

Inspection Report

10 and 15 November 2021



Summerhill

Type of Service: Residential Care Home
Address: 31 Upper Gransha Road, Bangor, BT19 7QF
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Summerhill Residential Home Ltd Registered Person Mr Hugh Frederick Warden	Registered Manager: Mrs Sharon Martin – not registered
Person in charge at the time of inspection: 10 November 2021 Mrs Sharon Martin, Manager 11:20 am to 6:00 pm 15 November 2021 Ms Sally Rea, Deputy Matron 10:00 am to 10:50 am Mrs Sharon Martin, Manager 10:50 am to 1:20 pm	Number of registered places: 23 Maximum of 7 residents in DE category of care
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH (E) - Physical disability other than sensory impairment – over 65 years SI – Sensory impairment.	Number of residents accommodated in the residential care home on the day of this inspection: 18
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 23 residents. Residents' bedrooms are located over two floors. Residents have access to a communal lounge, dining room and a garden area.	

2.0 Inspection summary

An unannounced inspection took place on 10 November 2021 at 11:20 am to 6:00 pm and 15 November 2021 at 10:00 am to 1:20 pm by the care inspector.

Enforcement action resulted from the findings of this inspection. Serious concerns were identified regarding the lack of robust managerial oversight and governance arrangements within the home; the management of falls; the safe recruitment and selection of staff; and the absence of monthly monitoring visits being conducted in keeping with Regulation.

Given the concerns raised, a meeting with the Responsible Person and Manager was held on 24 November 2021 with the intention to issue four failure to comply (FTC) notices under the Residential Care Homes Regulations (Northern Ireland) 2005, in relation to:

- Regulation 10 (1) - Registered person: general requirements
- Regulation 13 (1) (a) (b) - Health and welfare of residents
- Regulation 21 (1) (a) (b) Fitness of workers
- Regulation 29 (1) (4) (b) Visits by the registered provider

At this meeting the Responsible Person discussed the actions they had taken since the inspection to address these shortfalls. An action plan was also provided confirming how these deficits would be managed in a sustained manner.

The FTC notices under Regulation 13.(1) (a) (b) and Regulation 29 (1) (4) (b) were not issued as we were sufficiently assured that these areas for improvement would be effectively addressed. However, we were not assured that sufficient action had been taken to effectively address those deficits identified in relation to managerial oversight and governance arrangements; and the management of falls. Two FTC notices under Regulation 10(1) (FTC Ref: FTC000168) and Regulation 21(1)(a)(b) (FTC Ref: FTC000167) were issued with the date of compliance to be achieved by 25 January 2022.

Five areas for improvement have been identified in relation to: the management of falls, the safe storage of medication, the storage room is kept securely locked and the completion of monthly monitoring reports. The total number of areas for improvement includes one standard that has been stated for a second time regarding record keeping.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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

The findings of this report will provide the Manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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

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

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

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

The findings of the inspection were discussed with Mr Hugh Warden, Responsible Person and Mrs Sharon Martin, Manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with seven residents individually, small groups of residents in the dining room and lounge and four staff. Visitors were unavailable to consult with. Residents told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the Manager was approachable and that they felt well supported in their role.

Following the inspection we received six completed questionnaires from residents, who indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led.

No questionnaires were received from residents' representatives or staff within the timescale specified.

Two residents spoken with commented:

"I've got everything I need and I'm being well looked after. The staff are very good and kind."
"I'm settled here and the staff are very kind."

Two staff members spoken with commented:

"All's good here. I'm supporting the new manager all I can as I know it takes time to adjust to a new role. I've no concerns at all."

"I love it here. It's heart-warming to see the residents well cared for and well looked after."

A record of compliments received was displayed within the home and shared with the staff team. Some of the comments recorded included:

"Thank you for all the care and support you provided to ... He loved his time at Summerhill. We would recommend Summerhill to anyone as the care is first class."

5.0 The inspection

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

Areas for improvement from the last inspection on 25 March 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27.4 (c) Stated: First time	The registered person shall ensure that fire exits are kept clear and are free from obstruction in order to provide adequate means of escape in the event of an emergency.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that fire exits were kept clear and were free from obstruction.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: First time	The registered person shall ensure that infection prevention and control issues regarding notices displayed throughout the home are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Review of notices displayed throughout the home evidenced they were laminated and could be wiped clean to minimise the risk and spread of infection.	
Area for improvement 2 Ref: Standard 8 Stated: First time	The registered person shall ensure that residents' care records are kept in accordance with professional and legislative requirements.	Not Met
	Action taken as confirmed during the inspection: Review of two residents' care records regarding daily progress and daily care records identified gaps in the recording. This area for improvement has not been met and is stated for the second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and concerns were identified in relation to the safe recruitment and selection of staff. A number of staff commenced employment in the home prior to satisfactory AccessNI checks being received and the Manager was unable to provide requested information regarding AccessNI checks and/or start dates for several other staff members. In addition, review of two staff recruitment and selection files highlighted that required information was either absent and/or recorded inconsistently, such as: the candidate's employment history, pre-employment health check, and employer/character references. Discussion with the Manager also highlighted shortfalls in regard to the confidential handling of staff recruitment and selection records.

These deficits were discussed with the Responsible Person during a meeting on 24 November 2021 where they outlined the measures they intended to implement to ensure that these shortfalls would be effectively addressed. However, RQIA was not assured that robust systems had yet been embedded so as to demonstrate consistent improvement regarding the safe selection and recruitment of staff. Actions to address this are included in the FTC notice issued under regulation 21 (1) (a) (b).

It was established that the home lacked a robust system for maintaining competency/capability assessments for staff left in charge of the home, during the Manager's absence. We reviewed two staff in charge competency/capability assessments. It was noted that these had been last completed in December 2017. The Manager advised they have not been reviewed since she started post in April 2021. Action to address this is included in the FTC notice issued under regulation 10 (1).

Shortfalls were also noted in relation to the management of staff supervisions/appraisals; review of governance records and discussion with the Manager evidenced that these were significantly out of date with none having been completed throughout 2021. Action to address this is included in the FTC notice issued under regulation 10 (1).

On review of records, it was established that a process was in place to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC). The Manager confirmed that all care staff were registered with NISCC.

Staff said there was good team work and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory. The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met; examination of the staff duty rota confirmed this. It was noted that the Manager's working hours, and the capacity in which these were worked, were not recorded on the duty rota. This was discussed with the Manager who advised that this information would immediately be added to the duty rota.

Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. The Manager advised that training had commenced and was ongoing and that a new online training system had been recently implemented. Evidence was

provided to confirm that staff had completed training regarding: moving and handling, first aid, basic life support, adult safeguarding, challenging behaviour, dementia, administration of medication, food hygiene, health and safety and fire safety awareness.

However, review of staff training records and discussion with the Manager evidenced that no staff had undertaken any training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS). At the meeting with RQIA on 24 November 2021, the Responsible Person explained that DoLS training has since been commenced and should be completed within four weeks. Action to address this is included in the FTC notice issued under regulation 10 (1).

5.2.2 Care Delivery and Record Keeping

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

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

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

A review of the records of accidents and incidents which had occurred in the home, regarding witnessed and unwitnessed falls that resulted in head injury, found that these were not managed in keeping with best practice. For a number of residents who had fallen and sustained a possible head injury, there was no evidence of appropriate onward referral as a result of the post fall review to their General Practitioner (GP). RQIA requested that residents' GP's should be informed immediately. The Manager confirmed post inspection that all residents' GPs/Keyworkers have been informed. This will be reviewed at the next inspection. An area for improvement was identified.

Review of the home's falls policy/procedure evidenced that it was not clear when staff should seek medical advice in relation to residents who have sustained a possible head injury. At the meeting with RQIA on 24 November 2021, Mr Hugh Warden, Responsible Person, explained that the home's falls policy/procedure would be revised. Following the inspection and upon request by RQIA, an updated falls policy was submitted for review.

Staff stated that they attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. They told us that the residents' needs and wishes were very important to them. Staff were knowledgeable about individual residents' needs including, for example, their daily routine and it was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff promoted residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner and offered personal care to residents discreetly.

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

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the dining experience for residents in the dining room and noted that this meal time provided residents with an opportunity to socialise together. Staff had made an effort to ensure residents were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. There was a variety of drinks available. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids for those requiring specialised diets and how to provide personalised care to residents who needed varying degrees of assistance with eating and drinking. Staff assisted residents in an unhurried manner. Residents said that they enjoyed lunch.

Four residents spoken with said:

"We're well looked after and we get good food. I've no concerns."

"I'm settled and happy here and I enjoy the food. I know the new Manager, Sharon, and I think she'll do well. The staff are attentive and I'm looked after well."

"The food's lovely and the pork casserole for lunch was very tender. If I don't like what's on the menu, they will get me something else. The Manager is very nice and kind."

"I enjoyed pudding. It was very nice. There's always plenty to eat."

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm, fresh smelling and clean throughout.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Corridors and fire exits were clear from clutter and obstruction. While door wedges were observed within three areas of the home, the Manager advised that these were only used by staff momentarily while they assisted residents, who required the use of walking aids, when mobilising to the dining room. No doors were seen to be wedged open during the inspection. The importance of ensuring that fire doors are not wedged open in order to take adequate precautions against the risk of fire, was discussed with the Responsible Person and the Manager. It is recommended that this practice is reviewed and an alternative door closure device is considered. This was discussed with the estates inspector, post inspection and will be reviewed again at the next inspection.

Correspondence received from the Responsible Person on 5 January 2022 advised that all door wedges have been removed from the home.

It was observed that the fridge containing a number of eye drops and two bottles of a food supplement prescribed for residents was left unattended and unlocked by staff. The safe

storage of prescribed medication was discussed with the Responsible Person and the Manager, who advised this was an oversight and that the fridge was usually locked. An area for improvement was identified.

A store room on the ground floor containing cleaning products and electric systems was observed to be unlocked. This was discussed with the Manager and the Responsible Person who locked the door immediately. An area of improvement under regulation was identified.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and Care Partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home are required to have their temperature checked and a health declaration completed when they arrive at the home. They are also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Personal protective equipment such as gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were also seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Shortfalls in regard to the lack of robust managerial oversight in relation to domestic arrangements and IPC practices are discussed in Section 5.2.5.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day such as which clothes they wanted to wear and what food and drink options they preferred. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend most of their time in their bedroom and staff were observed supporting residents to make these choices.

There was a range of activities provided for residents by the activity therapist. Discussion with staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities, such as creative art and crafts.

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

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Sharon Martin has been the Manager in this home since 1 April 2021. An application regarding the Manager's registration with RQIA was submitted prior to this inspection.

Shortfalls were noted regarding the lack of robust managerial oversight and governance arrangements within the home. While it was noted that the Responsible Person and Manager were in the process of completing the Manager's RQIA Self-Assessment tool, we were concerned that given the deficits noted on inspection, there was no formal induction process in place for the Manager.

It was further noted that there was no system in place for quality assuring service delivery and care provision within the home in relation to infection prevention and control practices and the management of falls. The Manager confirmed that no falls, IPC/environment or daily cleaning schedule audit was in place.

Deficits were also found in relation to the reporting of notifiable accidents/incidents to RQIA in keeping with Regulation; discussion with the Manager highlighted a lack of awareness in regard to the types of accidents/incidents which should be reported to RQIA. Outstanding statutory notifications have been submitted to RQIA, as requested.

These shortfalls were discussed with the Responsible Person and the Manager during the meeting on 24 November 2021; actions to address these deficits are included in the FTC notice issued under Regulation 10(1).

Monthly monitoring visits had not been carried out since the Manager commenced post on 1 April 2021. RQIA was concerned that given the deficits noted during this inspection, there was a lack of effective oversight by the Responsible Person in order to identify shortfalls and drive any necessary improvements within the home. At the meeting with RQIA on 24 November 2021, Mr Hugh Warden, Responsible Person, explained that monthly monitoring visits would commence within four weeks of the meeting date. This will be reviewed at the next inspection. An area of improvement was identified.

The manager advised that a system was in place to manage complaints and that no complaints had been raised since she commenced post.

Staff commented positively about the manager and described her as supportive, approachable and commented that concerns raised were addressed promptly. Staff said: "...the Manager is supporting us with training and we are recognised for our good work. We are assured that she has the residents' and staff's best interests at heart."

6.0 Conclusion

Enforcement action resulted from the findings of this inspection. A meeting was held on 24 November 2021 with the intention of issuing four failure to comply notices due to deficits in regard to the lack of robust managerial oversight and governance arrangements within the home; the management of falls; the safe recruitment and selection of staff; and the absence of monthly monitoring visits being conducted in keeping with Regulation.

RQIA decided not to serve the FTC notices relating to the management of falls and monthly monitoring visits. FTC notices were served in relation to managerial oversight/governance arrangements; and the safe recruitment and selection of staff.

Residents looked well cared for and were seen to be content and settled in the home. Staff treated residents with respect and kindness and were observed to be attentive to residents who were unable to verbally express their needs. The home was clean, tidy and warm with no malodours.

Residents were seen to express their right to make choices throughout the day and staff were observed to ensure residents' dignity and privacy were maintained.

Five areas for improvement have been identified in relation to: the management of falls, the safe storage of medication, the storage room is kept securely locked and the completion of monthly monitoring reports. The total number of areas for improvement includes one standard that has been stated for a second time regarding record keeping. Details can be found in the Quality Improvement Plan in Section 7.0.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
Total number of Areas for Improvement	4	1*

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Hugh Warden, Responsible Person and Mrs Sharon Martin, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure to promote and make proper provision for the health and welfare of residents. This relates specifically to the management of falls within the home.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The falls policy has been updated with support from RQIA . The changes have been communicated to all staff and they are aware of amended procedures.</p>
Area for improvement 2 Ref: Regulation 13 (4) (a) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that all medicines are stored safely and securely at all times.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All medicines are now stored appropriately.</p>
Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety; and that unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated. This relates specifically to the identified storage room referenced within this report.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The hazard identified on day of inspection was rectified following day.</p>
Area for improvement 4 Ref: Regulation 29 (4) (b) (c) Stated: First time To be completed by: 22 December 2021	<p>The registered person shall ensure that monthly monitoring visits are conducted and that written reports are prepared and made available to representatives of the RQIA on inspection.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Monthly monitoring visits/reports have been commenced since December 2021.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 8 Stated: Second time To be completed: 25 March 2022	The registered person shall ensure that residents' care records are kept in accordance with professional and legislative requirements. Ref: 5.1
	Response by registered person detailing the actions taken: The care records inspected have been updated as per inspectors comments and are now compliant with regulations.

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



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