

# Unannounced Inspection Report

## 16 January 2020



## Summerhill

**Type of Service: Residential Care Home**  
**Address: 31 Upper Gransha Road, Bangor, BT19 7QF**  
**Tel No: 028 91461185**  
**Inspector: Paul Nixon**

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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 which provides care for up to 23 residents with a variety of care needs, as detailed in section 3.0.

### 3.0 Service details

|  |   |
|--|---|
| <b>Organisation/Registered Provider:</b><br>Summerhill Residential Home Ltd<br><br><b>Responsible Individual(s):</b><br>Hugh Frederick Warden  | <b>Registered Manager and date registered:</b><br>Mr Hugh Frederick Warden<br>1 April 2005              |
| <b>Person in charge at the time of inspection:</b><br>Ms Angela Bryans (assistant Matron);<br>Mr Hugh Warden arrived at approximately<br>10.45 hours   | <b>Number of registered places:</b><br>23   |
| <b>Categories of care:</b><br>Residential Care (RC)<br>I - Old age not falling within any other category<br>DE – Dementia<br>PH (E) - Physical disability other than sensory<br>impairment – over 65 years<br>SI – Sensory impairment. | <b>Total number of residents in the residential<br/> care home on the day of this inspection:</b><br>18 |

### 4.0 Inspection summary

An unannounced inspection took place on 16 January 2020 from 09.50 hours to 12.45 hours.

The inspection assessed progress with any areas for improvement identified during and since the last 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 the management of medicines, the environment and the dining experience.

It was positive to note that the area for improvement from the previous care inspection had been met and there were no areas for improvement identified during this inspection.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, people who visit them and/or professionals 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 |
|---------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0           | 0         |

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

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

## 4.2 Action/enforcement taken following the most recent inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 May 2019. 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 last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- Where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- Talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- Observe practice and daily life.
- Review documents to confirm that appropriate records are kept.

During the inspection we met with seven residents, one resident's representative, the registered manager, the assistant matron and six members of staff.

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.

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

- three residents' records of care
- nine residents' medicine records
- RQIA registration certificate

The area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the manager and assistant matron at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent care inspection

| Areas for improvement from the most recent care inspection dated 22 May 2019                               |  |                          |
|--|--|--------------------------|
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 |  | Validation of compliance |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 8.2<br><br><b>Stated:</b> First time             | The registered person shall residents daily records are kept up to date.   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Three residents' daily notes were examined. These had been maintained up to date. |                          |

## 6.2 Inspection findings

### 6.3 Is care safe?

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

We arrived in the home at 09.50 hours and were greeted by the assistant matron and staff who were helpful and attentive. Some residents were seated in the lounge whilst others remained in their rooms, in keeping with their personal preference.

Observation of the delivery of care evidenced that staff attended to residents' needs in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. There were no malodours. Corridors were free from trip hazards and cleaning products were stored in areas not accessed by residents.

A sample of nine residents' personal medication records and medicine administration records were reviewed. These had been maintained in a satisfactory manner. A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home's environment, staffing and the management of medicines.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.4 Is care effective?

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

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Newly prescribed medicines, including antibiotics, had been received into the home without delay.

Staff stated that there was effective teamwork; each staff member spoken to knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues.

We reviewed the lunchtime meal experience. Lunch commenced at 12.00 hours. Most residents dined at the main dining area, whilst several residents dined in their individual rooms in keeping with their personal preference. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch. Food was served directly from the kitchen when residents were ready to eat their meal. The food served was warm and appeared nutritious and appetising. Staff were knowledgeable in relation to residents' dietary requirements. Residents wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with residents when assisting with meals and residents were assisted in an unhurried manner. Residents consulted spoke positively of the food provision.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely availability of newly prescribed medicines and antibiotics, communication between residents and staff and the assistance provided by staff to ensure that residents enjoyed a nutritious meal.

### Areas for improvement

No areas for improvement were identified during the inspection.

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



## 6.5 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.**

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with residents were observed to be compassionate, caring and timely. Residents were afforded choice, privacy, dignity and respect.

Consultation with seven residents confirmed that living in the home was a positive experience. Comments included:

- "It's great here; couldn't beat the food; staff are very cheerful and attentive."
- "I am looked after very well; the staff are friendly and attentive; the food is delicious."
- "I am looked after very well indeed; staff are very anxious to do all they can to make it a homely situation."
- "The food is good and varied."
- "Staff are as good as you'll get."
- "The food is good; that's important to me."
- "I am looked after very well."
- "The staff are excellent, lovely people."

One visitor stated that their friend was getting great care and that management and staff were very welcoming.

Of the questionnaires that were issued, nine were returned from residents or relatives. The responses indicated that they were very satisfied with all aspects of the care.

Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff/others.

### 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 residents and taking account of the views of residents.

### 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.**

Discussion with staff confirmed that management were supportive and responsive to any suggestions or concerns raised. Staff confirmed that if they had any concerns, they could raise these with the manager or the person in charge. All staff spoken to stated that they enjoyed working in the home.

We also sought staff opinion on staffing via the online survey. There were no responses received within the allocated time provided.

There were robust arrangements in place for the management of incidents. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that incidents may need to be reported to the safeguarding team.

The manager advised that no residents are currently subject to Deprivation of Liberty Safeguards. However, he advised that he had received Level 3 training and was cascading this training to staff. Staff demonstrated general awareness and knowledge of what a deprivation of liberty is.

### Areas of good practice

There were examples of good practice found in relation to 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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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