

# Unannounced Care Inspection Report

## 25 March 2021



## Summerhill

**Type of Service: Residential Care Home**  
**Address: 31 Upper Gransha Road, Bangor, BT19 7QF**  
**Tel No: 028 9146 1185**  
**Inspector: Linda Parkes**

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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 residential care home registered to provide residential care for up to 23 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Summerhill Residential Home Ltd  <b>Responsible Individual:</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> Rachel Sloan matron 12.50 – 13.20 Hugh Warden 13.20 – 18.40	<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>Number of residents accommodated in the residential home on the day of this inspection:</b> 18

### 4.0 Inspection summary

An unannounced inspection took place on 25 March 2021 from 12.50 to 18.40. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- the environment/infection prevention and control
- staffing and care delivery
- residents' care records
- governance and management.

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>	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Hugh Warden, manager and Mrs Rachel Sloan matron, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with seven residents individually, a small group of residents in the lounge, one residents' representative and three staff. Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

One staff questionnaire was returned within the timescale specified with the following comment;

- "I have worked in Summerhill for almost seventeen years. The care I believe is first class."

The inspector provided the manager with "Tell us cards" which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas for the period 22 March 2021 to 4 April 2021
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- quality assurance audit report 2020
- staff training records
- incident and accident records
- a selection of quality assurance audits
- compliment records
- two residents' care records
- two residents' daily care records
- two residents' daily progress records
- RQIA registration certificate.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from previous inspection**

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 16 January 2020. No further actions were required to be taken following this inspection.

## **6.2 Inspection findings**

### **6.2.1 The internal environment/infection prevention and control**

Upon arrival to the home the inspector had a temperature and symptom check. The manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all residents in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounge, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.

Pull cords in bathrooms throughout the home were seen to be covered and could be easily cleaned in order to adhere to infection prevention and control best practice. It was noted in two identified bathrooms that the closure mechanism of the waste bin was faulty. In one bathroom a towel was observed on a rail that had the potential to be shared communally. This was discussed with the manager who advised he would address these concerns.

Correspondence received on 26 March 2021 from Hugh Warden, manager, advised that both waste bins have been replaced and a new paper towel dispenser has been ordered.

Information displayed on the notice board, on the wall outside the office of the home evidenced that it was not laminated and could not be wiped clean in order to adhere to infection prevention and control (IPC) best practice. This was discussed with the manager and an area for improvement was identified.

An identified corridor on the first floor, leading to a fire exit was observed to have two commode chairs stored that would cause an obstruction should the home need to be

evacuated in an emergency. It was concerning to see that the fire exit door was secured with string to a nearby wall mount used to appropriately store the fire extinguisher. This was discussed with the manager who advised that a fault with the door had been reported and arrangements had been made for the fire exit door to be replaced. The manager addressed these concerns immediately. An area for improvement under regulation was identified.

Correspondence received on 26 March 2021 from Hugh Warden, manager, advised that a new fire exit door has been ordered and is due to be fitted within the next three to four weeks.

We observed that personal protective equipment (PPE), for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

### **6.2.2 Staffing and care delivery**

A review of the staff duty rota from 22 March 2021 to 4 April 2021 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the residents and to support care staff. No concerns regarding staffing levels were raised by residents or staff in the home.

Observation of the delivery of care evidenced that residents' needs were met in a timely and caring manner.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Summerhill. We also sought the opinion of residents and their representatives on staffing via questionnaires. Ten resident questionnaires were returned within the timescale specified. All questionnaires indicated they were very satisfied that care was good, staff are kind and the home is well managed.

One relative spoken with commented:

- "Mum is well cared for. They've done an amazing job over particularly difficult circumstances regarding the pandemic."

Cards of thanks had been received by the home. Comments recorded included:

- "A huge thank you for all your kindness and care for mum and all the residents at Summerhill."
- "To all the lovely, kind, caring, compassionate staff at wonderful Summerhill. Our eternal thanks for the great job you do."

We observed the serving of the teatime meal. The food appeared nutritious and appetising and staff wore aprons when serving or assisting with meals. Residents able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes. Residents who preferred to eat in their rooms had meals provided on trays in a timely manner. The menu for the day was displayed on the notice board in a suitable format.

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents had participated in a variety of activities to include painting pictures of snowdrops and the colourful, painting of scenes on stones that were displayed in the lounge. Residents were observed to enjoy singing familiar songs with staff on the afternoon of inspection.

Five residents spoken with commented:

- "There is a good atmosphere. The staff are jolly, happy people. I have no concerns and the food is good."
- "I'm definitely well cared for."
- "It's like a five star hotel. The staff are good and so is the food."
- "The staff are very nice and very pleasant."
- "I have no concern at all."

Discussion with the matron evidenced that care staff were required to attend a handover meeting at the beginning of each shift that provides information regarding each resident's condition and any changes noted. She advised that there was effective teamwork and that staff members know their role, function and responsibilities.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

### **6.2.3 Residents' care records**

Review of two residents' care records regarding falls and nutrition 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.

Two residents' daily progress records were reviewed from 21 March 2021 to 25 March 2021 and two residents' daily care records from 1 March to 24 March 2021. Gaps were found in the recording of one residents' daily progress record and also in one residents' daily care record. This was discussed with the manager and an area for improvement was identified.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

### **6.2.4 Governance and management**

Since the last inspection there has been no change in management arrangements. The certificate of registration issued by RQIA was appropriately displayed in the home. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

The manager confirmed that a process was in place to monitor the registration status of care staff registration with the Northern Ireland Social Care Council (NISCC). Records viewed for 25 March 2021 evidenced this.

Discussion with the manager and review of the quality assurance audit report for 31 December 2020, evidenced that the quality of services provided has been evaluated on at least an annual basis and follow-up action taken. Key stakeholders were involved in this process. The use of questionnaires to obtain the views and opinions of residents and their representatives were incorporated in the report in relation to the comments made, issues raised and any actions taken for Improvement. A copy of this report is made available to residents and their representatives.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Review of staff training records for 2020/2021 evidenced that staff had attended training regarding food safety and hygiene, infection prevention and control (IPC), first aid and fire safety.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents and incidents. The manager advised that there had been no accidents/incidents in the home for the months of January 2021 and February 2021.

We reviewed accidents/incidents records from 16 March 2020 to 28 August 2020 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Matron advised that systems were in place to ensure that complaints were managed appropriately and that no complaints had been raised since June 2020.

Residents and staff spoken with confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### **Areas of good practice**

Evidence of good practice was found throughout the inspection in relation to staffing, the use of PPE, in relation to the cleanliness of the environment and the personalisation of the residents' bedrooms. Good practice was found regarding adult safeguarding, risk management, management of accidents/incidents and communication between residents, staff and other professionals.

### **Areas for improvement**

Three areas of improvement were identified regarding fire safety, IPC and residents' care records.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	2

## **6.3 Conclusion**

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and compliance with the use of PPE. Measures

had been put in place in relation to compliance in best practice with IPC to keep residents, staff and visitors safe in order to adhere to the Department of health and the Public Health Agency guidelines.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Hugh Warden, manager and Mrs Rachel Sloan matron, 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 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 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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27.4 (c)  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	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.  Ref: 6.2.1  <b>Response by registered person detailing the actions taken:</b> all fire exits are kept clear and checks in place to ensure they remain clear.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	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.  Ref: 6.2.1  <b>Response by registered person detailing the actions taken:</b> all notices have been replaced with new , laminated notices
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	The registered person shall ensure that residents' care records are kept in accordance with professional and legislative requirements.  Ref: 6.2.3  <b>Response by registered person detailing the actions taken:</b> care records are now compliant with both professional and legislative requirements

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



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