



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Summerhill
Establishment ID No:	1657
Date of Inspection:	1 May 2014
Inspector's Name:	Lorna Conn
Inspection No:	17795

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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GENERAL INFORMATION

Name of Home:	Summerhill
Address:	31 Upper Gransha Road Bangor BT19 7QF
Telephone Number:	028 91461185
E mail Address:	warden922@btinternet.com
Registered Organisation/ Registered Provider:	Summerhill Residential Home Ltd Mr Hugh Frederick Warden
Registered Manager:	Mr Hugh Frederick Warden
Person in Charge of the home at the time of Inspection:	Ms Angela Bryans
Categories of Care:	RC-I ,RC-PH (E), RC-DE, RC-SI
Number of Registered Places:	23
Number of Residents Accommodated on Day of Inspection:	19
Scale of Charges (per week):	£450 - £485
Date and type of previous inspection:	26 February 2014, Primary announced inspection
Date and time of inspection:	1 May 2014, 1:45 pm - 4:00 pm
Name of Inspector:	Lorna Conn

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the DHSSPS Residential Care Homes Minimum Standards.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Summerhill is a detached home located on the Upper Gransha Road close to Bangor. It is a large building with ground and upper floor bedroom accommodation and a number of sitting rooms, all tastefully furnished and decorated. The home also provides care for three residents in a bungalow facility detached from the main house. This building provides one double occupancy unit and one single occupancy unit. The residents residing in the bungalow are fully supported by home staff.

The home is registered to accommodate 23 residents.

The ground floor accommodation consists of an office, laundry, kitchen and dining room and a large sitting room. A sun lounge along the ground floor corridor provides casual seating for a number of residents. WC and bathroom facilities are also located on this floor as are eight resident bedrooms. On the upper floor is located a bathroom and WC facilities as well as the remaining 13 bedrooms.

Summerhill does not offer a day care facility.

SUMMARY

This is a summary of a secondary unannounced care inspection of Summerhill Residential Care Home. The inspection was undertaken on 1 May 2014 from 1:45 pm - 4:00 pm by Lorna Conn, inspector and reflects the position in the home at the time of the inspection. Verbal feedback was given at the end of the inspection to Ms Angela Bryans, the matron in charge and Mr Hugh Warden, the registered manager during the inspection.

On arrival the inspector was welcomed by Ms Angela Bryans, the matron. The inspector viewed parts of the home accompanied by the matron and also alone during the inspection. The home was found to be clean, tidy and suitably decorated. Residents' bedrooms were observed to be homely and personalised.

Thereafter, the inspector focussed on examining the previous quality improvement plan and found that all requirements and seven recommendations were compliant. One recommendation concerning the annual quality review was moving towards compliance and one recommendation regarding the information included in the vulnerable adults' policy was substantially compliant. Two recommendations were not examined as timescales had not been exceeded at the time of the inspection.

No new requirements or recommendations were made following this inspection.

The inspector met and spoke to as many residents as possible who stated they were happy and content living in the home and discreetly observed care practices. There were no visiting professionals present in the home but four relatives who were present made complimentary comments regarding the care provided within the home.

The inspector spoke privately to a range of grades of staff on duty. Staff made positive comments regarding working in the home; the care provided and the support received from management and no concerns were expressed.

The inspector wishes to acknowledge the full co-operation of the matron; the registered manager; residents; staff and visitors throughout the inspection. The inspector would like to thank all those involved for their time, open and honest conversation and for the hospitality received.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	19 (1) & 21 (1) (b) schedule 2	<p>The registered person must ensure that no persons can be employed to work at the home unless all of the required information has been obtained prior to commencement of employment.</p> <p>(standard 19.2)</p>	<p>The home had developed its recruitment of staff policy dated April 2014. This was examined and indicated that no persons would be employed to work at the home unless all of the required information had been obtained prior to commencement of employment. This had been also addressed for the identified staff member. This file was reviewed and was found to contain two written references, one of which was from the applicant's most recent employer.</p>	Compliant
2.	30 (1) & (2)	<p>The registered person shall give notice to the RQIA without delay of the occurrence of any- (d) any event in the home which adversely affects the care, health, welfare or safety of any resident;</p> <p>(g) any allegation of misconduct by any person who works at the home;</p> <p>(2) Any notification made in accordance with this regulation which is given orally shall be confirmed in writing within three working days of the oral report.</p> <p>(standards 16.4-16.7 & 20.16)</p>	<p>An examination of the incidents and accidents records during the inspection indicated that these were being notified appropriately to RQIA. This will continue to be monitored on an on-going basis through the inspection process.</p>	Compliant

3.	27 (d)	<p>The registered person is required to ensure that the stain on the carpet in the corridor to room 11 is removed.</p> <p>(Standard 27.1)</p>	<p>During the inspection of the home it was noted that this stain had been removed from the carpet.</p>	Compliant
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NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	20.10	Staffing arrangements must be in compliance with the guidance referenced in the report and available on the RQIA web site.	A new staff rota was in place with designated hours for cleaning. This was reviewed and the staffing arrangements were in accordance with the minimum levels indicated by RQIA guidance. No mixed duties appeared on this rota and this was confirmed by staff.	Compliant
2.	20.11	The registered provider should record his findings on the care provision monthly and copies kept for examination by the RQIA if requested.	This process had been completed for the month of April and records were available for review. This will continue to be monitored on an on-going basis through the inspection process.	Compliant
3.	20.12	The registered provider is recommended to develop the annual review report regarding areas contained within the monthly monitoring template; develop detail of resident/relative involvement; actions taken as a result thereof and make a copy available to the residents.	The manager advised he was currently collating the annual quality review for 2014 but this is not due for completion until later in the year. This was carried forward for review at the next inspection.	Moving towards Compliance
4.	11.1	The registered person is recommended to develop a policy regarding care review.	The home had developed a policy regarding 'resident needs and care review' which was dated March 2014. This was examined and indicated that reviews would occur six-eight weeks post admission and annually thereafter for all residents; that a written report would be prepared; the care plan would updated as necessary and minutes retained.	Compliant

5.	11.3	The registered person is recommended to ensure that copies of review reports prepared by home staff are retained for inspection purposes.	Three care files were selected at random and inspected. All were found to include fully completed and signed review reports which had been prepared by staff.	Compliant
6.	11.5	The registered person is recommended to ensure that review minutes are requested from the Trust and that review minutes are issued by the home (when they are responsible for providing copies) to the resident and where appropriate their representative.	Three care files were examined and all were found to contain review minutes which included the outcomes of the review, actions required and those responsible for these actions. In these instances the care manager was responsible for the issuing of review minutes to residents and their representatives.	Compliant
7.	16.1	<p>The registered person is recommended to update the Vulnerable Adults Policy with regard to definitions of vulnerable adults; definitions of abuse and types of abuse and cross referenced to the regional and local guidance indicated above.</p> <p>The registered person is recommended to review the whistleblowing policy with respect to a date of issue.</p>	<p>The vulnerable adults Policy dated March 2014 was reviewed and was found to include definition of vulnerable adults; definitions of abuse and types of abuse and cross referenced to the regional and local guidance. However, it requires information regarding staff referral to the DBS, NISCC and NMC. This is partially stated on a second occasion.</p> <p>The whistleblowing policy was inspected and it had a recorded date of issue of 3 March 2014.</p>	Substantially Compliant
8.	19.1	The registered provider is recommended to develop the recruitment of staff policy to fully comply with legislative requirements and DHSSPS guidance.	The home had developed its recruitment of staff policy dated April 2014. This was examined and was compliant with legislative requirements and DHSSPS guidance.	Compliant

9.	19.4 & 19.5	The registered person is recommended record the issue of main terms and conditions and job descriptions to staff.	The inspector was advised that no new staff had been recruited since the last inspection. However, a checklist had been developed to ensure that the issuing of main terms and conditions and job descriptions to staff would be recorded.	Compliant
10.	19.6	The registered person is recommended to maintain records of where residents or where appropriate their representatives, are involved in the recruitment process.	The timescale for completion had not been reached at the time of this inspection. Therefore this was not examined and this was carried forward for review at the next inspection.	Not examined
11.	29.4	The registered person is recommended maintain records of all fire safety training provided for inspection purposes.	The manager reported that all staff had received fire safety training on 10 March 2014 and the next fire safety training was planned for October 2014. Records should reflect this next training. As this training had not taken place, this was carried forward and will be examined at the next inspection.	Not examined

ADDITIONAL AREAS EXAMINED

Residents' views.

The inspector met many of the residents in the home at the time of this inspection. All confirmed that they were happy with their life in the home, their relationship with staff and the provision of meals. Their comments included:-

'It's great here. The staff are very good and the food is very good'.

'It's well run and everyone is happy'.

'It's very homely and I wouldn't go anywhere else. The food is good and the staff are very good. I couldn't say anything but good about it'.

'I'm very pleased and very happy. It's very clean'.

'I'm very happy here and I don't think you could get any better. I just have to ask and I get a cup of tea. There's no restriction on visitors. It's a home from home and one big family'.

Visiting professionals' views

There were no visiting professionals present in the home at the time of the inspection.

Visitors/ Relatives views

The inspector spoke to four relatives during the inspection that made positive comments regarding the care provided. Their comments included:-

'She's very happy here and it's lovely'.

'The staff are very friendly and they keep us well informed about our relative. X has a bit of banter with staff and that shows how good it is'.

Staff views

During the inspection the inspector met with four staff of different grades that were on duty. They all made complimentary comments regarding the care and the training and support they received. Staff comments included:-

'It's lovely working here. All the residents get really good care. If there's anything they want they get it. The change to the rota for cleaning is working really well and it's nice to have the variety. Its run really well and I have no complaints. The managers are very approachable and if you go to them they sort things out'.

'I absolutely love it here. It's a real family. The care is great and staff are very friendly. The change to the cleaning really helped and has made a noticeable difference and we have more time to do small things with the residents instead'.

Environment

The inspector viewed the home accompanied by care staff and alone and inspected a number of residents' bedrooms and communal areas and found it to be nicely furnished; spacious, clean and tidy, with no mal-odours identified. The atmosphere in the home was homely and welcoming.

Observation of Care practices

The inspector was not able to observe staff interacting with residents on this occasion as many were resting in the lounges or in their rooms. Residents were observed to be well dressed, with good attention to personal appearance observed.

Fire Safety

There were no visible health and safety hazards. All fire exits were unobstructed and fire doors were closed.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mr Hugh Warden, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Lorna Conn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Summerhill

1 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Hugh Warden during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	16.1	The registered person is recommended to update the Vulnerable Adults Policy to include information regarding staff referral to the DBS, NISCC and NMC.	Twice	Amended as recommendation	By 5 June 2014.
2.	20.12	The registered provider is recommended to develop the annual review report for 2014 regarding the areas contained within the monthly monitoring template; develop detail of resident/relative involvement; actions taken as a result thereof and make a copy available to the residents.	Once	ongoing	By 31 December 2014.
3.	19.6	The registered person is recommended to maintain records of where residents or where appropriate their representatives, are involved in the recruitment process.	Once	ongoing	By 26 August 2014.
4.	29.4	The registered person is recommended to maintain records of all fire safety training provided for inspection purposes.	Once	ongoing	By 30 October 2014.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	H F Warden
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	H F Warden

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Lorna Conn	26/6/14
Further information requested from provider			