

# Inspection Report

**Name of Service:** Somerton Private Nursing Home

**Provider:** Somerton Private Nursing Home

**Date of Inspection:** 14 November 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>	Somerton Private Nursing Home
<b>Responsible Persons:</b>	Mr Henry Enda McCambridge Mr Paul Henry McCambridge
<b>Registered Manager:</b>	Mrs Dhimi Daniel
<p><b>Service Profile –</b> This home is a registered nursing home which provides nursing care for up to 26 patients who live with a dementia. Patients have access to communal living and dining areas and externally there is a well maintained garden with seating.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 14 November 2025 from 9.45am to 4.05pm 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 area for improvement identified, by RQIA, during the last care inspection on 6 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and the service was well led.

Patients spoke positively when describing their experiences of living in the home. Refer to Section 3.2 for more details.

As a result of this inspection the area for improvement from the previous care inspection was assessed as having been addressed and one new area for improvement was identified. Details can be found in the main body of the 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 told us that they were happy living in the home and spoke positively on their engagements with staff. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We received four patient/relative questionnaire responses. One commented, "The care is excellent in every way; staff are very attentive". A patient indicated care of a 'high standard' and staff as 'caring'. They stated, "I am well cared for".

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together and were supported by management to do so. There were three responses from the staff online survey. Two indicated that they were very satisfied the care in the home was safe, effective and compassionate and the home was well led. The third indicated dissatisfaction but made no qualitative response to rationalise why.

We consulted with three relatives during the inspection. One told us, "The care is A1 here; no complaints at all. The home is always very clean and the staff are very welcoming and friendly". Another commented, "We are very happy with the care. (name) is always well presented when we come in and staff always keep us up to date with any changes". A relative responded within a questionnaire, "The staff are wonderful. They are all angels on earth and our family will always be grateful".

### 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. The overall staff training compliance was at 95.3 percent. Training topics included dementia and delirium awareness, adult safeguarding and deprivation of liberty. There was evidence of robust systems in place to manage staffing.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Regular staff meetings with management were held to enhance the communication in the home and allow staff to share their views. Minutes of these meetings were available and staff were requested to read the minutes and sign to confirm that these have been read and communicated.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

#### 3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences. Patients spoke fondly on their interactions with staff.

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.

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. Bedrooms accommodating two patients had privacy curtains in place to protect the patients' dignity. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about patients' needs, especially changes to care.

Patients in receipt of one to one care had care plans in place to direct the staff member on the detail of the care required. One to one care monitoring forms were recorded hourly to maintain accurate records.

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. Staff monitored patients' skin integrity closely. There were no active wounds in the home requiring wound dressings.

Patients had good access to food and fluids throughout the day and night. A system was in place whereby patients were assisted with visual aids when selecting their meals. Patients were safely positioned for their meals and the mealtimes were appropriately supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs. Food was only served when the patients were ready to eat their meal. The meals served appeared appetising and nutritious. Staff were aware of the actions to take should patients repeatedly refuse their meals.

Activities were provided daily in the home. An activities programme was displayed at the reception area to the home. Plans were in progress to celebrate the Christmas period including choirs coming to entertain the patients. Pictures were on display of patients enjoying activities. Intergenerational engagements with a local school had recommenced and patients had enjoyed pet therapy. Records were kept of each patient's engagements with activities. Relatives had access to a Facebook page where they could see pictures of their loved ones enjoying activities. One relative told us that they enjoyed seeing these pictures and complimented the entertainment provided for patients. A questionnaire respondent wrote, "Lots of entertainment; a very caring environment. Hair and nails done. Always looks great".

### 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 the patients' needs. 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. Risk assessments and care plans were reviewed regularly to ensure that they remained reflective of patient need. Care records were stored securely.

Supplementary care records were maintained to evidence care delivery in areas, such as, personal care delivery, food/fluid intake, continence management, behavioural monitoring, sleep patterns and records were kept of any checks staff made on patients.

The daily nursing evaluation of care delivery during the shift had been completed half way through the day; there were no additional entries to evidence the care delivered later in the day. This was discussed with the manager and identified as an area for improvement.

### 3.3.4 Quality and Management of Patients' Environment Control

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There were no malodours in the home.

Fire safety measures were in place to protect patients, visitors and staff in the home. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted.

Monthly infection control and environmental audits were completed to monitor the environment and staffs' practices. The manager confirmed that, in addition to this, they conducted a daily walk around the home to monitor the environment and practices. Personal protective equipment was readily available throughout the home.

Several patients were observed to be transferring to the dining room in a wheelchair without a lap belt having been fastened. There was nothing within the patients' care records to rationalise why the lap belt had not been fastened. Patients should have lap belts fastened when they are being transferred in a wheelchair to maintain their safety. This was discussed with the manager and identified as an area for improvement.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Dhimi Daniel has been registered manager of the home since 15 January 2018. Staff commented positively about the manager and described her as supportive and approachable.

In the absence of the manager there was a nominated nurse-in-charge (NIC) to provide guidance and leadership. The NIC was clearly identified on the duty rota.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place.

The number of complaints to the home was low. Patients and relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns. All compliments received were logged and shared with staff.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

#### 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>	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Dhimi Daniel, 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 12 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (14 November 2025)	The registered person shall ensure that lap belts are applied when patients are being transferred in wheelchairs or rationalise within the patient's care plan the reason for not using this.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> Registered manager completed a supervision session with all the staff regarding the importance to apply lap belts when residents being transferred in wheel chairs and compliance will be monitored.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (14 November 2025)	The registered person shall ensure that nursing staff evaluate care in a meaningful manner that is person centred.  Ref: 3.3.3  <b>Response by registered person detailing the actions taken:</b> Issue identified by the inspector was addressed with registered nurses and ammendments made immediately and this will be monitored through audit.

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



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