

Inspection Report

24 January 2022



Summerhill

Type of service: Residential Home
Address: 31 Upper Gransha Road, Bangor, BT19 7QF
Telephone number: 028 9146 1185

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Summerhill Residential Home Ltd Responsible Individual: Mr Hugh Frederick Warden	Registered Manager: Mrs Sharon Martin – not registered
Person in charge at the time of inspection: Mrs Sharon Martin	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 SI – Sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 17
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 enforcement compliance inspection took place on 24 January 2022 from 10:10 am to 5:05 pm by the care inspector.

At the previous inspection undertaken on 10 and 25 November 2021, serious concerns were identified regarding the lack of robust managerial oversight and governance arrangements within the home; the management of falls; the safe recruitment of staff and the absence of monthly monitoring visits.

Following a meeting with the Responsible Individual and the Manager, two Failure to Comply (FTC) notices (FTC Ref: FTC000168) under Regulation 10 (1) and (FTC Ref: FTC000167) under Regulation 21 were issued on 25 November 2021. The date of compliance in respect of the FTC Notices was 25 January 2022.

This inspection was planned to assess compliance with the actions detailed in the FTC notices. The outcome of the inspection evidenced that management within the home had taken appropriate action to comply with the FTC notices.

Three areas for improvement on the Quality Improvement Plan (QIP) regarding falls management, medication storage and monthly monitoring reports were also reviewed and validated as met. Two areas for improvement were not reviewed and have been carried forward for review at the next inspection.

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 Individual 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 small groups of residents in the lounge and two 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 three completed questionnaires from residents, who indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led.

Three residents commented that they felt well cared for and were happy in the home. They were complimentary regarding staff and the manner in which they cared for them.

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 10 & 15 November 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of records of accidents and incidents evidenced that this area for improvement has been met.	
Area for Improvement 2 Ref: Regulation 13 (4) (a) Stated: First time	The registered person shall ensure that all medicines are stored safely and securely at all times.	Met
	Action taken as confirmed during the inspection: Observation of the medication fridge evidenced that it had been securely locked and that all medicines are stored safely.	
Area for Improvement 3 Ref: Regulation 14 (2) (a) Stated: First time	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.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for Improvement 4 Ref: Regulation 29 (4) (b) Stated: First time	<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>Action taken as confirmed during the inspection: Review of the monthly monitoring report dated 2 January 2022 evidenced that this area for improvement has been met.</p>	Met
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance summary
Area for improvement 1 Ref: Standard 8 Stated: Second time	<p>The registered person shall ensure that residents' care records are kept in accordance with professional and legislative requirements.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection

5.2 Inspection findings

FTC Ref: FTC000168

Notice of failure to comply with Regulation 10 (1) of The Residential Care Homes Regulations (Northern Ireland) 2005

Registered person: general requirements

Regulation 10. — (1)

The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

In relation to this notice the following six actions were required to comply with this regulation:

The registered person must ensure that:

1. There is a robust system in place to ensure that staff competency/capability assessments for those staff in charge of the home in the absence of the Manager are completed and regularly reviewed.

2. A comprehensive programme of audits is implemented and maintained to effectively review the quality of care delivery and service provision within the home. These audits should include but not necessarily be limited to: accidents/incidents, falls, care records, hand hygiene, infection prevention and control practices, and recruitment and selection of staff.
3. All notifiable accidents/incidents are reported to RQIA in keeping with Regulation and medical attention from a resident's General Practitioner will be sought by staff following such accidents/incidents as necessary.
4. There is a robust system in place to ensure that staff supervisions and appraisals are carried out and reviewed on a regular basis in keeping with best practice.
5. A system is in place to ensure that all staff are provided with the required training commensurate with their role and responsibilities; this includes but is not necessarily limited to the provision of Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training.
6. A robust induction process is commenced for the Manager and kept under regular and meaningful review by the Responsible Individual.

Action taken by the registered persons:

Evidence in relation to the six action points outlined in the Failure to Comply Notice was gathered to establish if Summerhill had complied with the Regulation. The following was established in relation to each action:

1. Competency/capability assessments had been completed for staff left in charge of the home in the absence of the manager. We reviewed a selection of completed assessments and found them to be satisfactory. The manager had a system in place to monitor when assessments were due to be completed for each staff member. This action has been assessed as met.
2. It was noted that a programme of audits had been implemented to review service delivery and care provision within the home. Areas of audit included infection prevention and control practices, the management of falls, recruitment and selection of staff and hand hygiene. A daily cleaning schedule had been implemented and the manager advised that an IPC/environmental audit would be completed within the next two months. Discussion with the manager assured us that this area for improvement would be effectively addressed. This action has been assessed as met.
3. Notifiable accidents/incidents to RQIA were reviewed. These were submitted to RQIA in keeping with Regulation and evidenced that medical attention from a resident's General Practitioner was sought by staff following such accidents/incidents as necessary. This action has been assessed as met.
4. A robust system had been implemented to ensure staff supervisions/appraisals were completed. Review of the staff supervision/appraisal matrix evidenced that these had commenced and were ongoing. The manager had a system in place to monitor when staff supervisions/appraisals are due to be reviewed. This action has been assessed as met.

5. Review of staff training records and discussion with the manager evidenced that staff had undertaken training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS). The manager advised that a system was in place to monitor staff compliance with all mandatory training. This action has been assessed as met.
6. A robust formal induction process has been commenced for the Manager and kept under review by the Responsible Individual. The Manager's RQIA Self-Assessment tool was completed on 19 January 2022. This action has been assessed as met.

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

FTC Ref: FTC000167

Notice of failure to comply with Regulation 21 of The Residential Care Homes Regulations (Northern Ireland) 2005

Fitness of workers

Regulation 21.-

- (1) (a) (b) The registered person shall not employ a person to work at the residential care home unless –*
- (a) the person is fit to work in the home;*
 - (b) subject to paragraph (5), he has obtained in respect of that person the information and documents specified in paragraphs 1 to 7 of Schedule 2;*

SCHEDULE 2

INFORMATION AND DOCUMENTS TO BE OBTAINED IN RESPECT OF PERSONS CARRYING ON, MANAGING OR WORKING AT A RESIDENTIAL CARE HOME

- 1. Proof of the person's identity, including a recent photograph.*
- 2. Either –*
 - (a) where a certificate is required for a purpose relating to registration under Part III of the Order, or the position falls within section 115(3) or (4) of that Act, an enhanced criminal record certificate issued under section 115 of the Police Act 1997(a); 20 (a) 1997 c. 50*
 - (b) in any other case, a criminal certificate issued under section 113 of that Act, including, where applicable, the matters specified in sections 113(3EA) and 115(6EA)(a) of that Act and the following provisions once they are in force, namely section 113(3EC)(a) and (b) and section 115(6EB) (a) and (b)(b) of that Act.*
- 3. Two written references relating to the person, including a reference from the person's present or most recent employer, if any.*
- 4. Where a person has previously worked in a position whose duties involved work with children or vulnerable adults, so far as is reasonably practicable, verification of the reason why the employment of position ended.*
- 5. Details and documentary evidence of any relevant qualifications or accredited training of the person and if applicable, registration with an appropriate professional regulatory body.*
- 6. A full employment history, together with a satisfactory written explanation of any gaps in employment.*

7. Evidence that the person is physically and mentally fit for the purposes of the work which he is to perform at the home or, where it is impracticable for the person to obtain such evidence, a declaration signed by the person that he is so fit.

In relation to this notice the following nine actions were required to comply with this regulation:

The registered person must ensure that:

1. At all times staff are recruited and employed in accordance with statutory legislation and that all necessary checks are carried out prior to an offer of employment being made.
2. That all staff recruitment and selection records are reviewed to ensure that they contain all necessary information in keeping with statutory legislation and mandatory requirements.
3. AccessNI enhanced checks are completed and robustly scrutinised prior to an individual commencing employment in the home.
4. All staff involved in the recruitment and selection of staff have received training in recruitment and selection and that such training is periodically reviewed in keeping with best practice.
5. A policy is in place for staff recruitment and selection which clearly defines the roles and responsibilities of those involved in the recruitment and selection process and is regularly reviewed.
6. Anyone involved in the recruitment and selection process can clearly articulate these roles and responsibilities as they pertain to recruitment and selection.
7. There are robust arrangements in place to ensure that effective communication of recruitment and selection issues are effectively addressed in a timely manner by the Manager and/or Responsible Individual.
8. A robust monitoring system is in place to ensure that the recruitment and selection process is compliant with statutory legislation and mandatory requirements including review during monthly monitoring visits.
9. That all recruitment and selection records are confidentially handled and stored in accordance with professional and legislative requirements.

Action taken by the registered persons:

Evidence in relation to the nine action points outlined in the Failure to Comply Notice was gathered to establish if Summerhill had complied with the Regulation. The following was established in relation to each action:

1. A review of staff recruitment files evidenced that the necessary checks had been completed prior to an offer of employment being made. RQIA were assured that robust systems have been embedded so as to demonstrate consistent improvement regarding the safe selection and recruitment of staff. This action has been assessed as met.

2. A review of staff recruitment and selection records had been commenced by the manager and was ongoing. We were sufficiently assured that this area for improvement would be effectively addressed. This action has been assessed as met.
3. Review of a staff recruitment file evidenced that AccessNI enhanced checks had been completed and robustly scrutinised prior to the individual commencing employment in the home. This action has been assessed as met.
4. The Responsible Individual and the Manager advised that arrangements have been made for them to attend training regarding the recruitment and selection of staff and that such training will be periodically reviewed in keeping with best practice. We were sufficiently assured that this area for improvement would be effectively addressed. This action has been assessed as met.
5. A policy is in place for staff recruitment and selection which clearly defines the roles and responsibilities of those involved in the recruitment and selection process and is regularly reviewed. This action has been assessed as met.
6. The Responsible Individual and the Manager clearly articulated their role and responsibility as they pertain to recruitment and selection. This action has been assessed as met.
7. There were arrangements in place to ensure that recruitment and selection issues were effectively communicated and addressed in a timely manner by the Responsible Individual and the Manager. This action has been assessed as met.
8. Records evidenced that recruitment and selection processes were regularly audited to ensure they were compliant with statutory legislation and mandatory requirements. The Responsible Individual advised that auditing of recruitment records would be reviewed on a monthly basis during the monthly monitoring visit. It was noted that staff recruitment and selection records had been reviewed during the monthly monitoring visit dated 2 January 2022. This action has been assessed as met.
9. Recruitment and selection records were kept in a locked cupboard. The Manager confirmed that records were confidentially handled and stored in accordance with professional and legislative requirements.

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	1*	1*

* These areas for improvement have been carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mr Hugh Warden, Responsible Individual and Mrs Sharon Martin, Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: Immediate action required	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. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
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 by: 25 March 2022	The registered person shall ensure that residents' care records are kept in accordance with professional and legislative requirements. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.



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