



The **Regulation** and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Sunnymead**

18 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 18 January 2016 from 10.15 to 14.30. Overall on the day of the inspection the home was found to be delivering 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 Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSPSS Residential Care Homes Minimum Standards (2011).

1.1 Actions/Enforcement Taken Following the Last Inspection

No actions were required to be taken following the last inspection.

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	1	0

The details of the QIP within this report were discussed with Brenda Nesbitt, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation /Registered Person: Linda Margaret Nesbitt	Registered Manager: Brenda Nesbitt
Person in Charge of the Home at the Time of Inspection: Brenda Nesbitt	Date Registered: 3 June 2015
Categories of Care: RC-LD(E), RC-LD, RC-MP(E), RC-DE, RC-I, RC-PH	Number of Registered Places: 39
Number of Residents Accommodated on Day of Inspection: 39	Weekly Tariff at Time of Inspection: £470

3. Inspection Focus

The inspection sought to determine if the following standard has been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report
- 20 Accidents /incidents notified to RQIA.

During the inspection the inspector met with 16 residents (eight individually and with others in group format), registered manager, deputy manager, three care staff and one activity therapist.

The following records were examined during the inspection:

- Four resident's care records
- Monthly visits by the registered provider
- Complaints
- Residents' meetings
- Relatives' meetings
- Staff meetings
- Accidents / incidents
- Care reviews
- Statement of Purpose
- Resident Guide
- Report on methods used to obtain residents views
- Resident satisfaction survey

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 17 July 2015.

5.2 Review of Requirements and Recommendations from the last Care Inspection

No Requirements or Recommendations resulted from the last inspection.

5.3 Standard 1 - Residents' views and comments shape the quality of services and facilities provided by the home.

Is Care Safe?

Four care records randomly selected contained pre and post admission needs assessments which were complemented with risk assessments. Care plans reflected individual person centred needs, daily progress notes and reviews.

Residents who spoke with us confirmed that they felt their needs were met by staff who they described as very attentive and readily available when they required assistance. Residents confirmed they felt very much involved in the day to day running of the home and that they had meetings to discuss and express their views. No issues or concerns were raised.

The manager explained that a number of methods had been established to ensure that residents' views and comments shape the quality of care and life in the home. These included:

- Annual satisfaction surveys which included the resident's view of the home's performance with feedback and action taken published and displayed on the resident/representative notice board.
- Residents' general meetings were held twice yearly and monthly activity meetings. Minutes of meetings examined showed the views of residents, in regard to any proposed changes, were shared and their opinions sought. An activity programme for each month was discussed and residents invited to share their opinions, views and ideas.
- Senior house keeper meetings held with each resident, twice yearly, to clarify if the resident is happy with the standard of cleanliness and general house-keeping. Ideas and suggestions for improvement were noted.
- Meals/mealtimes – comment sheets are readily available for residents to express their views on the meal provided, their presentation, quality and quantity of food. In addition the head cook personally visits each resident on a six monthly basis to discuss their preference and ideas to help inform the seasonal menu planning.

The manager confirmed that the analysis/outcome of all the aforementioned meetings were reported and discussed with the registered provider who was always very keen to ensure that residents' views are listened to and action taken to continuously improve the quality of care and life in the home.

The manager and staff confirmed that staffing levels were always safe and that additional staff would be provided if the needs or dependency levels of residents changed. Staffing levels were reflected within the staff duty roster with actual hours worked recorded.

The home had a health and safety policy which details management responsibilities in regard procedures including: maintenance of equipment, working practices, safe and healthy environment.

Is Care Effective?

Residents and staff confirmed that they felt the care provided was effective and if changes did occur a review would be called and the care plan reviewed and revised. This was evidenced in care plans examined.

Residents who spoke with us confirmed that their care was very good and that if they were dissatisfied staff would, "soon put things right".

Care reviews examined showed that residents/representatives were satisfied with the care provided. Annual care management reviews were in place with minutes recorded.

Analysis of various methods used to seek residents' views, as reflected above, evidenced overall satisfaction in the care provided.

All residents were observed to be relaxed, happy and content. They were nicely dressed with obvious care and attention given to personal care needs.

Complaints records were retained. The manager explained that all matters of dissatisfaction expressed by residents are recorded in the complaints register and early resolution sought. Examination of records retained showed that all complaints were appropriately managed and resolved to satisfaction with the outcome signed by the complainant.

Is Care Compassionate?

The home had a Statement of Purpose dated April 2015. The philosophy of the home "is to enable residents to make informed decisions and to empower them to live happy fulfilled and purposeful life in Sunnymead." This document is readily available to residents.

The registered manager explained that Sunnymead aims to ensure that the care provided is person centred, safe, effective and compassionate. Care is based on the principles of My Home Life programme which aims to ensure that residents are involved in the day to day running of their home. There was good supporting evidence of the effectiveness of this programme throughout the home. Residents confirmed that they felt that their voice was heard with choice and control afforded. This is to be commended.

Staff were observed interacting and engaging with residents in a respectful, dignified compassionate manner.

5.4 Additional Areas Examined

5.4.1. Management arrangements

The registered manager, Brenda Nesbitt, has developed systems and arrangements that support and promote the delivery of a safe quality service for residents accommodated in the home.

There was good supporting evidence of ongoing quality assurance methods in use to determine the effectiveness of care provided and where necessary develop action plans to address issues.

Staffing levels were deemed to be satisfactory by staff and residents who spoke with us.

The registered manager confirmed that she had received the revised RQIA guidance on Statutory Notification of Incidents and Deaths (2015). Accident and incidents records were retained with action taken to minimise any identified risks. Accidents/incidents which adversely affect the well bearing or safety of any resident are reported to RQIA and the commissioning HSC Trust.

The registered manager confirmed that staff supervision, appraisal, training/professional development, staff meetings, reflective practice were provided in keeping with the overall governance arrangements of the home.

The registered manager reported that the registered provider, Linda Nesbitt, is in the home almost every day and undertakes monthly monitoring. Examination of records held showed the last recorded monthly monitoring visit was dated August 2015. The manager explained that she was unable to locate the other reports as the registered provider was on leave. One requirement was made in regard to availability of monthly monitoring visits.

5.4.2 Environment

All areas within the home were observed to be clean, tidy, organised and fresh smelling throughout. All fire doors were closed and fire exits unobstructed.

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Brenda Nesbitt, registered manager, 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.

6.4 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.

6.5 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.6 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to care.team@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 the 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 the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 29 Stated: First time To be Completed by: 25 January 2016.	The registered provider must ensure that monthly monitoring reports are retained in the home and made available on request to RQIA, registered manager, residents/representatives and officer of the HSC Trust.		
	Response by Registered Person(s) Detailing the Actions Taken: Monthly monitoring reports are now available in the home. Old report format has now been reviewed and will be introduced from February 2016 and onwards.		
Registered Manager Completing QIP	Brenda Nesbitt	Date Completed	9/2/16
Registered Person Approving QIP	Linda Nesbitt	Date Approved	9/2/16
RQIA Inspector Assessing Response	Priscilla Clayton	Date Approved	9/02/16

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address