

# Inspection Report

**Name of Service:** Summerhill  
**Provider:** Harrison Care Homes Bangor Ltd  
**Date of Inspection:** 19 November 2024

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

## 1.0 Service information

<b>Registered Provider:</b>	Harrison Care Homes Bangor Ltd
<b>Responsible Person:</b>	Lisa Dawn Harrison
<b>Registered Manager:</b>	Emily Martin
<p><b>Service Profile:</b></p> <p>Summerhill is a registered Residential Care Home which provides health and social care for up to 23 residents.</p> <p>Resident's bedrooms are located over two floors. Resident's have access to a communal lounge, dining room, conservatory and garden area. There is also an annex building that has two self contained apartments for residents.</p>	

## 2.0 Inspection summary

An unannounced care inspection took place on 19 November 2024, from 9.30 am to 3.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 22 February 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection seven areas for improvement from the previous care inspection on 22 February 2024 were assessed as having been addressed by the provider. One area for improvement relating to the homes environment was not assessed and will be carried forward to a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 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 against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

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

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are very good", "I feel safe here" and "the staff are very pleasant".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

One visiting professional told us that there are good working relationships between them and staff in the home. They said that communication was good and staff were knowledgeable about the needs of residents in the home.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

Activities for residents were provided which included both group and one to one activities. Birthdays and annual holidays were celebrated and staff confirmed good relations between the home and the local community. For example; the local schools, who visited the home to complete arts and crafts activities alongside the residents.

The activity planner was available for residents and their representatives to view however, this was not up to date. This was highlighted to the Responsible Person who removed it and agreed to update it.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

### 3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents.

It was apparent that work was ongoing in parts of the home to ensure the homes environment was maintained and decorated to a good standard. This was discussed with the management team who shared the environmental continuous improvement plan with RQIA for review. RQIA are satisfied that refurbishment is ongoing and that there is a robust plan in place to drive improvements in the environment. The previous area for improvement will be carried forward to a future inspection to allow the home more time to complete refurbishment, which will enhance the overall quality of life and lived experience for the residents living in the home.

Observation of the homes environment identified some concerns with environmental risk management. For example; a review of three residents bedrooms identified prescribed topical lotions accessible to any resident entering the room. One residents bathroom identified Steradent denture cleaning tablets easily accessible. The use/storage of these items require a robust risk assessment and safe storage as per medicines management and Control of Substances Hazardous to Health (COSHH) guidance, in order to reduce the risk of harm to anyone using or potentially accessing them. An area for improvement has been identified.

A review of one communal bathroom identified that resident's personal hygiene products such as shampoo, shower gel and continence products were not being stored appropriately for personal use. An area for improvement has been identified.

Two large sideboards used for storing linen were worn, damaged and could not be effectively cleaned. These items of furniture needed to be repaired or replaced, this was highlighted to the management team who agreed to action.

One residents bed base was observed to be badly stained and in need of cleaning or replacement if it could not be effectively cleaned. An area for improvement has been identified.

A review of bathrooms across the home identified that toilet rolls were being stored on top of cisterns, presenting an infection prevention and control risk. An area for improvement has been identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

### 3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Emily Martin has been the Registered Manager of the home since 2 July 2024.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home. Advice was provided to the management team to include regular review of residents mattresses and bed bases to the suite of audits in place.

A review of staff competency and capability assessments for person left in charge of the home in absence of the manager, identified that they had not been completed for all relevant staff. An area for improvement has been identified.

In addition it was noted that a number of annual appraisals for staff had not been completed, however this was discussed with the management team and it was highlighted that other areas in relation to governance had been prioritised since the home was recently taken over by the new provider.

A review of staff and residents meeting minutes highlighted that there were gaps in the completion of action plans following meetings. Advice was provided to the management team who agreed to review.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	4*

\* the total number of areas for improvement includes one standard that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 November 2024</p>	<p>The Registered Person shall ensure that all areas of the home to which residents have access are free from hazards to their safety and staff are made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazard.</p> <p>This area for improvement is made with specific reference to the supervision and storage of Steradent denture cleaning tablets and prescribed topical medicines.</p> <p>Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The storage of Steradent and prescribed topical medicines have been reviewed, taking into account the capacity of those Residents who purchase Steradent, and the importance of maintaining their independence.</p> <p>We have also reviewed the risk associated with other Residents accessing these items.</p> <p>We have agreed safe storage of same within the ensuite bathrooms, removing it from sight and making it less easily accessible. This will be kept under review and risk assessments updated as necessary.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 February 2025</p>	<p>The Registered Person shall ensure that residents bed bases that are stained or worn must be effectively deep cleaned or replaced in line with infection control measures. Residents bed bases must be kept under regular review.</p> <p>Ref: 3.3.4</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 October 2024</p>	<p>The Registered Person shall ensure that the home is well maintained and decorated to a standard acceptable for residents. A time bound refurbishment plan should be completed and shared with RQIA with the return of the Quality Improvement Plan (QIP).</p> <p>Ref: 2.0 &amp; 3.3.4</p>
<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 November 2024</p>	<p>The Registered Person shall ensure that individual residents toiletries and personal hygiene products are managed and stored appropriately.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> This was in relation to an individual Residents toiletries being kept in a toilet which only that Resident uses. However, it is accepted that this is not an ensuite and there is the potential for others to use this toilet. Staff have been reminded of the importance of checking this regularly and removing any individual use items.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 November 2024</p>	<p>The Registered Person shall ensure that staff are aware of their role and responsibilities in identifying infection control concerns throughout the home and take measures to reduce and report any concerns identified.</p> <p>This area for improvement is made with specific reference to ensuring toilet cisterns are kept clear of any items.</p> <p>Ref: 3.3.4</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 25.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 February 2025</p>	<p>The Registered Person shall ensure that a competency and capability assessment has been completed for any staff member who is left in charge of the home, in absence of the manager. This assessment must be kept under review.</p> <p>Ref: 3.3.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> This was discussed in reference to spare toilet rolls being kept on top of the cisterns in private ensuites. Management acknowledge that they were not aware that this was a concern in regard to infection control, and have now made all staff aware of same, and reminded them of their role in ceasing this practice.</p> <p><b>Response by registered person detailing the actions taken:</b> We are currently working through these competency assessments and these will be completed within the designated timeframe.</p>

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



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