

# Inspection Report

## 23 September 2022



## Summerhill

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

[www.rqia.org.uk](http://www.rqia.org.uk)

---

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:</b> Mr Hugh Frederick Warden	<b>Registered Manager:</b> Mrs Sharon Martin (Acting)
<b>Person in charge at the time of inspection:</b> Mrs Sharon Martin	<b>Number of registered places:</b> 23  This number includes a maximum of seven residents in DE category of care.
<b>Categories of care:</b> Residential Care (RC): SI – sensory impairment DE – dementia I – old age not falling within any other category PH(E) - physical disability other than sensory impairment – over 65 years	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 17
<b>Brief description of the accommodation/how the service operates:</b>  Summerhill is a residential care home which is registered to provide care for up to 23 residents with a range of care needs as identified above.  Residents have access to a communal lounge, dining room and garden area. Bedrooms are located over two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 23 September 2022, from 10.10 am to 2.05 pm. The inspection was completed by a pharmacist inspector.

The inspection focused on medicines management within the home. Following discussion with the aligned care inspector it was agreed that the one of the areas for improvement identified at the last care inspection would be followed up at the next inspection.

The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Review of medicines management found that medicines were being administered as prescribed. Staff had received training and were deemed competent to manage and administer medicines. Medicine records and medicine related care plans were well maintained.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner and that the service is well led by the management team in relation to medicines management. No new areas for improvement were identified.

However, one area for improvement in relation to fire safety was stated for a second time.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was 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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke with staff and management about how they plan, deliver and monitor the management of medicines in the home.

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

The inspector met with several residents, two care assistants, the deputy manager and manager.

Staff were warm and friendly and it was evident from discussions that they knew the residents well. Residents were observed relaxing in the foyer, chatting with staff and preparing for outings.

The staff members spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and the manager was readily available to discuss any issues and concerns should they arise.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, one questionnaire had been received by RQIA. The respondent did not specify if they were a family member or a resident. They were very satisfied with all aspects of care provided in Summerhill and commented "Summerhill is an all round excellent home".

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 2 August 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> First time	The registered person shall ensure that fire doors are not wedged open in order to take adequate precautions against the risk of fire.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b>  A number of fire doors were observed to be wedged open during the inspection. Staff advised that some patients like to remain in their bedrooms with the door wedged open and that a number of patients could not open the doors while using their walking aids.  <b>This area for improvement was assessed as not met and is stated for a second time.</b>  <b>See Section 5.2.7</b>	
<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>Carried forward to the next inspection</b>
	<b>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.</b>	

## 5.2 Inspection findings

### 5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in residential care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain, infection or constipation. Care plans were in place. Staff advised that when administered the reason for and outcome would be recorded. These medicines were used infrequently and there had been no recent administrations.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans which contained enough information to direct the required care were updated during the inspection.

### **5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner. The records inspected showed that medicines were available for administration when residents required them. The manager advised that one medicine had been out of stock over the bank holiday weekend. The prescriber had been made aware and action was taken to prevent a recurrence. Staff were reminded that missed doses of medication have the potential to affect the health and well-being of residents. An incident report form was submitted to RQIA following the inspection.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. Suitable arrangements were in place for the storage of controlled drugs and medicines which require cold storage.

Satisfactory arrangements were in place for the safe disposal of medicines.

### **5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs. The sample of these records reviewed had been completed in a satisfactory manner. Hand-written medication administration records had been verified and signed by two staff to ensure accuracy of transcription.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The records of receipt, administration and disposal of controlled drugs were maintained to the required standard.

Management and staff audited the administration of a small number of medicines each month. In addition the manager completed an audit on the management of medicines each month. Any action points from the audits were recorded in the handover diary. It was agreed that more detailed records of the audits and action plans would be maintained from the date of the inspection onwards. The majority of the audits completed at the inspection indicated that medicines were administered as prescribed. One minor discrepancy was discussed with the manager for ongoing close monitoring.



#### **5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for residents new to the home or returning from hospital. Written confirmation of each resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

#### **5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

There had been no medication related incidents reported to RQIA since the last inspection. Guidance on the type of incidents, for examples, missed doses due to out of stocks, was provided. See Section 5.2.2.

#### **5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?**

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Update training on the management of medicines was provided in February 2022 and March 2022. Competency assessments were completed following induction and annually thereafter. Records of staff training and competency assessment were available for inspection.

### 5.2.7 Fire safety

A closed fire door will prevent the spread of fire and protect the means of escape for residents. A number of fire doors were propped open using timber wedges. The placing of wedges to prevent fire doors from closing is a practice that must not be tolerated by management.

Where fire doors are required to be open for significant periods of time then suitable structural building services arrangements may be incorporated into the built environment, that is, 'swing free' door closers on fire doors, where the door closer mechanism is linked to the fire alarm system. The installation of 'swing-free' door closers linked to the BS5839 system must be considered where staff require a fire door to be held open frequently for significant time periods. An area for improvement was stated for a second time.

Fire safety awareness training will reinforce the importance of keeping fire doors closed.

## 6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	0

No new areas for improvement were identified at this inspection.

\* The total number of areas for improvement includes one that has been stated for a second time and one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sharon Martin, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27.4  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect (2 August 2022)	<p>The registered person shall ensure that fire doors are not wedged open in order to take adequate precautions against the risk of fire.</p> <p>Ref 5.1 &amp; 5.2.7</p> <p><b>Response by registered person detailing the actions taken:</b>          All wedges were removed and disposed of. Staff and service users were informed of importance to keep all fire doors closed. Fire awareness training was completed and all staff up to date with the policy. The manager does random checks to ensure all wedges were removed and disposed of. Staff and service users were informed of importance to keep all fire doors closed. Fire awareness training was completed and all staff up to date with the policy. The manager does random checks to ensure everyone is compliant with same. The fire officer attended home and completed fire risk assessment on 16/10/22 and forwarded onto RQIA.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 17 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (2 August 2022)	<p>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.</p> <p><b>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.</b></p> <p>Ref 5.1</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care