

Inspection Report

2 August 2022



Summerhill

Type of service: Residential Home
Address: 31 Upper Gransha Road, Bangor, BT19 7QF
Telephone number: 028 9146 1185

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Summerhill Residential Home Ltd Responsible Individual: Mr Hugh Frederick Warden	Registered Manager: Mrs Sharon Martin – not registered
Person in charge at the time of inspection: Mrs Sharon Martin	Number of registered places: 23 Maximum of 7 residents in DE category of care
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH(E) - Physical disability other than sensory SI – Sensory impairment.	Number of residents accommodated in the residential care home on the day of this inspection: 18
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 23 residents. Residents' bedrooms are located over two floors. Residents have access to a communal lounge, dining room and a garden area.	

2.0 Inspection summary

An unannounced inspection took place on 2 August 2022 at 07:10 am to 2:50 pm by the care inspector.

The inspection assessed progress with the areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective, and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships.

Two areas for improvement have been identified in relation to ensuring that fire doors are not wedged open and the availability of the annual quality assurance audit report.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served by staff in an unhurried, relaxed manner and residents said that living in the home was a good experience.

Comments received from residents and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mr Hugh Warden, Responsible Individual, Mrs Sharon Martin, Manager and Ms Sally Rea, Deputy Matron at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with six residents individually, small groups of residents in the dining room and lounge and four staff. Visitors were unavailable to consult with.

Residents told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection we received ten completed questionnaires. Six questionnaires did not indicate if they had been completed by a resident or their representative. All returned questionnaires indicated that they were satisfied or very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

Comments recorded included:

“All good.”

“Excellent care.”

“I like the activities.”

“We are content for what we have.”

“Excellent care. Very patient staff.”

A resident spoken with commented:

“The staff are attentive and very good and the manager’s approachable. The place is homely and I’m looking forward to having my room decorated soon.”

A staff member spoken with commented:

“I love it here and had a good induction. I’ve no concerns at all.”

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

“Thank you all very much for your care of ... He always enjoys the friendliness, great food and excellent care he receives when he’s with you.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 24 January 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety; and that unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated. This relates specifically to the identified storage room referenced within this report.	Met
	Action taken as confirmed during the inspection: Observation of the environment and of the identified store room evidenced that all parts of the residential care home to which residents have access are free from hazards to their safety; and that unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 8 Stated: Second time	The registered person shall ensure that residents' care records are kept in accordance with professional and legislative requirements.	Met
	Action taken as confirmed during the inspection: Review of a selection of residents' care records evidenced they are kept in accordance with professional and legislative requirements. See section 5.2.2 for details.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Review of staff training records for 2021/2022 evidenced that staff had attended training regarding basic life support, first aid, adult safeguarding, moving and handling, medication management, infection prevention and control (IPC) and fire safety.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory and there were enough staff on duty to meet the residents' needs. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Two residents spoken with said:

"There are enough staff on duty and they respond to my buzzer quickly."

"The staff are very good and get me anything I need. There are enough staff on duty. I have no concerns but if I had I could speak with the manager or staff and I would be confident the matter would be addressed promptly."

5.2.2 Care Delivery and Record Keeping

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents' care records were held confidentially.

Review of care records regarding mobility, nutrition and personal care evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed by the SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. They were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents were offered a good selection of drinks, fruit, cake and biscuits from the mid-morning tea trolley.

We observed the serving of the lunchtime meal for residents in the dining room and noted that this meal time provided residents with an opportunity to socialise together. The daily menu was displayed in the dining room showing residents what is available at each mealtime. Staff had made an effort to ensure residents were comfortable throughout their meal and assisted residents in an unhurried manner. A choice of meal was offered and the food was attractively presented and smelled appetising. There was a variety of drinks available. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks. Residents said that they enjoyed lunch.

A resident spoken with said:

"I enjoy the food. It's the same as you would make at home."

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout. Review of the daily cleaning schedule confirmed that tasks had been documented and signed by staff on completion.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Equipment such as walking aids were seen to be clean and well maintained.

A fire risk assessment was last undertaken on 28 September 2021. Fire exits and corridors were observed to be clear of clutter and obstruction. However, observation of the environment evidenced that three bedroom doors were wedged open. This was discussed with the manager as doors should not be wedged open in order to take adequate precautions against the risk of fire. An area for improvement under regulation was identified.

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, 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 were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Residents

On arrival to the home residents were getting ready for the day ahead. Staff were assisting residents with personal care and it was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend most of the time in their room and staff were observed supporting residents to make these choices.

There was a range of activities provided for residents by staff. Discussion with residents evidenced that arrangements were in place to meet their social, religious and spiritual needs within the home by provision of a range of individual and group activities. Residents were seen to enjoy a game of bingo in the dining room after lunch and told us that they were offered the choice of whether to join in or not and advised that they sometimes declined to take part in activities as they like to plan their own time.

A resident commented:

“We recently had a pamper night and that was great fun. I enjoyed gardening when we planted sunflowers and also armchair yoga.”

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered. The manager advised that residents' care is kept under regular review in order to determine that their placement is appropriate to meet their assessed needs.

Review of a residents' annual care review by their care manager, from the local Trust, showed a record of the meeting, including any actions required and involvement by the multidisciplinary team in order to support the person with their individual care needs.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Mrs Sharon Martin, Manager, was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Staff told us they were confident that they could report concerns about residents' safety and poor practice. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Review of staff supervision and appraisal records evidenced that they had commenced for 2022. The manager advised they are ongoing and that arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin and their care manager and appropriate action had been taken.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans, falls and infection prevention and control (IPC) practices, including hand hygiene.

However, the annual quality assurance audit report which reviews the quality of services and care available in the home, by consultation with residents and their representatives, was unavailable to view. This was discussed with the manager as the report should be made available for inspection in the home by any person authorised by the RQIA. An area for improvement was identified.

The manager confirmed that resident and staff meetings were held on a regular basis. Minutes of these meetings were available.

Systems were in place to ensure that complaints were managed appropriately. The manager advised that no complaints had been raised this year. Residents and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive and approachable.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Hugh Warden, Responsible Individual, Mrs Sharon Martin, Manager and Ms Sally Rea, Deputy Matron 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27.4 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that fire doors are not wedged open in order to take adequate precautions against the risk of fire.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Sharon Martin Sharon Martin, matron and deputy matron check all doors are not wedged open daily</p>
Area for improvement 2 Ref: Regulation 17 (1) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that a robust governance system is operational in the home which assures the quality of services and care available and that any such review is undertaken no less than annually. Reports are made available to any person authorised by the RQIA and to residents and their representatives.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Sharon Martin</p> <p>01/09/22 a anonymous quality assurance review survey took place at Summerhill Residential Home. The results were extremely positive highlighting that residents on average were 90% and above happy with their experience at Summerhill Residential Home. One area of improvement was clothing labelling which will be addressed through relabelling all garments.</p>

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