

Inspection Report

Name of Service: Summerhill
Provider: Harrison Care Homes Bangor Ltd
Date of Inspection: 6 November 2025

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

1.0 Service information

| | |
|---|--------------------------------|
| Registered Provider: | Harrison Care Homes Bangor Ltd |
| Responsible Person: | Lisa Dawn Harrison |
| Registered Manager: | Emily Martin |
| <p>Service Profile:</p> <p>Summerhill is a registered Residential Care Home which provides health and social care for up to 23 residents. The home provides care for residents living with dementia, physical disability, sensory impairment and general residential care to those over 65 years of age.</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 6 November 2025, from 9.35 am to 2.30 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 19 November 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 six areas for improvement from the previous care inspection were assessed as having been addressed by the provider. 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 residents, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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. Resident's comments included "staff are brilliant", "the staff are absolutely wonderful, they do everything for you" and "the staff are super".

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.

There were no questionnaire responses returned following the inspection.

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.

Annual staff appraisals were over due for completion, however the manager confirmed a plan in place and this will be reviewed at a future inspection.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

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.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

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 appeared appetising and nutritious.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and spoke highly of the staff involved in delivering activity provision in the home.

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.

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 is an older, period style building that has been converted into a residential care facility. The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

It was positive to note that work to improve the homes environment to ensure it was maintained and decorated to a good standard, identified at previous inspections, had been undertaken. It was evident that there was still some work required and this was discussed with the management team who shared a robust environmental action plan with RQIA for review. RQIA are satisfied that refurbishment has been identified which will enhance the overall quality of life and lived experience for residents living in the home.

Observations identified some concern with environmental risk management. For example; the laundry room was unlocked which had toiletries and cleaning chemicals which were easily accessible to anyone entering the room. This was brought to the attention of management immediately who arranged for the room to be locked and cleaning supplies removed to reduce the risk of harm to anyone using or potentially accessing them. An area for improvement has been identified.

It was noted that there was information containing resident's personal information not being stored securely in the conservatory area of the home. An area for improvement has been identified.

It was identified that there were a number of items of equipment used by residents, such as a wheelchair and commode being stored inappropriately in a communal bathroom. This was brought to the attention of the management team and will be reviewed at a future inspection.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

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 no change in the management of the home since the last inspection. Ms Emily Martin has been the Registered Manager in this 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 system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager 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 in the home.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

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 |
|--|-------------|-----------|
| Total number of Areas for Improvement | 2 | 0 |

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.

| Quality Improvement Plan | |
|--|---|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) & (c)</p> <p>Stated: First time</p> <p>To be completed by: 6 November 2025</p> | <p>The Registered Person shall ensure that cleaning supplies and toiletries are stored securely in the laundry room at all times.</p> <p>Ref: 3.3.4</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>Staff have been reminded of the importance of this, and increased monitoring indicates that this compliance has improved. This will continue to be monitored by the Manager.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 13 (8) (a)</p> <p>Stated: First time</p> <p>To be completed by: 6 November 2025</p> | <p>The Registered Person shall ensure that resident's personal information is stored securely and in accordance with GDPR policy, procedures and guidance.</p> <p>Ref: 3.3.4</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>This relates to medication information in a poly pocket on the outside of the medication cupboard. This has now been removed and staff have been made aware that this storage is not acceptable.</p> <p>Ongoing monitoring in relation to GDPR will continue.</p> |

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews