



The Regulation and
Quality Improvement
Authority

Summerhill
RQIA ID: 1657
31 Upper Gransha Road
Bangor
BT19 7QF

Inspector: Patricia Galbraith
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**Unannounced Care Inspection
of
Summerhill**

15 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 15 October 2015 from 07.45 to 12.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme we inspected were assessed as being met however some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/enforcement taken following the last inspection

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

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with the matron, Racheal Sloan, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered organisation/registered person: South Eastern Health and Social Care Trust	Registered manager: Hugh Frederick Warden
Person in charge of the home at the time of inspection: Matron Rachael Sloan	Date manager registered: 1 April 2005
Categories of care: RC-SI, RC-DE, RC-I, RC-PH(E)	Number of registered places: 23
Number of residents accommodated on day of inspection: 24	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/processes

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

Prior to the inspection the following records were analysed: returned quality improvement plan from the previous inspection and notifications to RQIA since the last inspection.

During the inspection we inspected four care records, complaints records, staff training records, fire safety risk assessment and accident and incident records.

We met with twenty residents; six members of staff of various grades. No visiting professionals were present during inspection.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 9 April 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of requirements and recommendations from the last care inspection on 4 February 2015

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 30 (7)	<u>Notification of Accidents</u> The registered person must give notice to RQIA of any accident occurring in the home Notification to be submitted within three working days.	Met
	Action taken as confirmed during the inspection: The matron confirmed that notifications are submitted to RQIA within three working days.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 2 Ref: Regulation 27	<u>Environmental Improvements</u> The registered person is required to ensure improvements, as listed, are addressed. <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. 	Met
	Action taken as confirmed during the inspection: All the improvements listed had been addressed.	
Requirement 3 Ref: Regulation 13(4)	<u>Medicine trolleys</u> The registered person must ensure that medicine trolleys are secured to the wall when not in use.	Not met
	Action taken as confirmed during the inspection: The medicine trolleys had not been secured this requirement was stated for the second time.	
Requirement 4 Ref: Regulation 20 (3)	<u>Competency and capability assessment</u> 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.	Met
	Action taken as confirmed during the inspection: The matron confirmed all competency and capability assessments had been completed.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 5 Ref: Regulation 19 (2) Schedule 4 7.	<u>Staff duty Roster</u> The registered manager's daily duty hours worked in the home to be recorded within the duty roster.	Met
	Action taken as confirmed during the inspection: We inspected the duty rota and confirmed the rota accurately reflects the hours worked by all staff.	
Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: RQIA Guidance on Mandatory Training for Providers in Regulated services	<u>Fire Safety Training</u> Training in fire safety is recommended six monthly.	Met
	Action taken as confirmed during the inspection: Fire training had been completed to meet the regulations.	
Recommendation 2 Ref: 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 behaviour 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.	Met
	Action taken as confirmed during the inspection: We inspected the policy and procedure on challenging behaviour and it had been up dated.	
Recommendation 3 Ref: 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.	Met
	Action taken as confirmed during the inspection: The matron confirmed the policy on planning of activities and events was developed.	

Recommendation 4 Ref: Standard 13.4	<u>Activity Programme</u> 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	Met
Action taken as confirmed during the inspection: The programme of activities had been displayed on main notice board so all relevant parties had access to it.		
Recommendation 5 Ref: Standard 13.9	<u>Activity duration</u> Ensure the duration of activity provided is recorded within the activity records	Met
Action taken as confirmed during the inspection: The activities records inspected confirmed the duration had been recorded.		

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The matron confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this.

We inspected four residents' care records and confirmed that care needs assessments; risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans were appropriately signed.

We noted that care plans contained details of residents' wishes regarding any specific arrangements at the time of his or her death. Care records also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the general practitioner relating to medical interventions, this was noted within the care records.

Is care effective? (Quality of management)

The home had a policy and procedure relating to death and dying however it was found to be not detailed enough. A recommendation was made in this regard.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community support e.g. GP, district nursing, occupational

therapy, speech and language therapy and dietician. Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death. The staff reported they had been well supported in the past week as a resident had died unexpectedly.

Is care compassionate? (Quality of care)

Staff members who spoke to us indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident.

The staff described how a resident had been cared for in the home at the end of life; whilst the medical needs of the resident had been met by the General Practitioner and the district nursing team, the care needs of the resident were fully met by the staff. The family had been able to be with the resident at the end of life. The staff accommodated the family and made them comfortable within the home. The news of the resident's death had been given to fellow residents in a sensitive manner.

In our discussions with the staff they confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The registered manager confirmed to us that the deceased resident's belongings were handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

Areas for improvement

A recommendation was made to update the policy on death and dying to provide more detail. However this standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	1
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Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We inspected four residents' care records which confirmed that person centred assessments and care plans were in place relating to continence. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

There was adequate provision of continence products. Staff confirmed that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The staff members we spoke with during inspection were able to demonstrate knowledge and understanding of continence care. The policy relating to continence care was reviewed and found to be not detailed enough. A recommendation was made in this regard.

We inspected four residents' care records which confirmed that person centred assessments and care plans were in place relating to continence. Staff members were able to describe the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Is care compassionate? (Quality of care)

In our discussions with staff they recognised the potential loss of dignity associated with continence management. They gave examples of how they ensure, as far as possible, the resident's dignity and independence is maintained when assisting with individual continence management. Residents related to us that staff members provide assistance with continence care in a sensitive and caring manner.

Areas for improvement

A recommendation was made to update the continence policy to provide more detail. However this theme was assessed as being met.

Number of requirements:	0	Number of recommendations:	1
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5.4 Additional areas examined

i.4.1 Residents views

We spoke with twenty residents all spoke positively about their life in the home.

i.4.2 Relatives / representatives' views

We spoke with two relatives individually. All spoke positively about the home. One relative commented:

"I could not speak highly enough of staff. This place was a god send to us."

i.4.3 Staff views

We met with six staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by management and are given the necessary resources to fulfil their duties.

Some comments included:

- "I like working here. There is good team work"
- "Staff are all good to work with"
- "I really enjoy working here"

i.4.4 Visiting professional's views

We spoke with one visiting professional on the day of inspection who spoke positively about care in the home.

i.4.5 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

i.4.6 Accidents / incidents

The registered manager confirmed accident and incident notifications since the previous inspection had been reported and managed appropriately. The records inspected confirmed this.

i.4.7 Complaints

An inspection of the complaints records confirmed that these had been recorded and managed appropriately. Records were retained of investigations, outcomes and of lessons learned.

i.4.8 Fire safety

On the day of inspection the home's Fire Safety Risk Assessment was in date. Fire alarms were tested weekly in different zones. We inspected the staff training records which confirmed that staff members had received fire training twice yearly in accordance with regulation.

i.4.9 Environment

We found the home was clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of good standard. Communal lounges were comfortable and offered choice of seating for residents. Residents' bedrooms were comfortable and personalised.

Areas for improvement

No areas for improvement were identified.

Number of requirements:	0	Number of recommendations:	0
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6.0 Quality Improvement Plan

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

The registered person/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 person/manager 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 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.

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

RQIA ID 1657

Statutory Requirements			
Requirement 1	The registered person must ensure that medicine trollies are secured to the wall when not in use.		
Ref: Regulation 13(4)	Response by Registered Person(s) detailing the actions taken:		
Stated: Second time	A secure chain has been fitted to the trolley which is now fixed to solid wall		
To be completed by: 15 November 2015			
Recommendations			
Recommendation 1	The policies on death and dying and on continence care needs updated to provide more detail.		
Ref: Standard 21.5	Response by Registered Person(s) detailing the actions taken:		
Stated: First time	Both policies have been comprehensively updated to standard relevant.		
To be completed by: 15 January 2016			
Registered Manager completing QIP	<i>H Wade</i>	Date completed	27/1/16
Registered Person approving QIP	<i>H Wade</i>	Date approved	27/1/16.
RQIA Inspector assessing response	<i>Jo Browne</i>	Date approved	9/02/16

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address

