

# Inspection Report

**26 January 2023**



## 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

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Summerhill Residential Home Ltd  <b>Responsible Individual(s):</b> Mr Hugh Frederick Warden	<b>Registered Manager:</b> Mrs Sharon Martin – not registered
<b>Person in charge at the time of inspection:</b>  Mrs Rosemary Howell, Deputy Matron from 10.0 am to 11.15 am Mrs Sharon Martin, Manager from 11.15 am to 3.40 pm.	<b>Number of registered places:</b> 23  Maximum of 7 residents in DE category of care
<b>Categories of care:</b> I – Old age not falling within any other category. DE – Dementia. PH(E) - Physical disability other than sensory SI – Sensory impairment.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 15
<b>Brief description of the accommodation/how the service operates:</b> 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, the dining room and a garden area.	

## 2.0 Inspection summary

An unannounced inspection took place on 26 January 2023 at 10:00 am to 3:40 pm by the care inspector.

This inspection was planned to focus on assessing progress with the 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.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships.

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

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

The manager advised that staffing levels were reviewed regularly in order to meet the assessed needs of the residents. Staff were observed to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served by staff in an unhurried, relaxed manner and residents said that living in the home was a good experience.

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 continue to improve staff practice and the residents' experience to enhance the quality of care and service in the home.

### **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 Mrs Sharon Martin, Manager and Mrs Rosemary Howell, Deputy Matron at the conclusion of the inspection.

#### 4.0 What people told us about the service

During the inspection we spoke with three residents individually, small groups of residents in the dining room and sun lounge and five 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 no response was received regarding resident/relative questionnaires and no staff questionnaires were received within the timescale specified.

A staff member spoken with commented:

“I’m very happy and have no issues at all. It’s a good place to work and I’m well supported by the manager and the staff team.”

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

“A huge thank you to all the staff who were so kind and caring to ... He loved you all very much.”

#### 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 23 September 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27.4  <b>Stated:</b> Second time	The registered person shall ensure that fire doors are not wedged open in order to take adequate precautions against the risk of fire.  Ref 5.1 & 5.2.7	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that doors are not wedged open in order to take adequate precautions against the risk of fire.	

<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 17 (1)  <b>Stated:</b> First time	The registered person shall ensure that a robust governance system is operational in the home which assures the quality of services and care available and that any such review is undertaken no less than annually. Reports are made available to any person authorised by the RQIA and to residents and their representatives.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records evidenced that a robust governance system is operational in the home which assures the quality of services and care available and that any such review is undertaken no less than annually. Reports are made available to any person authorised by the RQIA and to residents and their representatives.  Refer to section 5.2.5 for details	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including adult safeguarding, first aid, infection prevention and control (IPC) and fire safety. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. 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.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said they were happy in the home and felt well looked after. Interaction between staff and residents was respectful and friendly.

### 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 care records were held confidentially.

Daily records were kept of how each resident spent their day and the care and support provided by staff.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. They were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

We observed the serving of the lunchtime meal in the dining room and noted that this mealtime provided residents with an opportunity to socialise together. Staff wore aprons and the daily menu was displayed showing residents what is available at each mealtime. A choice of meal and drinks was offered and staff had made an effort to ensure residents were comfortable throughout lunch. The food was attractively presented and smelled appetising and staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks. Residents said they enjoyed lunch.

A resident spoken with commented: "The food is always good and second helpings are offered."

### 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. Bedrooms and communal areas were suitably furnished and comfortable. For example; residents' bedrooms were personalised with items important to the resident. 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.

Equipment used by residents such as wheelchairs were seen to be clean and well maintained.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

The manager confirmed that a Fire Risk Assessment had been completed on 3 October 2022 and that regular fire alarm tests had been undertaken at suitable intervals.

Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were 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.

Visiting arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

#### **5.2.4 Quality of Life for Residents**

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear, food and drink options. 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 time in their room and staff were observed supporting residents to make these choices.

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. The programme of activities was displayed on the notice board advising residents of forthcoming events. Residents' needs were met through a range of individual and group activities such as armchair exercises, arts and crafts.

The manager advised that a residents' meeting has been planned so that residents have the opportunity to contribute suggestions and make their views known.

Staff recognised the importance of maintaining good communication between residents and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of residents.

#### **5.2.5 Management and Governance Arrangements**

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

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Mrs Sharon Martin, Manager, was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Staff told us they were confident that they could report concerns about residents' safety and poor practice. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.



It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin and their care manager and appropriate action had been taken.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

Review of the annual Quality Assurance audit report from January to December 2021 evidenced that a governance system is operational which assures the quality of services and care available in the home. Review of records showed consultation with residents who had completed surveys and questionnaires. Positive responses were noted. The manager advised that relatives/resident representatives can arrange to meet with her to discuss any concerns they may have.

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

Review of the home's complaints record evidenced that systems were in place to ensure that complaints were managed appropriately. Residents and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Residents and staff spoken with commented positively about the manager and described her as supportive and approachable.

## 7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Sharon Martin, Manager and Mrs Rosemary Howell, Deputy Matron as part of the inspection process and can be found in the main body of the report.





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