



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Service and Establishment ID: Summerhill, 1657
Date of Inspection: 4 February 2015
Inspector's Name: Priscilla Clayton
Inspection No: 17819

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of home:	Summerhill
Address:	31 Upper Gransha Road Bangor BT19 7QF
Telephone number:	028 91461185
Email address:	warden922@btinternet.com
Registered Organisation/ Registered Provider:	Summerhill Residential Home Ltd Mr Hugh Frederick Warden
Registered Manager:	Hugh Frederick Warden
Person in charge of the home at the time of inspection:	Hugh Fredrick Warden
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:	23
Scale of charges (per week):	£450 - £485
Date and type of previous inspection:	1 May 2014, secondary unannounced inspection
Date and time of inspection:	4 February 2015, 10.30 am – 4.10 pm
Name of Inspector:	Priscilla Clayton

2.0 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 primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was 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. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered provider
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	23
Staff	4 plus the matron and manager.
Relatives	2
Visiting Professionals	1

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	20	Nil within the timescale.

6.0 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 following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have 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

7.0 Profile of service

Summerhill is a detached home located on the Upper Gransha Road in a rural area close to Bangor. The home is owned by Hugh F Warden and managed by Hugh Warden, junior, who has been registered with RQIA since 2005.

Summerhill is a large two storey detached building providing accommodation for residents in single and one double bedroom. Access to the first floor is via a passenger lift or stairs.

The ground floor accommodation consists of an office, laundry, kitchen and dining room and a large sitting room. Communal and sanitary facilities are located throughout the home. Eight resident bedrooms are situated on the ground floor with the remaining thirteen bedrooms on the first floor. A sun lounge along the ground floor corridor provides casual seating for a number of residents. The home 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 with RQIA to provide care for a maximum of twenty three persons under the following residential categories of care:

I	Old age not falling into any other category
DE	Dementia for maximum of 7 residents
PH (E)	Physical disability other than sensory impairment - over 65 years
SI	Sensory impairment

8.0 Summary of Inspection

The primary unannounced care inspection of Summerhill Residential Care Home was undertaken by Priscilla Clayton, accompanied by Patricia Galbraith, on 4 February 2015 between the hours of 10.30am and 4.10pm. Hugh Warden, registered manager was available for most of the inspection. Hugh Warden, senior, registered person was in attendance at the home for part of the inspection. Verbal feedback at the conclusion of the inspection was presented to the matron, Rachel Sloan.

Four recommendations made as a result of the previous inspection were reviewed. Review of documentation, observations and discussions demonstrated that three of the four recommendations had been addressed by the manager. Outcome of the review can be viewed in section 9 following this summary.

Prior to the inspection the manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the manager, Hugh Warden, in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, one relative, visiting district nurse discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued 20 staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

Inspection findings

Standard 10 - Responding to Residents' Behaviour

The inspectors reviewed the arrangements in place for responding to resident's behaviour. .

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used and would only ever be used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager and matron was aware of their responsibilities in relation to when to refer residents to the commissioning trust care manager.

A review of a sample of records evidenced that residents or their representatives had been included in any decisions affecting their care.

One recommendation made related to the home's policy and procedure which requires to be reviewed / revised to reflect best practice guidance in relation to restraint, seclusion and human rights.

The evidence gathered through the inspection process concluded that Summerhill Residential Care Home was substantially compliant with this standard.

Standard 13 - Programme of Activities and Events

The inspectors reviewed the arrangements in place to deliver a programme of activities and events for residents. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home employs an activity coordinator for a number of hours each week. In the absence of the activity coordinator activities are provided by designated care staff or are contracted in. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who are not employed by the home had the necessary knowledge and skills to deliver the activity. Records of activities provided were maintained.

Recommendations made related firstly to the development of a policy / procedure on Activities and secondly the duration of activities to be recorded in activity records.

The evidence gathered through the inspection process concluded that Summerville was substantially compliant with this standard.

Resident, representative, staff and visiting professional consultation

During the course of the inspection the inspector met with residents, one representative, staff and one visiting professional.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

Discussions with staff indicated that they felt very well supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Residents were relaxed, content and spoke freely with inspectors. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor in most areas was satisfactory; however, some redecoration of doors on the ground floor requires attention. Furnishings were found to be satisfactory. Areas requiring improvement relate to bed tables, appropriate storage in one cupboard and tiling within the hair dressing room

Additional areas were also considered. These included pre – inspection data returned from the manager regarding care reviews, the management of complaints, resident dependency levels, guardianship, finances, vetting and fire safety. Further details in this regard can be found in section 11.0 of the report.

Five requirements and five recommendations were made as a result of the primary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, the visiting professional, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 1 May 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	Standard 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.	Review and discussion with the manager evidenced that this recommendation had been addressed.	Compliant
2.	Standard 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.	Annual review report developed as recommended.	Compliant
3.	Standard 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 manager confirmed that those residents who were interested were involved through discussion / approval of the qualities they would like staff to have.	Compliant
4.	Standard 29.4	The registered person is recommended to maintain records of fire safety training provided for inspection purposes.	Examination of the staff training matrix evidenced that annual training records were in place for all mandatory training, including fire safety.	Compliant

10.0 Inspection Findings**STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Staff at Summerhill have clear knowledge and understanding of each resident's usual conduct, behaviour and means of communication. Staff will intervene and respond to promote positive outcomes for residents.	Compliant
Inspection Findings:	
<p>The home had a policy on Challenging Behaviours which was available to staff who had signed when read. Review of the policy and procedure identified that further information should be included in regard to DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services, Deprivation of Liberties Safeguards (2008) and Human Rights Acts (1998). The policy and procedure included the need for Trust involvement in managing behaviours. The revised policy / procedure should be signed and dated by the registered person.</p> <p>Observation of staff interactions, with residents, identified that informed values and knowledge of individual residents ensured that the restrictive practices are not used in the home.</p> <p>A review of staff training records identified that all care staff had received training in challenging behaviour on 5 January 2015. The matron confirmed this training included restraint. Challenging Behaviours which included human rights approach.</p> <p>A review of 4 residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	Substantially compliant

<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>If a resident's behaviour becomes uncharacteristic and gives cause for concern staff will try to find a reason for this behaviour and take necessary action. The registered manager or person in charge will be made aware of the behaviour and decide the necessary course of action and contact professional person and the residents representative.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff demonstrated awareness of the need to report uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>The manager confirmed there were no residents with challenging behaviour; however the appropriate action as reflected within the criteria would be followed if this was the case.</p>	Compliant
<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>If a resident requires a consistent approach or response from staff this is included in their care plan. When appropriate and with resident's consent, their representative is informed.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of four care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident and / or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant

<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Any specific management programme is approved by appropriate professional and this is included in the residents care plan.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The registered manager informed the inspector that there are no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not applicable
<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>All staff are provided with the necessary training, guidance and support when a behavioural management programme is put into place</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of staff training records evidenced that staff had received training in challenging behaviour on 5 January 2015:</p> <p>Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings which were ongoing. Discussions with staff indicated that they were knowledgeable in regard to the importance of behaviour management plan if required.</p>	Compliant

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
if an incident occurs outside the scope of the care plan this is recorded and reported if appropriate to their representative and other healthcare professionals. If necessary a multi disciplinary review of their care plan will follow.	Compliant
Inspection Findings:	
<p>A random review of the accident and incident records and discussions with staff identified that residents' representatives, Trust personnel had been notified although RQIA was not notified in of all accidents.</p> <p>One notification, which was being followed up by the commissioning trust was discussed at length with the manager and care records examined. Risk assessment and measures to minimise recurrence of the accident had been put in place with alternative bedroom provided.</p> <p>A review of one care plan identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>The matron confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p> <p>One requirement made related to ensuring any accident occurring in the home is notified to RQIA in accordance with Regulation 30 (f) of The Residential Care Homes Regulations (Northern Ireland) 2005</p>	Substantially compliant

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Restraint will only be used as a last resort and only by appropriately trained staff. Other less restrictive strategies will be used first. Records are in place to document any actions taken.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Discussions with staff, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint was not used in the home to restrict the movement of any resident. The manager confirmed that restraint would only ever be considered as a last resort to protect the residents or other persons when other less restrictive strategies had proved unsuccessful. Staff informed the inspector that such an occasion has not arisen in the home to date.</p> <p>The use of bed rail for one resident was in position for the purpose of assisted turning, at the resident’s request, and not used as a form of restraint.</p> <p>A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose.</p>	<p>Complaint</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider’s Self-Assessment	
The programme in place provides positive outcomes for residents and is based on identified needs and interests of the residents	Compliant
Inspection Findings:	
Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home. One recommendation made to further enhance this criterion related to the development of a policy / procedure on Planning and Recording a Programme of Activities and Events.	Compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and take into account resident's spiritual needs. It promotes healthy living and is flexible to changing needs.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Examination of the programme of activities identified that social activities are organised each week.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant
<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>All residents are given the opportunity to contribute suggestions and to be involved in the development of the programme.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the record of activities provided and discussions with residents, including three residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of residents meetings, one to one discussions with staff and care management review meetings.</p>	Compliant

<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment The programme is displayed in a suitable format in a location so that residents and relatives know what is scheduled.</p>	Compliant
<p>Inspection Findings: On the day of the inspection the programme of activities was on display in the hallway. This location was considered appropriate as the area was easily accessible to residents and their representatives. However one recommendation was made in regard to the presentation of the programme displayed which was roughly recorded in hand writing on small pages pinned to the notice board.</p>	Compliant
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment Residents are enabled to participate in the programme through provision of equipment and support from staff</p>	Compliant
<p>Inspection Findings: The home employs an activity co coordinator twice weekly with designated staff providing activities in her absence on other days. The staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included for example; a range of supplies for art, craft, board games, and cooking. All resources and outings are provided by the registered provider.</p>	Compliant

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>The duration of each activity and timetable takes into account the needs and abilities of the residents</p>	Compliant
<p>Inspection Findings:</p>	
<p>The care staff and manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p> <p>One recommendation was made in regard to recording the duration of the activity.</p>	Substantially compliant
<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>When an activity is provided by a contracted in person the manager obtains evidence from that person or monitors the activity to confirm that those delivering the activity have the necessary skills to do so</p>	Compliant
<p>Inspection Findings:</p>	
<p>Information as illustrated by the manager was verified through discussion with the manager and matron who confirmed that evidence of suit would be obtained and staff monitor all activities provided.</p>	Compliant

<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>When an activity is provided by a contracted in person the staff inform that person about any changed needs of residents prior to the activity</p>	Compliant
<p>Inspection Findings:</p>	
<p>The registered manager and matron confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.</p>	Compliant
<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>A record is kept of all activities that take place, the person leading the activity and names of residents who participate</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the record of activities identified that records had been maintained of the nature, of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p>	Compliant

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>The programme is reviewed regularly to ensure it meets needs</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The matron confirmed that the programme of activities is discussed at team meetings and if necessary changed in accordance with resident's preference.</p> <p>The registered manager and staff confirmed that planned activities were also changed at any other time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p>
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11.0 Additional Areas Examined

11.1 Staffing arrangements

Hugh Warden is the registered manager of the home and is supported at operational level by a matron and deputy matron and care team consisting of senior care and care assistants. Ancillary staff, cook and kitchen assistants are employed.

The manager, matron and staff who met with the inspectors confirmed that staffing was satisfactory to meet the needs of residents accommodated.

A staff duty roster is maintained. One requirement made related to ensuring the managers hours are recorded within the duty roster. The manager confirmed he is contactable via mobile telephone when not in the home. One requirement made related to ensuring that a competency and capability assessment is undertaken on any person in charge when the manager is out of the home in accordance with Regulation 20 (3) of The Residential Care Homes Regulations (Northern Ireland) 2005.

11.2 Resident's consultation

The inspectors met with twelve residents individually and with others in group format. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated

11.3 Relatives/representative consultation

Two relatives who met with the inspectors indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

11.4 Staff consultation

The inspector spoke with four staff care staff during the inspection. Staff confirmed they were supported in their respective roles and provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place. No issues or concerns were expressed or indicated.

A review of the training records identified that staff were provided with mandatory training and other professional development opportunities.

11.5 Visiting professionals' consultation

One district nurse who visited the home during the inspection expressed high level of satisfaction with the quality of care, facilities and services provided in the home. No issues or concerns were expressed.

11.6 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal hygiene.

There was a plentiful supply of incontinence garments for residents who had been assessed by the district nurse. Continence reviews are carried out as required.

The management of incontinence and promotion of incontinence and catheter care was reflected within care records randomly selected.

11.7 Care Reviews

Prior to the inspection a residents' care management review questionnaire was forwarded to the home for completion and return to RQIA by the manager. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 1 April 2013 and 31 March 2014.

11.8 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

11.9 Environment

The inspector viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised.

Matters identified for improvement included;

- Doors on the ground floor requires to be painted as several were observed to be chipped and marked
- The cupboard beside the hair dressing room requires to be tidied and items appropriately stored
- Several bed tables require to be replaced / repaired as the veneer around the edges was missing.
- Two medicine trollies were not secured to the wall
- Tiles at the wash basin in the hairdressing room require to be replaced as these were broken

11.10 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.11 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment.

A review of the fire safety records evidenced that fire training, had been provided to staff. However training should be provided every six months as opposed to annual as shown in training records. The records also identified that an evacuation had been undertaken as required and that different fire alarms are tested weekly with records retained. There was no visual evidence of any fire safety risks. All fire exits were unobstructed and fire doors were closed.

11.12 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by the manager who confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the matron, 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:

Priscilla Clayton
Inspector / Quality Reviewer
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Unannounced Care Inspection

Summerhill

4 February 2015

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 the matron on conclusion of 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.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	Regulation 30 (7)	<p><u>Notification of Accidents</u></p> <p>The registered person must give notice to RQIA of any accident occurring in the home Notification to be submitted within three working days.</p> <p>Ref: 10.6</p>	One	All notifications now sent within 3 days,compliant	Immediate
2.	Regulation 27	<p><u>Environmental Improvements</u></p> <p>The registered person is required to ensure improvements, as listed, are addressed.</p> <ul style="list-style-type: none"> • Doors on the ground floor require to be painted as several were observed to be chipped and marked • The cupboard beside the hair dressing room requires to be tidied and items appropriately stored • Several bed tables require to be replaced / repaired as the veneer around the edges was missing. • Tiles at the wash basin in the hairdressing room require to be replaced as these were broken 	One	<p>compliant on each point</p> <p>doors re-painted</p> <p>cupboard tidied as per request</p> <p>new tables purchased</p> <p>tiles removed and replaced with new fascia board</p>	30 March 2015

3.	Regulation 13(4)	<p><u>Medicine trollies</u></p> <p>The registered person must ensure that medicine trollies are secured to the wall when not in use.</p> <p>Ref: 11.9</p>	One	trollies now attached to wall when not in use.compliant	Immediate and ongoing
4.	Regulation 20 (3)	<p><u>Competency and capability assessment</u></p> <p>The registered person must ensure that competency and capability assessment is carried out on any person who is given the responsibility of being in charge of the home for any period of his absence.</p> <p>Ref: 11.1</p>	One	appropriate assessment in place,compliant	30 March 2015
5.	Regulation 19 (2) Schedule 4 7.	<p><u>Staff duty Roster</u></p> <p>The registered manager's daily duty hours worked in the home to be recorded within the duty roster.</p> <p>Ref 11.1</p>	One	rota now compliant as per request	9 February 2015

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), 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.	RQIA Guidance on Mandatory Training for Providers in Regulated services	<u>Fire Safety Training</u> Training in fire safety is recommended six monthly. Ref:11.11	One	all training will be recorded as requested,compliant	Every six months
2.	Standard 10.1 DHSSPS Guidance on Restraint and Seclusion I Health and Personal Social Services. Deprivation of Liberties Safeguards (2008) Human Rights Act (1998)	<u>Policy / Procedure</u> It is recommended that the policy / procedure on Challenging is further developed to include Guidance on Restraint and Seclusion in Health and Personal Social Services, Deprivation of Liberties Safeguards (2008) and Human Rights Acts (1998), Policy / procedure developed should be dated and signed.	One	new policy developed which will reflect both requests,compliant	31 March 2015
3.	Standard 13.1 Residential Care Homes Minimum Standards. Appendix 2	<u>Policy / procedure</u> It is recommended that a policy on Planning and Recording the Programme of Activities and Events is developed.	One	new policy developed in line with regulations,compliant	31 March 2015

4.	Standard 13.4	<p><u>Activity Programme</u></p> <p>It is recommended that the programme of activities is displayed in a suitable format so the residents and representatives can clearly see what is taking place</p>	One	signage now appropriate so that residents can see what is taking place,compliant	9 February 2015
5.	Standard 13.9	<p><u>Activity duration</u></p> <p>Ensure the duration of activity provided is recorded within the activity records</p>	One	a record of duration of each activity is now in place,compliant	9 February 2015

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 email to care.team@rqia.org.uk

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

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Priscilla clayton	13 March 2015
Further information requested from provider			