

# Unannounced Care Inspection Report 05 October 2017



## Summerhill

**Type of Service: Residential Care Home**  
**Address: 31 Upper Gransha Road, Bangor, BT19 7QF**  
**Tel No: 028 9146 1185**  
**Inspector: Priscilla Clayton**

[www.rqia.org.uk](http://www.rqia.org.uk)

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home which can accommodate a total of 23 residents within the categories of care in which this home is registered with RQIA. Categories of care referred to are cited within section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Summerhill Residential Home Ltd  <b>Responsible Individual(s):</b> Hugh Warden	<b>Registered Manager:</b> Hugh Warden
<b>Person in charge at the time of inspection:</b> Hugh Warden	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) RC – (Old age not falling within any other category) RC - DE – (Dementia- maximum of 07 residents) RC - PH (E) – (Physical disability other than sensory impairment – over 65 years) RC- SI (Sensory impairment)	<b>Number of registered places:</b> 23

### 4.0 Inspection summary

An unannounced care inspection took place on 05 October 2017 from 10:00 to 17:15 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during the last care inspection. The inspection also 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 the culture and ethos of the home, listening to and valuing residents and taking account of their views. Effective staff interpersonal communication with residents was observed throughout the inspection. Good practice was found in regard to the provision of staff induction, staff training in specific areas, infection prevention and control measures. There was also good practice noted around risk management and the general cleanliness and decoration of the home's internal environment.

Areas requiring improvement related in the main to the maintenance of records in keeping with legislation and standards including; staff duty roster, competency and capability of staff in charge when the registered manager is absent, retention of full details relating to staff recruitment and selection, registration status of care staff with NISCC, update staff training in adult safeguarding, review and revision of adult safeguarding policy, provision of regular staff supervision, review of the home's fire risk assessment and recording of full details within complaints records.

Residents, staff and two representatives who spoke with the inspector said they were very satisfied with the care provided and advised that the care was safe, effective, compassionate

and well led. Positive responses were also reflected within the six completed satisfaction questionnaires returned to RQIA within the requested timescale.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	7

Details of the Quality Improvement Plan (QIP) were discussed with Hugh Warden, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous care inspection report and returned QIP dated 28 March 2017
- Six notifications submitted to RQIA since the previous inspection

During the inspection the inspector met with 20 residents, 03 staff, and 02 residents' visitors/representatives.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Six completed questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- The home's Statement of Purpose and Residents' Guide
- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Two staff recruitment file(s)
- Three resident's care files
- Complaints and compliments records
- Audits
- Accident/incident/notifiable events
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

Inspection of the internal environment of the main home and small bungalow was undertaken.

A total of fifteen satisfaction questionnaires were provided for distribution to residents, staff and relatives / representatives. Six questionnaires were completed by residents and returned to RQIA within the requested timescale.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 17 and 22 August 2017 March 2017.

The most recent inspection of the home was an unannounced finance inspection.

The returned QIP for the finance inspection will be validated by the finance inspector at the next finance inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 28 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27.-(2) (b)  <b>Stated:</b> First time	The registered provider shall ensure the carpet in the main lounge is replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the sitting room evidenced that this requirement was met.	

<b>Area for improvement 2</b> <b>Ref:</b> Regulation 29.-(3) <b>Stated:</b> First time	The registered provider shall ensure the monthly monitoring visits are completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the records retained confirmed that visits were undertaken and recorded.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 17.-(1) <b>Stated:</b> First time	The registered provider shall ensure the annual quality review report is completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the annual quality report for 2016 confirmed that this had been completed as required.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 21.5 <b>Stated:</b> First time	The registered provider should ensure the infection prevention and control (IPC) policy and procedure is up dated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and cursory view of the ICP policy confirmed this had been updated.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> First time	The registered provider shall ensure the three identified care records are kept up to date.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of the three care records confirmed these had been updated.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

##### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster and discussions with the registered manager confirmed that it accurately reflected the staff working within the home. However, the shift time actually worked by senior staff was not included. The use of liquid eraser in this document should cease.

A review of completed induction records and discussions with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

The registered manager advised that the competency and capability assessments were not undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Action is required to ensure that assessments are undertaken and recorded in compliance with legislation.

A review of the recruitment and selection policy and procedure was in place. Discussion with the registered manager regarding recruitment / selection and review of two staff personnel files was undertaken. Files reviewed did not contain all documentation as required under Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Information not retained included a second reference for one staff; copies of terms and conditions and job descriptions. The manager explained that he had requested a second reference but this was not received.

Staff Enhanced Access NI disclosures were discussed with the registered manager who advised that these were always viewed for all staff prior to the commencement of employment. Two personnel records reviewed confirmed evidence of Access NI information. However, improvement is necessary to ensure this information is appropriately recorded.

The registration status of care staff with the Northern Ireland Social Care Council (NISCC) was discussed with the registered manager who explained that the actual renewal dates were not recorded. A system and process should be established for monitoring purposes. It was suggested that this information could be retained in matrix format for ease of reference and monitoring purposes.

Discussion with staff confirmed that they were aware of the principles of adult safeguarding and that training was last provided on 16 Oct 2016. However, staff training in the Department of Health (DOH) regional policy titled Adult Safeguarding Prevention and Protection in Partnership, July 2015, and the new procedures was not included in the training. The registered manager explained that he was sourcing the provision of staff training in the new policy procedures and this would be provided. This will be reviewed at the follow up care inspection. The registered



manager advised he was the home's designated champion for adult safeguarding and that he had undertaken training in this role.

The registered manager advised that the review and revision of the home's policy on Adult Safeguarding was a work in progress. When completed the policy would be shared with all staff.

Staff demonstrated their awareness of their obligations in relation to raising concerns about poor practice and whistleblowing. The homes had a Whistleblowing policy which was dated October 2016.

The provision of staff supervision was discussed with staff and the registered manager who advised that supervision was provided. However, records examined evidenced that supervision was not being provided on a regular six monthly basis. More frequent supervision would be necessary for new staff and staff who require additional support. Action is required to ensure compliance with standard 24 of the Residential Care Homes Minimum Standards. The development of a staff programme with planned supervision session dates recorded would be helpful in this regard. The registered manager readily agreed to ensure this was actioned.

The registered manager explained the risk management procedures in place relating to the safety of individual residents and that the home did not accommodate any residents whose assessed needs could not be met. A review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager advised that no restrictive practices were employed within the home. There was no visible restrictive practice observed during the inspection. The registered manager advised that staff training in restraint was scheduled for February 2018 and that review of the restraint policy was a work in progress.

An inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The registered manager confirmed that equipment and medical devices in use in the home were maintained and regularly serviced. Records relating to equipment, aids supplied and maintenance were retained.

A review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC on 01 February 2017. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. An inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents and staff. Notices promoting seven steps to good hand hygiene were displayed throughout the home in both written and pictorial formats.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. Carpet within the front lounge had been replaced.



Inspection of the internal environment identified that the home was clean, organised and fresh smelling throughout. There were no obvious hazards to the health and safety of residents, visitors or staff. One area requiring attention related to the reported occasional leakage of rain into one resident's bedroom. The registered manager advised that he had commissioned work to commence during the week of inspection. This requires to be addressed without delay.

The home had a fire risk assessment which was dated 28 April 2015. The registered manager advised that he had reviewed this, via telephone discussion, with the fire safety officer on 12/04/2016 and 04/04/2017. Reference to this discussion was recorded by the registered manager. No recorded current / review fire risk assessment was provided by the fire safety officer. Action is necessary to ensure compliance with legislation which calls for a current written fire risk assessment to be available.

All fire doors were observed to be closed with fire exits unobstructed. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

A review of staff training records confirmed that staff completed fire safety training twice annually although this was not always at six monthly intervals. The registered manager agreed to ensure this training was provided at six monthly. Fire drills were completed on 30 August and 7 September 2017. Records were retained of staff who participated in this training. Fire safety equipment check records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly/monthly as required. Advice was given to the registered manager in regard to maintenance of fire safety legislative records as there was evidence of several detached loose pages held in the file.

Care staff spoken with during the inspection advised that the care provided was safe and that they had received training, supervision and support, resources and support to ensure a good standard of care was always provided.

Residents spoken with during the inspection advised that they were very happy with the care provided and that staff were always readily available to assist them when necessary. No issues or concerns were raised or indicated.

A total of six satisfaction questionnaires were completed and returned to RQIA within the timescale. Respondents described their level of satisfaction with this aspect of care as "very satisfied".

### **Areas of good practice**

There were examples of good practice found during the inspection in relation staff induction, training, infection prevention and control measures through the home, risk management. The general cleanliness and decoration of the home's internal environment were of a good standard.

### **Areas for improvement**

Areas identified for improvement related to maintenance of the staff duty roster, competency and capability of staff in charge when the registered manager is absent, retention of staff recruitment records including; obtaining a second reference, recording of Access NI information and registration status of care staff with NISCC, update staff training in adult safeguarding, review and revision of adult safeguarding policy, provision of regular staff supervision and review of the home's fire risk assessment.

	Regulations	Standards
Total number of areas for improvement	4	3

## 6.5 Is care effective?

### The right care, at the right time in the right place with the best outcome

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

All residents were observed to be well cared for with obvious time and attention afforded to their personal care needs.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment was complemented with risk assessments including; manual handling, nutrition and falls all of which were reflected within care plans examined. Risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records reviewed reflected multi-professional input into the residents' health and social care needs. These were found to be updated to reflect the changing needs of the individual residents. The registered manager advised that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and staff. Discussion with staff confirmed that a person centred approach underpinned practice. For example; individual residents were always consulted, or where necessary their representative, about their preferences, likes and dislikes. This information was observed to be reflected within care plans examined.

Resident agreements were in place. The registered manager advised that a review and revision of current individual resident agreement template was a work in progress to include terms of residency and any cost implications as set within minimum care standards. This will be reviewed at the follow up care inspection.

Care records were observed to be stored safely and securely in line with data protection.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information sharing, care reviews, multi-professional care reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff explained that management operated an "open door" to everyone. The registered manager advised that he was always contactable by mobile telephone when not in the home.

Residents and their representatives spoken with and observation of care practice confirmed that staff communicated effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings / forum were recorded and retained in accordance with minimum care standards.

A review of three care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. One area requiring improvement related to establishing and recording of a specific unique resident identification which should be referenced within all notifications submitted to RQIA.

Residents spoken with during the inspection made the following comments:

- “I feel all my needs are met”
- “We know to speak with Hugh (registered manager) or matron if things bothered us”
- “We meet to discuss things about the home and always give our views”
- “We have absolutely no issues about our care”

Six satisfaction questionnaires were completed returned to RQIA within the timescale requested. Respondents indicated their level of satisfaction with the effective domain of care as “satisfied”

Staff members commented that care provided was of a very good standard with adequate resources provided. Staffing levels were described by the registered manager and staff as satisfactory. Mandatory training was provided. Staff advised that the registered manager was always contactable via mobile telephone when out of the home.

No issues or concerns were raised or indicated by staff or residents.

**Areas of good practice**

There were examples of good practice found in relation to effective care provided as confirmed by residents, two representatives, staff and within care records reviewed.

**Areas for improvement**

Establish a specific unique identification for each resident and record within notifications submitted to RQIA.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. These important values were reflected within the Statement of Purpose and Resident Guide.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and representatives confirmed that residents' assessed needs including spiritual and cultural needs were met within the home.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. A wide range of information including daily menu, activities, and infection prevention and control was displayed within the home.

The registered manager and residents advised that consent was always sought in relation to care and treatment provided. Discussion with residents, two representatives, staff and observation of care practice confirmed that residents were treated with dignity and respect. Staff demonstrated awareness of promoting residents' rights, independence and dignity and was able to explain how residents' confidentiality was protected. For example; seeking each resident's choice and preference in all provided, practical assistance with care undertaken in private, discussion with residents regarding their care always held in private, knocking of bedroom doors before entering and safe secure storage of care records.

The registered manager and staff confirmed that residents were always listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised by staff and responded to in a prompt and courteous manner.

The registered manager explained the systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example bi-monthly residents' meetings, annual trust care management reviews and monthly monitoring visits undertaken by the registered provider. The development of resident / representative satisfaction surveys was discussed with the registered manager who readily agreed to undertake an annual survey in accordance with minimum care standards.

Discussion with staff, residents, observation of practice and a review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example; on the day of inspection staff were observed consulting with residents regarding their preferred activities and interests. The registered manager explained the range of activities included; movie nights, craft evenings, baking and cooking, musical sessions / singing and group quiz. One resident explained how much they enjoyed the making of their Easter bonnets and the fun they had during their Easter party.

Arrangements were in place for residents to maintain links with their friends, families and wider community. Residents confirmed that their visitors were always made welcome and could visit at any time. Clergy and church lay persons visit to provide spiritual support. One resident explained how she liked to go out to church each week.

The serving of residents' mid- day meal was observed to be undertaken in a respectful, dignified manner. Dining room tables were set with table cloths and a range of condiments and napkins provided. Meals were nicely presented with adequate amount of food served. Drinks were available at each table. Residents were being supervised and assisted by staff as required.

Residents spoken with during the inspection made the following comments:

- “Its home from home, staff are friendly, always helpful, smiling and good fun”
- “I feel my needs are met. We are well cared for”
- “I feel I could approach the manager Hugh and he would fix things if needed”
- “We have no complaints in this home everything is really good”

Six questionnaires were completed and returned to RQIA within the timescale. Respondents recorded their level of satisfaction with this aspect of care as “very satisfied”. One resident recorded “this type of care is excellent”.

Staff members spoken with during the inspection made the following comments:

- “We are very mind full of obtaining residents’ consent and approval on all areas of care provision and daily life in the home”
- “We afford residents as much control as possible over their lives whilst being protected against unreasonable risks”
- “All our residents are treated with dignity and respect”
- “There is no form of restraint used within the home”

Two visitors who spoke with the inspector commended the staff on the provision of care and demonstrated awareness on how to complain if they were not satisfied with the provision of care and life in the home.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

**Areas for improvement**

Two areas identified for improvement related to the development of resident / representative questionnaires and the provision of a specific unique identification for each resident.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager is supported in his role by a matron, who works two days each week, one deputy matron who also works two days each week and one assistant matron who works two days each week. At operational level support is provided by a team of care and ancillary staff.

The registered manager explained the management arrangements and provision of staffing which was considered to be satisfactory. The registered manager advised that the actual and potential needs of all residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager explained that review and revision of the Restraint and Adult Safeguarding policies was a work in progress. Policies will be reviewed at the next inspection by RQIA. Staff meetings and recording of minutes was discussed with the registered manager. Staff signatures of attendance at meetings were retained. However, no minutes were recorded. Action is necessary to ensure that minutes of meetings are recorded, made available to all staff and a copy retained on file in accordance with standard 25.8 of the Residential Care Homes Minimum Standards.

There was a complaints policy and procedure in place which was in accordance with legislation and Department of Health (DOH) guidance on complaints handling. Residents and their representatives were made aware of how to make a complaint by way of the Residents Guide. Leaflets on "how to complain" were placed within the entrance to the home and notice board. Discussion with staff confirmed were knowledgeable about how to receive and deal with complaints.

A discussion with the registered manager and a review of complaints records was undertaken. Some of the complaints records included full details while others partial information was recorded. With the exception of one complaint recorded, all were recorded as resolved to each complainant's satisfaction. One complaint record dated 01 August 2017 had not been fully documented or addressed within the required twenty eight day timescale. The registered manager explained that he had commissioned work men to address the environmental matter and were expected during the week of inspection. Action is necessary to be taken by the registered manager to ensure complaints records fully reflect all communication with complainants alongside investigation undertaken. Audit of complaints received was recommended in order to identify trends / patterns and to ensure compliance with minimum residential care standards.

A summary of complaints received from 1 April 2016 to 31 March 2017 and outcomes was completed and given to the inspector during the inspection. Complaints recorded by the manager in this template had been addressed to the complainants' satisfaction.

A review of accidents, incidents, and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager and staff confirmed that learning from accidents and incidents was disseminated to all relevant parties and where necessary action taken to improve practice.

A review of mandatory training records provided evidence that training was provided. As reflected within section 6.4 of this report fire safety awareness training should be provided on a six monthly basis.

Additional training opportunities relevant to specific needs of the residents were provided. Staff had received dementia awareness training on 01 February 2017. Training records evidenced that the provision of first aid at work for the nominated First Aid staff was last provided during 2014. Refresher training will therefore be required during 2017.

Monthly monitoring visits were undertaken by the responsible person as required under Regulation 29 of the Residential Care Homes Regulations (Northern Ireland) 2005; reports were produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was an organisational structure and staff who met with the inspector was aware of their roles, responsibility and accountability. The structure was outlined in the home's Statement of Purpose and Residents Guide.

The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home as he visited on a daily basis and spoke with the residents and staff. Monthly monitoring visits were undertaken and recorded.

An inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were current and displayed.

Evidence provided within the returned QIP from the previous care inspection confirmed that the registered provider respond to regulatory matters in a timely manner.

The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could access line management to raise concerns with necessary support assured.

Discussion with staff confirmed that there were very good team working relationships and that management were always responsive to suggestions, issues or concerns they may raise.

Staff spoken with during the inspection made the following comments:

- "We feel the home is well managed and we get good support, the manager is on 24 hour call"
- "Any issues or complaints are reported to the manager or matron who would always take action"
- "We have ongoing mandatory and dementia awareness training"

No issues or concerns were raised or indicated by staff or residents.

A total of six completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of the service as very satisfied. One responded recorded "management couldn't be better". One staff member commented "management genuinely care about the residents, which is one of the reasons, along with dedicated staff that makes Summerhill the unique place it is" One resident commented "The management couldn't do better".

Residents spoken with during the inspection made the following comments:

- "We know who to report to if we are not happy about something and this would be addressed by matron or Hugh" (registered manager)
- "We never have anything to complain about, everything is really good here"
- "Hugh (registered manager) is always about, he speaks to us all the time"



## Areas of good practice

There were examples of good practice found during the inspection in relation to maintaining good working relationships.

## Areas for improvement

Areas identified for improvement related to; ensuring minutes of staff meeting are made and the recording of full details within complaints records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Hugh Warden, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 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 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 December 2017.</p>	<p>The registered person shall ensure that competency and capability assessments are undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Assessment tool has been created and formal assessments will be completed by 30 Dec 2017</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 21 Sch 2 3 5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> ongoing</p>	<p>The registered person shall ensure:</p> <ul style="list-style-type: none"> <li>• A second written staff reference is obtained from successful staff applicants</li> <li>• Copies of terms and conditions and job descriptions for care staff are retained.</li> <li>• The registration status of care staff with the Northern Ireland Social Care Council (NISCC) is retained and monitored.</li> </ul> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Second staff reference has been obtained and ongoing roll out of terms conditions continues. NISCC status of staff is now in matrix form</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 October 2017.</p>	<p>The registered person shall ensure that the occasional leakage of rain within one bedroom is addressed without further delay.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> the leak in lead flashing was repaired 48 hours following inspection, no reoccurrence of leakage</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 04</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2017</p>	<p>The registered person shall ensure that a current written fire risk assessment is available within the home.</p> <p>Ref:6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Fire Risk Assessor has confirmed in writing that Summerhill is currently in compliance with HTM84 and the risk assessment which is held in place is still valid</p>

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time <b>To be completed by:</b> 06 October 2017	<p>The registered person shall ensure that the time actually worked by senior staff is recorded within the duty roster. Staff should cease to use liquid eraser in this roster.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> this has been addressed at a staff meeting and liquid eraser will not be used in future. All staff hours recorded.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 19.3 <b>Stated:</b> First time <b>To be completed by:</b> 31 October 2017	<p>The registered person shall ensure that Access NI information is appropriately recorded and retained.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The PIN number for Accessni information is recorded and retained</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 24.2 <b>Stated:</b> First time <b>To be completed by:</b> 31 January 2017	<p>The registered person shall ensure that all care staff have recorded individual, formal supervision no less than six monthly for staff who are performing satisfactorily. More frequent recorded supervision should be held for new staff and staff who require additional support.</p> <p>Supervisors should have training in the provision of staff supervision.</p> <p>Ref:6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Staff supervision has been carried out as outlined above</p>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 1.6 <b>Stated:</b> First time <b>To be completed by:</b> 31 January 2017.	<p>The registered person shall develop resident / representative satisfaction questioners and undertake a survey each year to seek the views of residents / representatives in all matters affecting them.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> this has been started and annual year report will reflect these views</p>
<b>Area for improvement 5</b> <b>Ref:</b> Standard; Data Protection. <b>Stated:</b> First time <b>To be completed by:</b> 31 January 2017.	<p>The registered person shall establish a specific unique identification for each resident and record same within notifications submitted to RQIA.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> this has been put in place</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2017 and ongoing</p>	<p>The registered person shall ensure that all complaints recorded reflect communication with complainants, investigation conducted alongside action undertaken to address issues.</p> <p>Audit of complaints should be undertaken to identify trends/ patterns and compliance with minimum residential care standards.</p> <p>Ref:6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The complaints documentation has been reviewed and updated</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2017</p>	<p>The registered person shall ensure that minutes of staff meetings are recorded and made available to all staff with a copy retained on file.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> Staff meetings meeting minutes were recorded at most recent meeting and retained for review</p>

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



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