



# Unannounced Care Inspection Report 22 May 2019



## Summerhill

**Type of Service: Residential Care Home**  
**Address: 31 Upper Gransha Road, Bangor, BT19 7QF**  
**Tel No: 02891461185**  
**Inspector: Patricia Galbraith**

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Assurance, Challenge and Improvement in Health and Social Care

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 23 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Summerhill Residential Home Ltd  <b>Responsible Individual(s):</b> Hugh Frederick Warden	<b>Registered Manager and date registered:</b> Hugh Frederick Warden 01 April 2005
<b>Person in charge at the time of inspection:</b> Hugh Warden	<b>Number of registered places:</b> 23
<b>Categories of care:</b> 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.	<b>Total number of residents in the residential care home on the day of this inspection:</b> 17

### 4.0 Inspection summary

An unannounced care inspection took place on 22 May 2019 from 07.30 to 15.15. A follow up estates inspection took place on 28 May 2019 from 11.30 to 12.50.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of previous estates and pharmacy inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to staff training, supervision, activities and maintaining good working relationships.

Areas requiring improvement were identified in relation to daily records.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

## 4.1 Inspection outcome

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

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.

## 4.2 Action/enforcement taken following the most recent inspection dated 5 February 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates and pharmacy issues, registration information, and any other written or verbal information received. For example serious adverse incidents.

During the inspection a sample of records was examined which included:

- staff duty rotas
- staff training schedule and training records
- staff supervision and appraisal schedule
- one staff recruitment and induction record
- four residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records
- annual quality review report
- policies and procedures pertaining to infection control and adult safeguarding
- RQIA registration certificate
- fire risk assessment

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

## 6.0 The inspection

### 6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement all were met.

Areas of improvement identified at previous estates inspection have been reviewed. Of the total number of areas for improvement all were met.

Areas of improvement identified at previous medicines management inspection have been reviewed. Of the total number of areas for improvement all were met.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The residents who live in the home said they felt safe and there was always sufficient staff around to help them day or night. The registered manager and staff on duty confirmed that staffing level was safe and kept under review.

We looked at the duty rota and it accurately reflected all of the staff working in the home; all staff who were to be on duty were present and were carrying out their designated duties. There was enough staff on duty to promptly answer any requests by residents for assistance.

We were told by staff that they had a good induction when starting the home and felt they were well supported. The registered manager reported new staff were supervised by senior staff and were supernumerary for a number of weeks. New staff received their full mandatory training before they started their duties. The registered manager also reported the home pay staff fees to the Northern Ireland Social Care Council.

In discussions with staff reported they got supervision on a regular basis and when starting their job it was more frequent.

The registered manager and staff reported competency and capability assessments were completed for anyone who was responsible for taking charge of the home in the absence of the registered manager.

We looked at staff training records to ensure staff had been given core training to do their jobs safely. There was a training matrix in place and it showed staff either had training or a plan in place to ensure staff get the training. The manager reported staff got training every year in core areas and that all staff at least annually. We looked at the current policy and procedure pertaining to adult safeguarding and it was in keeping with current regional adult safe guarding guidance. The home had a safe guarding Champion. The registered manager advised a safeguarding report had been completed.

We spoke with staff and they were knowledgeable of the types of abuse residents may suffer. Staff advised they were aware of the importance of passing on information in a quick and concise manner and to keep accurate records. Staff reported the training had reviewed had enhanced their confidence in this process.

The registered manager and staff advised how safeguarding referrals would be made to the trusts who they would contact, what documents needed to be completed and how the home would co-operate and assist with investigations.

Staff also reported they were aware of the home's whistle blowing policy and they were able to advise what they would do if they witnessed poor practice by colleagues or management; staff reported they would have no problem reporting poor practice to ensure safety of all residents.

The registered manager and staff told us about the arrangements in place to make sure the home was kept clean and free from as far as possible from outbreaks of infection. Staff training records showed staff had received training in infection prevention and control (IPC). When inspecting the home we observed there was wash hand basin sufficient supplies of soap, alcohol hand gels and disposable paper towels and gloves wherever care was delivered.

In discussion with domestic staff they reported they always had enough materials and products to ensure they could carry out their job. When necessary we observed staff adhering to IPC procedures.

The registered manager advised there had been no outbreaks in the home since the last care inspection. The registered manager advised if there was an outbreak it would be managed and the appropriate authorities would be informed.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home are looked at to identify if there are any patterns or trends occurring. Following this an action plan was put in place to address any deficits.

The home was clean, tidy and was kept warm. The majority of the residents like to sit in the conservatory area as they reported the view is nice and they are able to see what is going on outside. A resident reported "I love sitting here the view is great and you can see people coming and going and I always have someone to talk to."

We looked round a sample of bedrooms and found they were individualised and residents had their own personal belongings in their rooms. Residents spoken to advise they could spend time in their room and if they wanted their meals in their room they could have this organised. The registered manager advised that he had an ongoing refurbishment plan in place and a number of residents' rooms had been redecorated since the last inspection.

There was a lounge and dining room for residents to use on the ground floor for watching television, carrying out activities and meetings. All fire exits were free from obstruction.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment.

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

**6.4 Is care effective?**

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

The registered manager and staff confirmed there was a handover meeting at the beginning of each shift, staff reported they were able to discuss and review the ongoing needs of individual care of residents. We could see through observation that residents were getting appropriate care.

In discussion with residents they reported “The care I get here is amazing.” “I always get what I need at the right time and nothing is a bother to the staff.” “If I need to see a doctor the staff are always on top of things organising appointments or a house call for me.”

The registered manager and staff described how a comprehensive assessment and admission process was completed for residents being admitted to the home. When risks are identified and assessed, a detailed plan is put in place to meet individual care needs to reduce risks. The registered manager ensured an over view was kept, by using audits, and by speaking with staff and residents. The registered manager and staff reported there were good working relationships with between the multi-disciplinary team and staff in the home.

The care records for residents were kept securely to ensure confidentiality. The care records were written in a professional manner and had language which was respectful of residents. Three care records reviewed evidenced multi-disciplinary working and collaboration with professionals such as general practitioner, dieticians and speech and language therapists (SALT). The care records evidenced that staff communicated with residents’ family members or representatives and had a range of risk assessments in place to help plan individual care needs. A family member on the day of inspection reported “The staff keep me up to date about my relative’s care, they always phone if they need to and they are very attentive.”

It was noted that in two of the residents’ records there were gaps in their daily records. This was identified as an area of improvement.

We also saw the evidence that a care review was completed with the resident, their family, care staff and staff from the Trust each year.



**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between residents, staff and other key stakeholders.

**Areas for improvement**

One area was identified for improvement in relation to recording of daily records.

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

**6.5 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.**

We arrived at the home at 07.30 and were met by staff who offered us assistance. The morning hand over was completed and was given in a very precise, efficient, and informative way. Some residents were up in the conservatory area, the majority of residents were in their rooms and had their breakfast served to them.

The atmosphere in the home was warm and welcoming and respectful for the time of day as some residents were still sleeping. The interaction between residents and staff was positive, residents were conversing and some had an early morning cup of tea. Residents appeared content and able to converse openly with staff. Staff were attentive to residents needs and responded promptly to call bells.

We could see that residents’ wishes, interests and preferences were reflected in care records for example there was information on what activities each resident liked to do and residents’ daily routines were recorded.

Staff told us about the range of activities available and how the staff worked to ensure each resident could have access to meaningful past times , hobbies crafts or outings. On the day of the inspection the resident were involved in a quiz and some were knitting blankets to send out to a local charity. A programme of daily activity was displayed. There was also a notice board of photos which showed residents taking part in past events.

Residents said they enjoyed the activities provided. A resident stated: “I love it here. The staff are great, they can’t do enough and we always have a giggle with them. It is like home form home.”

Another resident said: “I do not know what I would do without the staff here they are amazing I can’t say enough good things about them. I have home cooked meals every day and probably eat far too much. Every member of staff here is great.”

The serving of the midday meal was observed. The dining room was bright and airy and the atmosphere was jovial and conversations were taking place with residents. Residents who required assistance were given this in a respectful manner. The tables were set and condiments were in place. Residents were given a choice and the presentation of food was good. Individual portion sizes were taken into account. One resident reported “the food is always good comes to us hot and we can always have seconds, not that I need them.”



Eight residents questionnaires were submitted to RQIA following the inspection and the respondents were 100 percent satisfied that residents were treated in a compassionate manner. Positive comments received were:

- More than satisfied
- The staff are kind and caring.

We spoke with staff about how residents were given the opportunity to discuss any issues and to make suggestions about how they live their lives in the home. Staff advised residents were consulted on an individual basis about their day to day living and preferences were accommodated as far as possible. Staff and residents reported that the registered manager was always available to speak to with them or family members.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.6 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 the person responsible for the day to day running of the home, the current registered manger has been registered with RQIA since 2005 and was knowledgeable of his role with regards to regulations and notifying RQIA of events.

The registered manager ensures robust systems are in place to ensure the safe practice of the home and does this by completing a range of monthly audits. Areas for audits include staff practices with hand washing, accidents and incidents, care records and the cleanliness of the home. Where deficits are found a plan of action is put in place to ensure improvement.

Staff in the home reported that they had good support from their manager who was supportive approachable and fair and gave constructive feedback to them. The registered manager reported that the staff team were flexible, committed, dedicated, reliable and always had the best interests of each individual resident.

A complaints procedure was displayed in the home and provided advice on how to make a complaint. The records reviewed showed that all complaints had been dealt with and the outcome recorded. The registered manager then discussed complaints with staff and used the information to improve the service.

The registered manager also shared compliments received from residents and their families to ensure staff were given positive feedback in their deliverance of care.

### Assessment of premises

A current fire risk assessment for the premises was in place and the significant findings had been addressed in a timely manner. The fire risk assessment was undertaken by a company holding professional body registration for fire risk assessors.

The servicing of the emergency lighting installation was being undertaken in accordance with current best practice guidance. Extensive user checks were also being documented and maintained.

A current risk assessment with regard to the control of legionella bacteria in the premises' hot and cold water systems was in place and the significant findings were being addressed within timescales stipulated by the risk assessor. The servicing of these systems and the user checks were being maintained in accordance with current best practice guidance.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 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 manger, 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 via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<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 8.2  <b>Stated:</b> First time  <b>To be completed by:</b> 30June 2019	The registered person shall residents daily records are kept up to date.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> Daily records are fully updated on daily basis as required.

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



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