

**Announced Estates Inspection
of
Summerhill Residential Care Home**

09 April 2015

1. Summary of Inspection

An announced estates inspection took place on 09 April 2015 from 10.00am to 14.25pm. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the DHSSPS Residential Care Home Minimum Standards 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection on 04 October 2012.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	11	3

The details of the QIP within this report were discussed with Mr Hugh Warden (Manager and Responsible Person) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Summerhill Residential Home Ltd/ Mr Hugh Warden	Registered Manager: Mr Hugh Warden
Person in Charge of the Home at the Time of Inspection: Mr Hugh Warden	Date Registered: 03 March 1998
Categories of Care: RC-SI, RC-DE, RC-PH(E), RC-I	Number of Registered Places: 23
Number of Residents Accommodated on Day of Inspection: 23	Weekly Tariff at Time of Inspection: £470 - £500

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 27: **Premises and Grounds**

Standard 28: **Safe and Healthy working Practices**

Standard 29: **Fire safety**

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- The previous Estates Quality Improvement Plan, and certificates and documentation submitted by the provider following the last Estates inspection. Notification submitted to RQIA relating to a fall on the stairs.
- The last returned care inspection Quality Improvement Plan.
- The last returned fire safety questionnaire.

During the inspection the inspector did not meet with residents, care staff, visiting professionals or resident's visitors.

The following records were examined during the inspection:

- Fire and legionella risk assessments.
- Fire safety installation test and maintenance records.
- Water safety records.
- Engineering services records eg gas, electric, lifts etc.
- Fire training records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of Summerhill Residential Care Home was an unannounced care inspection dated 04 February 2015. The completed QIP was returned and the care inspector responsible for the inspection considered that the registered person's response to the QIP was acceptable.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.-(2)(c)	The registered person must make arrangements which will ensure that the portable electrical equipment is maintained in a safe condition.	Partially Met
	Action taken as confirmed during the inspection: There were no records relating to the portable electrical appliances. Mr Warden informed the inspector that they were last tested and inspected in 2012 and that it is the policy of the home to provide all portable electrical appliances.	
Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 2 Ref: Regulation 27.-(2)(c)	The registered person must obtain certificates from someone on the Gas Safe register which verify that the gas appliance and its installation are in a safe and satisfactory condition. Copies of these should be forwarded to RQIA	Met
	Action taken as confirmed during the inspection: Valid Gas Safe certificate presented to inspector on day of inspection.	
Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 3 Ref: 14.-(2)(c)	In relation to the safety of opening windows a survey should be carried out and the necessary action taken to comply with the guidance issued in safety alert MDEA(NI)2007/100. <i>1. All Healthcare organisations should re-visit the guidance on window restrictors contained in HTM 55.</i> <i>2. A review should be carried out on all installed window restrictors to ensure:</i> <ul style="list-style-type: none"> • They meet the restricted opening cited in the HTM; • They are in good working order and have not been 	Met

	<p><i>damaged or defeated;</i></p> <ul style="list-style-type: none"> • Where problems are identified, a programme to repair or replace damaged restrictors is put in place. <p>3. Where a single restrictor is fitted, consideration should be given to replacing it and / or fitting a second restrictor on the opposite side of the window if, for example:</p> <ul style="list-style-type: none"> • the existing restrictor is assessed as being of inadequate strength for the situation; • the restrictor can be disengaged without the use of a special tool or key; • the maximum opening exceeds 100mm; or • the window is located within a mental health area where it could be subject to physical attack. <p>4. Assess the need for window restrictors in those patient locations where none currently exist.</p> <p>Reference should be made to Health Technical Memorandum 55.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>Mr Warden informed the inspector that he had assessed the safety of the windows as a result of which a number of sliding sash windows had been restricted. The newer part of the building has top hung casement windows with a high level transom. The inspector recommended that the safety of the opening windows be kept under review.</p>	
Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 4</p> <p>Ref: Regulation 27 (2)</p>	<p>The room temperatures should be monitored to ensure that the fixed radiators maintain a room temperature between 19°C and 22°C.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Mr Warden informed the inspector that free standing convector heaters had been removed and that the fixed radiators are capable of providing sufficient heat. On the day of inspection all residents appeared to be comfortable.</p> <p>On the walk round one convector heater was found. Mr Warden confirmed that it would be removed.</p>	
Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 5</p> <p>Ref: Regulation 14.-(2)(c)</p>	<p>In relation to the risk from legionella the registered person must fully implement the control and monitoring measures in the action plan associated with the last risk assessment.</p>	Partially Met

	<p>Action taken as confirmed during the inspection: Mr Warden informed the inspector that a new legionella risk assessment was carried out on 03 April 2015. The risk assessment was not available on the day of inspection. It is understood that arrangements have been made to replace the cold water storage tanks within the next week. This was recommended by the risk assessor.</p> <p>Mr Warden informed the inspector that legionella control measures, such as the disinfection of showers, are in place. However, there were few records relating to water safety.</p>	
Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 6</p> <p>Ref: Regulation 27.-(2)(c)</p>	<p>Arrangements should be made to test all nurse call points monthly.</p> <p>Action taken as confirmed during the inspection: Mr Warden informed the inspector that the nurse call system is repaired as required but that there are no arrangements to periodically test each point.</p>	Not Met
Previous Inspection Recommendation		Validation of Compliance
<p>Recommendation 7</p> <p>Ref: Standard 28.</p>	<p>The visits to the Northern Ireland Adverse Incident Centre website and any actions taken as a result of the visits should be recorded.</p> <p>Action taken as confirmed during the inspection: Mr Warden informed the inspector that he regularly searches the NIAIC website for relevant safety alerts.</p>	Met
Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(f)</p>	<p>The registered person must make ongoing arrangements which ensure that all staff participate in fire safety training and practice drills in accordance with NIHTM84.</p> <p>Action taken as confirmed during the inspection: The inspector was shown a training matrix showing that all staff had received fire safety training between October 2014 and January 2015. A note on file states that a full evacuation drill including residents took place on 23 September 2014. Mr Warden informed the inspector that he carries out</p>	Partially Met

	ad-hoc evacuation drills with evening staff. There were no records relating to the drills and therefore it could not be confirmed if all staff have participated. Mr Warden conducts the fire safety training. This was discussed and it was agreed that the fire safety advisor would be asked to assess this arrangement and provide Mr Warden with suitable training for this role.	
Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 9 Ref: Regulation 27.-(4)(a)	<p>The registered person must arrange for a person with the necessary qualifications, skills and experience to carry out a full fire risk assessment in accordance with NIHTM84.</p> <p>The registered person must arrange for issues identified in the assessment to be addressed.</p> <p>A copy of the assessment report and findings should be forwarded to RQIA.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A fire risk assessment was carried out by an accredited fire risk assessor in October 2012. The action plan arising from the assessment has been marked up as complete.</p> <p>Mr Warden informed the inspector that the fire risk assessor has not visited the site since but that reassessment was carried out by verbal agreement with the fire risk assessor.</p> <p>This was discussed and the inspector clarified that the Firecode document NIHTM84 (Fire risk assessment in residential care premises) says that the fire risk assessment should be reviewed at least each year and by a competent person.</p>	
Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 10 Ref: Regulation 27.-(4)(d)(i)	<p>The lounge, dining room and first floor corridor doors require to be adjusted so that they close to provide an effective fire seal.</p> <p>The registered person should carry out periodic checks to ensure that all fire doors operate correctly.</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector was informed that these doors had been repaired following the previous inspection. During the walk round it was found that some fire doors require repair and adjustment. These include the first floor corridor door, the kitchen door, and room 19.</p>	

5.3 Standard 27 Premises and Grounds:

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. The homely atmosphere is enhanced with the retention of many of the architectural features in the original part of the home. Many of the rooms enjoy a rural outlook. This supports the delivery of compassionate care.

A number of issues were, however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

A number of issues were, however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

A number of issues were, however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

The arrangements for heating the domestic hot water should be reviewed to ensure that there is a sufficient supply of suitably warm water for resident needs at all times.

It is recommended that the bath and shower arrangements are reviewed and consideration be given to the installation of a level floor walk-in shower on the ground floor.

A risk assessment should be carried out in relation to radiators and other hot surfaces.

The arrangements for documenting legionella control measures should be reviewed to ensure that a scheme for the effective control of legionella is being fully implemented.

With regard to Estates maintenance generally comprehensive records should be kept to confirm that all maintenance, servicing work and monitoring is being completed and in accordance with legislation, good practice and manufacturers' and suppliers' guidance. Examples of records not available included: thermostatic mixing valves, portable appliances and nurse call system maintenance.

The policy and arrangements for managing portable electrical appliances requires review.

Records should be retained which verify that the lift is being maintained by a competent contractor and thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999 (LOLER). The records should verify that the lift is free from defects.

The last test and inspection certificate for the electrical installation was dated December 2010. The recommended retest period was noted as three years.

Whilst it is understood that Mr Warden has assessed the safety of opening windows the need for restriction should be kept under constant review.

Number of Requirements	7	Number Recommendations:	3
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5.4 Standard 28: Safe and Healthy Working Practices

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

Areas for Improvement

No issues identified under this standard.

Number of Requirements	0	Number Recommendations:	0
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5.5 Standard 29: Fire Safety

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

A number of issues were, however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

A number of issues were, however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of residents, the management policies and the availability of adequately trained staff. This is recorded in the fire risk assessment. This supports the delivery of effective care.

A number of issues were, however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

There are arrangements in place for staff to receive fire safety training from the manager and a full evacuation drill was carried out in September 2014, although, it could not be confirmed if all staff have participated in a drill. The training needs of the fire safety trainer should be assessed and a suitable training plan implemented. Records relating to staff participation and performance in fire drills should be maintained.

There are arrangements in place for the testing and maintenance of fire safety installations, although, some matters, such as the maintenance of fire doors and the emergency lights, require attention. Arrangements should be made to maintain all fire safety installations, including the emergency lighting, in accordance with good practice, and for promptly repairing ineffective fire doors.

Although there is a fire risk assessment, the accredited fire risk assessor has not returned to site to carry out an annual review. The fire risk assessment should be fully reviewed at least annually by an accredited fire risk assessor.

Number of Requirements	4	Number Recommendations:	0
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5.6 Additional Areas Examined

N/A

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Hugh Warden, Manager and Responsible Person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Residential Care Homes Minimum Standards (DHSSPS, 2011)

They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Estates.Mailbox@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in Summerhill Residential Care Home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within Summerhill Residential Care Home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 27.- (2)(c) Stated: Second time To be Completed by: 09 July 2015	<p>In consultation with a competent person, a policy and scheme should be drawn up for maintaining portable electrical equipment in a safe condition. Demonstration of implementation of the scheme should be with records of the visual checks, tests and inspections.</p> <p>Response by Registered Manager Detailing the Actions Taken: A plan has been drawn up in line with the requirement to maintain portable electrical equipment in a safe condition.</p>
Requirement 2 Ref: Regulation 13.-(7) Stated: Second time To be Completed by: 09 May 2015 and ongoing	<p>The latest legionella risk assessment should be obtained and the scheme it recommends for the control of legionella should be fully implemented. Records should be kept of all actions taken towards the control of legionella.</p> <p>Response by Registered Manager Detailing the Actions Taken: An inspection visit was made by CTS to assess legionella risk and chlorinate the tanks. It was noted that all remedial works had been carried out in line with the recommendations. A scheme of monitoring checks was recommended by CTS in line with current legislation on legionella control and this has been implemented.</p>
Requirement 3 Ref: Regulation 27.- (2)(c) Stated: Second time To be Completed by: 09 May 2015 and ongoing	<p>Arrangements should be made to periodically function test all nurse call points. Each test occasion should be recorded.</p> <p>Response by Registered Manager Detailing the Actions Taken: A monthly routine check has been implemented wherein each call point is checked for functionality and recorded.</p>
Requirement 4 Ref: Regulation 27.- (4)(e) and (f) Stated: Second time To be Completed by: 09 May 2015 and ongoing	<p>Arrangements should be made which will ensure that all staff participate in practice fire drills and that records are maintained. Learning points from each drill should be noted and used to inform subsequent training. The arrangements for fire training should be assessed by an accredited fire safety advisor and suitable training arranged for the trainer.</p> <p>Response by Registered Manager Detailing the Actions Taken: Arrangements have been made that all staff participate in fire drills and records are maintained. The fire training has been assessed by fire safety advisor and training completed for the trainer.</p>

<p>Requirement 5</p> <p>Ref: Regulation 27.- (4)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 09 May 2015</p>	<p>The fire risk assessment should be fully reviewed on site by a competent person in accordance with NIHTM84. RQIA strongly recommend that the fire risk assessor be accredited (as defined in guidance on the RQIA website).</p> <p>Issues identified in the new assessment should be addressed within timescales acceptable to the fire risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken: A fire risk assessment was carried out on 28th April 2015 by Neil Rea MIFPO and copy will be forwarded to RQIA upon receipt. Any issues identified will be addressed.</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.- (4)(c) and (d)(i)</p> <p>Stated: Second time</p> <p>To be Completed by: 23 April 2015 and ongoing</p>	<p>A survey should be carried out of all fire doors and the necessary repairs carried out which will ensure that they automatically close correctly to provide an effective fire seal.</p> <p>Arrangements should be made for a competent person to periodically check all the fire doors and carry out the necessary repairs and adjustments.</p> <p>Response by Registered Manager Detailing the Actions Taken: All fire doors requiring attention were repaired on 20th May 2015</p>
<p>Requirement 7</p> <p>Ref: Regulation 14.- (2)(a)(and (c)</p> <p>Stated: First time</p> <p>To be Completed by: 09 June 2015 and ongoing</p>	<p>A risk assessment should be carried out in relation to radiators and other hot surfaces.</p> <p>Reference should be made to the Health Guidance Note '<i>Safe' hot water and surface temperatures.</i></p> <p>Response by Registered Manager Detailing the Actions Taken: A risk assessment was carried out in relation to radiators and other hot surfaces.</p>
<p>Requirement 8</p> <p>Ref: Regulation 27.- (2)(j)</p> <p>Stated: First time</p> <p>To be Completed by: 09 May 2015 and ongoing</p>	<p>The arrangements for heating the domestic hot water should be reviewed to ensure that a sufficient supply of suitably warm water for resident needs is maintained.</p> <p>Response by Registered Manager Detailing the Actions Taken: The timers controlling calorifiers have been fixed and adjusted to provide sufficient supply of hot water for needs.</p>
<p>Requirement 9</p> <p>Ref: Regulation 27.- (4)(d)(iv)</p> <p>Stated: First time</p> <p>To be Completed by: 09 May 2015 and</p>	<p>The emergency lights should be maintained in accordance with BS5266 by a competent contractor.</p> <p>Response by Registered Manager Detailing the Actions Taken: This was completed on 20th May 2015.</p>

ongoing	
Requirement 10 Ref: Regulation 27.- (2)(c) and (q) Stated: First time To be Completed by: 09 May 2015	A valid LOLER thorough examination certificate for the lift should be obtained. The certificate should verify that the lift is without defects. It should be confirmed that the lift is being maintained in accordance with the manufacturer's instructions. Response by Registered Manager Detailing the Actions Taken: LOLER inspection carried out on 16 th April 2015. A planned service visit was made by the contractor on 13 th May 2015 and the LOLER cert was shown -the 2 defects observed will be completed at the next service visit.
Requirement 11 Ref: Regulation 27.- (2)(q) Stated: First time To be Completed by: 09 July 2015	The electrical installation should be tested and inspected by a competent electrician. Any necessary remedial work should be carried out to maintain the installation in a satisfactory condition. Response by Registered Manager Detailing the Actions Taken: Test was completed on 20 th May 2015, certificate will be forwarded to RQIA when received and any remedial work highlighted will be carried out.
Recommendations	
Recommendation 1 Ref: Standard 27 Stated: First time To be Completed by: Ongoing	The safety of unrestricted opening windows should be kept under review in relation to the changing needs of residents. Response by Registered Manager Detailing the Actions Taken: This will be kept under continual review.
Recommendation 2 Ref: Standard 27 Stated: First time To be Completed by: 09 April 2016	The provision of suitable baths and showers should be reviewed. It is recommended that consideration be given to the installation of a level floor walk in shower on the ground floor. Response by Registered Manager Detailing the Actions Taken: A review has been made and a walk in shower on ground floor is not deemed necessary at present.
Recommendation 3 Ref: Standard 27 Stated: First time To be Completed by: 09 April 2016	The management of Estates documentation should be reviewed to ensure that comprehensive records are kept to confirm that all maintenance, servicing work and monitoring is being completed and in accordance with legislation, good practice and manufacturers' and suppliers' guidance. Response by Registered Manager Detailing the Actions Taken: This is an ongoing routine which will be fully complied with.

Registered Manager Completing QIP	h warden	Date Completed	25/5/2015
Registered Person Approving QIP	h warden	Date Approved	25/5/2015
RQIA Inspector Assessing Response	Colin Muldoon	Date Approved	25/09/2015

**Please ensure the QIP is completed in full and returned to Estates.Mailbox@rqia.org.uk*