



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

**Name of Service:** The Somme  
**Provider:** Board of Directors  
**Date of Inspection:** 16 October 2025

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

## 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>	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 16 October 2025 from 09.50 am to 5.20 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 pharmacy inspection on 5 August 2025; 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, the patient dining experience and the provision of activities. 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.

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 two areas for improvement were assessed as having been addressed by the provider; five areas for improvement in relation to medicines management has been carried forward for review at the next inspection and two new areas for improvement have been identified. Details 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 patients, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 attending activities or not; 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. Patients said, "I'm content here. I know the manager and the staff are very good. I have no issues at all but know I could discuss concerns with staff and I'm confident they would be addressed. The home is spotless. My room's cleaned seven days a week" and "I'm happy and settled. The staff are marvellous and always give me my call bell to buzz if I need them. They offer me the choice of attending activities and ask me if I would like to go to the dining room for meals but I usually decline as I like my own company".

Patients' relatives spoken with said, "The manager is a great girl. If I need to speak with her, she will listen to me and help" and "I have no concerns. I'm happy with the care and staff are kind".

Staff confirmed that there were good working relationships; there was enough staff on duty to meet patients' needs; that the manager was approachable and they felt supported in their role.

Following the inspection, we received one completed patients' representative questionnaire indicating they were very satisfied that the care provided was safe, effective, compassionate and well led. No responses from the staff online survey 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 patients. There was evidence of systems in place to manage staffing and recruitment was underway.

Staff spoken with said there was good teamwork and that they felt well 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.

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 nice. 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 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 knocking on patients' doors before entering, 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.

The dining experience was an opportunity for patients to socialise. We observed the serving of the lunchtime meal in the dining room by catering staff. The menu was displayed on the notice board, outlining what was available at each mealtime for patients and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Patients spoken with said they enjoyed lunch and that portions were generous.

It was established that patients were offered a choice of meal and records of these were maintained. There was an effective system in place to identify that patients received the correct meal and the right consistency of food and fluids. Adequate numbers of staff were observed assisting patients with their meal appropriately. However, not all staff were able to describe the various International Dysphagia Standardisation Initiative (IDDSI) levels of modified foods and drinks for patients with swallowing difficulties. An area for improvement was identified.

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 to advise them of forthcoming events. Patients' needs were met through a range of individual and group activities. Staff said patients had recently started a project in arts and crafts with an Autumn theme for Halloween. 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. On the morning of inspection, we observed and spoke with patients who told us they enjoyed playing musical bingo with staff.

### 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.

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

The home was clean, tidy and generally well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were 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 noted to be appropriately locked.

Equipment used by patients such as hoists and wheel chairs were seen to be effectively cleaned. However, on inspection of hand sanitiser dispensers in corridors, it was noted that not all were effectively cleaned in accordance with infection control best practice. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Personal protective equipment (PPE), 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.

The manager confirmed that staff supervision and appraisal had commenced and that arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

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

Patient, patient representative and staff meetings were held on a regular basis. Minutes were available.

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
<b>Total number of Areas for Improvement</b>	2*	5*

\* the total number of areas for improvement includes five 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> Second time <b>To be completed by:</b> Immediate and ongoing 5 August 2025	The registered person shall ensure that the management of refrigerated medicines is robust as detailed in the report. Ref: 2.0 <b>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.</b>
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time <b>To be completed by:</b> Immediate and ongoing 5 August 2025	The registered person shall ensure that controlled drugs requiring safe storage are stored in the controlled drugs cabinet in accordance with the relevant legislation. Ref: 2.0 <b>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.</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 August 2025</p>	<p>The registered person shall review the management of distressed reactions to ensure that, the reason for and outcome of administering 'when required' medicines, is recorded on every occasion.</p> <p>Ref: 2.0</p> <p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing 5 August 2025</p>	<p>The registered person shall review the management of insulin to ensure that insulin in use is labelled with the patient details and the date of opening, and that records correlate with the most recent prescribed instructions.</p> <p>Ref: 2.0</p> <p><b>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.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing 5 August 2025</p>	<p>The registered person shall ensure that handwritten additions to medication administration records are checked and signed by two nurses to verify accuracy.</p> <p>Ref: 2.0</p> <p><b>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.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 November 2025</p>	<p>The registered person shall ensure that staff are trained for their roles and responsibilities.</p> <p>This relates specifically to staff training and knowledge regarding The International Dysphagia Diet Standardisation Initiative (IDDSI)</p> <p>Ref: 3.3.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Management will undertake supervision sessions with all staff on The International Dysphagia Diet Standardisation Initiative and face to face training for all newly employed staff.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed:</b> Immediate and ongoing 16 October 2025</p>	<p>The registered person shall ensure that dispensers containing hand sanitiser are kept clean and hygienic at all times in accordance with infection control best practice in order to minimise the risk of infection for staff, residents and visitors.</p> <p>Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> This matter was addressed with domestic supervisor and rectified immediately . Domestic staff now ensure the soap dispensers are cleaned daily and free of soap residue.</p>

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



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