies and governance schedule.</p> <p>Ref: 3.3.5</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 3 April 2025</p>	<p>Response by registered person detailing the actions taken:</p> <p>Infection control audits have been amended to be more robust, including an action plan, date for completion and when and how the issues have been addressed. The manager will ensure these audits are completed monthly.</p> <hr/> <p>The registered person shall ensure that any untoward events or incidents that could place a patient at risk of harm is escalated to the appropriate Trust team. In line with the regional safeguarding procedure.</p> <p>As part of the safeguarding training, all staff should be competent in identifying potential or actual abuse and must follow the reporting processes.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken:</p> <p>As there was no specific incident reported, the concern of staff approach to and conversation with residents was addressed with staff in staff meetings. On the advice of the inspector an APP1 form was completed which was subsequently ruled out under safeguarding by the home safeguarding champions of the home. The safeguarding concerns were discussed with the Governance and DAPO of the BHSCT who have agreed that it did not meet the safeguarding threshold.</p> <p>Going forward, the home continue to report any untoward event or incident of concern to the appropriate Trust team and will be dealt with in accordance with regional procedure</p> <p>All staff receive annual update safeguard training and are instructed on how to identify potential or actual abuse and how to report it. We encourage a culture of openness and transparency where staff feel free to report any concerns.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)

Area for improvement 1

Ref: Standard 41.7

Stated: Second time

To be completed by:
30 April 2025

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.

Ref: 2.0 and 3.3.1

Response by registered person detailing the actions taken:

All nurses who take charge of the home have completed competency and capability assessments which are currently under review and are being updated.

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



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