

# Unannounced Care Inspection Report 14 July 2016



## Summerhill

**Type of Service: Residential Care Home**  
**Address: 31 Upper Gransha Road, Bangor, BT19 7QF**  
**Tel No: 0289146 1185**  
**Inspector: Patricia Galbraith**

## 1.0 Summary

An unannounced inspection of Summerhill took place on 14 July 2016 from 07.45 to 14.15.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

One recommendation was stated in regard to adult safe guarding policy needed to be updated. There were examples of good practice found throughout the inspection in relation to staff induction, supervision and appraisal, recruitment practice, adult safeguarding, infection prevention and control, risk management and the home's environment.

### Is care effective?

No requirements or recommendations were stated in regard to the delivery of effective care. There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

### Is care compassionate?

No requirements or recommendations were made in relation to this domain. 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 providing residents with individual opportunities to maintain community links.

### Is the service well led?

No requirements or recommendations were stated in regard to the delivery of a well led service. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Racheal Sloan, matron 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.

## 1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Summerhill Residential Home Ltd	<b>Registered manager:</b> Hugh Frederick Warden
<b>Person in charge of the home at the time of inspection:</b> Rachel Sloan matron	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia PH (E) - Physical disability other than sensory impairment – over 65 years SI – Sensory Impairment	<b>Number of registered places:</b> 23

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the returned Quality Improvement Plan, notifications of accidents and incidents submitted to RQIA since the previous care inspection, and complaints returns.

During the inspection the inspector met with 11 residents, one care staff, and the acting manager. There were no visiting professionals or resident's visitors/representatives present during the period of the inspection.

The following records were examined during the inspection:

- Three care records
- Minutes of residents meetings
- Minutes of staff meetings
- Three staff recruitment files
- Staff induction
- Accident and incident reports
- Complaints records
- Fire safety risk assessment
- Fire drill and fire safety checks
- Environmental audits
- Policy and procedure manual
- Competency and capability assessments
- Statement of purpose
- Residents Guide

The inspector left five residents, four resident's representatives and five staff questionnaires to be distributed and returned to RQIA following the inspection. Ten were returned in time for inclusion within this report.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 30 June 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection

#### 4.2 Review of requirements and recommendations from the last care/medicines/estates/finance inspection dated 20 October 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> Second time <b>To be completed by:</b> 15 November 2015	The registered person must ensure that medicine trollies are secured to the wall when not in use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The medicine trollies were inspected and are now secured to the wall when not in use.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 21.5 <b>Stated:</b> First time <b>To be completed by:</b> 15 January 2016	The policies on death and dying and on continence care needs updated to provide more detail.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Both policies were reviewed and had been updated.	

#### 4.3 Is care safe?

The matron 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.

On the day of inspection the following staff were on duty –

- 1 x matron
- 2 x care assistants
- 1x domestic
- 1x cook

Three care assistants were due to be on duty later in the day. One senior care assistant and one care assistant were scheduled to be on overnight duty.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

An adult safeguarding policy and procedure was in place. A recommendation was made that the policy and procedure should be reviewed and updated to reflect current regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

The staff members spoken with was knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

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Discussion with the matron, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The matron confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

Discussion with the matron and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed.

Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of 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.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and in pictorial formats.

The matron reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust procedures and would be reported to the local Consultant in Communicable Disease Control and to RQIA. Records would be retained.

A general inspection of the home was undertaken to examine, the communal lounges and the dining room. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, in most areas. One bedroom had a mal odour this was discussed with the matron who requested domestic staff shampoo the carpet in the identified room. The home was appropriately heated on the day of inspection.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff, including those with sensory impairments. Discussion with the matron confirmed that action plans were in place to reduce the risk where possible.

The matron confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, 12 April 2016, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### Areas for improvement

One area for improvement was identified in relation to the review and updating of the homes safeguarding policy and procedure.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.4 Is care effective?

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

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included 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 records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example one resident likes to go for walks frequently throughout the day and this is accommodated.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The matron confirmed that records were stored safely and securely in line with data protection.

The matron confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the matron and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection the last one dated 26 June 2016.

### Areas for improvement

There were no areas identified for improvement.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

The matron confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff, residents, representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The matron, residents and representatives confirmed that consent was sought in relation to care and treatment. Residents and/or their representatives, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example a general practitioner had been into see a resident and staff ensured information was given discreetly regarding the residents wellbeing.

Discussion with staff, residents, and representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.



The matron confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The matron confirmed that 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.

There were 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 there was records that confirmed the matron had spent time with residents individually to ascertain if they had any problems and resolve them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

### Areas for improvement

There were no areas identified for improvement.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

The matron confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

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. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide, Poster / leaflet etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.



Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision. The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the matron confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. Discussion with the registered provider identified that he had understanding of his role and responsibilities under the legislation. The matron confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The matron confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The matron confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The matron confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

### Areas for improvement

There were no areas identified for improvement.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Racheal Sloan matron as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

### 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 16.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 September 2016</p>	<p>The registered provider should ensure the homes safeguarding policy and procedure is reviewed and updated to reflect current regional guidance.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>The existing policy has been reviewed and updated to reflect regional guidance (and the principle of having a champion has been implemented)</p>

*\*Please ensure this document is completed in full and returned to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) from the authorised email address\**



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