The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **47 Somerton Road**

Provider: **Somerton Homes Ltd**

Date of Inspection: **13 April 2026**

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 Christopher Philip Arnold
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 13 April 2026 from 9.40 am to 5.30 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 3 April 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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 safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. 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 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

As part of the inspection process, patient feedback and observations were gathered to assess the overall quality of life in the home.

Patients spoken with said that they were content living in the home and told us that staff were available to help when they needed anything. Patients said that they get a choice at mealtimes and that they could go to any communal areas of the home.

Due to the nature of learning disabilities, some patients had limitations in their ability to express their views. Given these limitations, we conducted a structured observation of patient-staff interactions to capture real time dynamics.

During the structured observation, it was noted that the majority of interactions were warm and that staff who engaged with patients showed familiarity and respect. A small number of interactions lacked proper engagement from staff. For example, staff carrying out a task with a patient without engaging in eye contact or speaking with the patient. This was shared with the management team as a learning opportunity for staff. The management team provided assurances that they would address this through supervisions and training.

A relative spoken with said that they were happy with the care and services provided to their loved one. This relative said that they could bring any issues that arise to the manager and that they had faith that concerns would be handled well.

Following the inspection, RQIA received a questionnaire completed by a representative for a patient. The respondent indicated that they were satisfied that the care and services provided in the home were safe, effective, and delivered with compassion. Comments included, "Very good care is provided at all times", and "I get all the care I need for a happy and safe life. My family are very happy for me."

Staff told us that they were happy working in the home and they felt that the service was well led. Staff were aware of the change in provider and said that they had no concerns.

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 systems in place to manage staffing levels and skill mix.

Review of training and competency records evidenced shortfalls in wound care training and competency assessments for nursing staff. An area for improvement was identified.

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. There was evidence of good communication with staff from management; staff told us that they were aware of the new provider and records showed regular staff meetings. It was noted that the meeting records did not result in clear action plans. This was discussed with the management team to consider and action as appropriate.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, a member of staff was observed to ask a patient who was in a wheelchair where they wanted to go after breakfast.

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 demonstrated knowledge of individual patients' needs, their daily routine wishes and preferences.

Staff were seen to be polite during interactions with patients and there were displays of fun and familiarity. For example, staff would joke with a patient and the patient would laugh heartily with them.

While the majority of interactions were seen to be warm and appropriate, a small number of interventions by staff could have improved with better engagement. For example, speaking to a patient when handing them a magazine, or gaining consent before moving a patient in their wheelchair. Interactions were discussed with the management team for their action and learning with staff.

Review of documentation, discussion with staff, and observation of interactions, highlighted an issue relating to the communication needs of one identified patient. This was discussed with the management team and an area for improvement was identified.

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. Observation and discussion with staff confirmed that these patients were repositioned regularly. However, there was inconsistency in relation to where staff recorded these interventions. Some staff recorded on paper records while some recorded on the patient electronic record system. This was discussed with the management team who agreed to review their systems to ensure one complete record for repositioning interventions. This will be reviewed again at the next inspection.

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. For example, patients were referred to the Trust's Specialist Falls Service, 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 and their diet modified.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience.

The importance of engaging with patients was well understood by the manager and staff. Observation of a planned pampering activity confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

3.3.3 Management of Care Records

Patient records were held confidentially.

A sample of patient records were reviewed. Some risk assessments and care plans had not been updated. An area for improvement was identified.

One identified patient's care records showed that initial risk assessments and care plans had not been completed within the expected timeframe from admission to the home. An area for improvement was identified.

A sample of patient records pertaining to pressure prevention and wound management were reviewed. Patients with wounds had care plans in place. As stated in section 3.3.1 there was a lack of evidence to show staff training or competency relating to wound care. Pressure prevention care plans were in place and the use of specialist equipment such as airflow mattresses was mentioned in the care plans. However, one patient's records were inaccurate in that the record stated they were on an airflow mattress when they were not. For another patient the mattress setting did not match the recommended setting stated in the care plan. An area for improvement relating to the management and recording of pressure prevention equipment was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy, and well lit. It was noted that there had been some improvements in the environment since the last inspection. For example, some communal areas had been redecorated. The manager confirmed that there was an ongoing refurbishment plan in place.

Patient bedrooms were clean personalised with items of memorabilia that were important to the patient. For example, family photographs, sports collectables, and outing or holiday souvenirs. One patient said, "My room is just the way I want."

Communal rooms such as lounges and dining room were suitably furnished. Communal toilets were accessible.

It was observed that staff transported clean linen for patients' beds on a domestic trolley along with cleaning equipment and mop bucket. An area for improvement was identified.

Fire safety measures were in place. Fire doors and exits were free from obstruction and fire extinguishing equipment was accessible. The most recent fire risk assessment had been conducted on 10 December 2025. While the report was not available in the home, the regional manager gave assurances that any recommendations made had been actioned.

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.

Staff and the relative commented positively about the management team and described them as supportive, approachable and contactable to provide guidance.

Review of a sample of records evidenced that systems for reviewing the quality of care, other services and staff practices were in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

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	0	6

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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 39 **Stated:** First time **To be completed by:** 29 May 2026	The registered person shall ensure that relevant staff have been suitably trained in the management of wound care. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered Manager has sourced wound care training which will be completed by all nursIng staff.
Area for improvement 2 **Ref:** Standard 19.2 **Stated:** First time **To be completed by:** 20 April 2026	The registered person shall ensure that, where English is not the first/primary language, processes and systems are put in place to ensure effective communication between patient and staff. This includes, but is not limited to: - Interpreter services - Translated patient information such as menus, activities, service user information - Pictorial and/or translated cue cards Ref: 3.3.2
	Response by registered person detailing the actions taken: The Registered Manager has reviewed all systems in place to ensure effective communication processes within the home for any resident were English is not the first language. Staff have access to pictorial cards and translated cards. An interpreter service is available if required.

Area for improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 11 May 2026	The registered person shall ensure that all patient risk assessments and care plans are maintained accurate and up to date. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Manager will ensure assessments and care plans are accurate and up to date. There has been a robust care plan audit introduced to assist with the overall governance within the home.
Area for improvement 4 **Ref:** Standard 4.1 **Stated:** First time **To be completed by:** 13 April 2026	The registered person shall ensure that there is a robust system in place for the completion of individualised care records in a timely manner after admission to the home. Initial assessments should be carried out within 24 hours of admission and all relevant care plans must be in place within five days of admission. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Manager will ensure that individual care records are completed in a timely manner for any new residents admitted.
Area for improvement 5 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 13 April 2026	The registered person shall ensure that care records relating to pressure prevention equipment are accurate and up to date. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Manager will ensure that records relating to pressure prevention equipment are accurate and kept up to date should any changes occur.
Area for improvement 6 **Ref:** Standard 47.3 **Stated:** First time **To be completed by:** 13 April 2026	The registered person shall ensure that clean linen is transported appropriately. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has introduced new trollies to ensure appropriate transportation of clean linen around the home.

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

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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