

Unannounced Care Inspection Report

3 March 2021



Sunnymead

Type of Service: Residential Care Home
Address: 12 Portadown Road, Armagh, BT61 9EE
Tel No: 028 3752 3866
Inspector: Laura O'Hanlon

www.rqia.org.uk

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 registered to provide care for up to 39 residents.

3.0 Service details

| | |
|---|--|
| Organisation/Registered Provider: Sunnymead (Armagh) Ltd Responsible Individual: Linda Margaret Nesbitt | Registered Manager and date registered: Brenda Nesbitt - 24 April 2015 |
| Person in charge at the time of inspection: Dorothy Clarke, deputy manager until 12.00 hours. Brenda Nesbitt from 12.00 hours. | Number of registered places: 39 |
| Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment | Number of residents accommodated in the residential home on the day of this inspection: 35 |

4.0 Inspection summary

An unannounced inspection took place on 3 March 2021 from 10.45 to 16.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

Residents said that they were very happy with the care provision, that they felt safe in the home and that staff were kind to them.

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 | *1 |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Brenda Nesbitt, manager and Linda Nesbitt, responsible individual, as part of the inspection process and can be found in the main body of the report.

*This area for improvement was not reviewed at this this inspection and is carried forward for review at the next inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 23 residents and five staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas
- two staff competency and capability assessments
- staff training records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the Regulation 29 monitoring reports
- COVID-19 information file
- RQIA registration certificate.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 9 September 2020. The quality improvement plan from this inspection was not reviewed and will be reviewed at a future inspection.

There were no areas for improvement identified as a result of the last care inspection on 22 January 2020.

| Areas for improvement from the last medicines management inspection | | |
|--|---|--|
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | | Validation of compliance |
| Area for improvement 1 Ref: Standard 6 Stated: First time | The registered person shall ensure that, for any resident who is prescribed medication for administration on a “when required” basis as part of the protocol for the management of distressed reactions, a care plan is in place to help direct care. | Carried forward to the next care inspection |
| | Action taken as confirmed during the inspection: This area for improvement was not reviewed at this inspection and is carried forward for review to the next inspection. | |

6.2 Inspection findings

6.2.1 Staffing

During the inspection we could see that residents’ needs were met promptly by the staff on duty. The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated; the manager further stated that staffing levels would be adjusted when needed. Discussion with the residents and staff confirmed that they were satisfied with the staffing arrangements in the home. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

Staff were knowledgeable about the needs of the residents and were seen to speak to them kindly and with warmth. Staff told us that teamwork was good and that the manager and the responsible individual were both supportive and approachable. The staff reported that they all work together for the benefit of the residents. Staff spoken with commented positively on their work in the home; some comments included:

- “Excellent care is provided here; it’s exemplary. We have really good teamwork; there is little turnover of staff, it is a settled team. The care is very person centred; it’s what the resident wants. The staffing levels are always good and they are amended accordingly depending on the needs. For example if someone requires additional support, this would be provided. There is good communication and we are all clear on our roles and responsibilities.”
- “The care provided here is very good. There is a good positive culture. Everyone helps each other out; there is good teamwork. I feel valued as a staff member. The staff enjoy looking after the people who live here. There is enough staff on duty; we all have clear roles and there is good shift handovers provided.”
- “Fantastic care is provided here. There is really good teamwork; everyone helps each other out. We have staff training and additional training is also provided. The staffing levels are good and extra staff are put on duty when this required.”
- “I love it here. I like getting to know the residents well. There is a really good team in here, everyone gets on so well and is really helpful. The residents are well looked after, well cared for; its top class.”

We could see that the duty rota accurately reflected the full names and grades of staff working in the home and the manager’s hours were recorded. The person in charge of the home in the absence of the manager was clearly identified.

We reviewed two staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager’s absence. There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

There was an overview of staff training in place which included mandatory training and additional training where this was required. This was checked on a monthly basis by the manager.

6.2.2 Infection prevention and control procedures (IPC)

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available.

Staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. We observed that staff used PPE according to the current guidance. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed with attention to detail. It was obvious that staff knew the residents well; they spoke to them

kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. On arrival to the home we observed the residents involved in making French toast with the staff.

The atmosphere in the home was calm, relaxed and friendly. We found that residents were chatty and engaged. Residents who were less well able to communicate were seen to be content in their surroundings. Residents spoke positively about life in the home, the staff and the food; they commented:

Some comments made by residents included:

- “This is an excellent place the staff are good and so kind. The food is brilliant; you can get anything you want. I feel really safe in here and it’s a really clean home. The manager, deputy manager and Linda are all great; you could approach any of them.”
- “It’s a lovely place; the staff are all great.”
- “This is a great place. It’s so homely and I feel really safe. I would recommend it to anyone.”
- “This is home from home.”

The staff told us that they recognised the importance of maintaining good communication with families during the current pandemic. The care staff assisted residents to make phone or video calls with their families in order to reassure relatives that their loved one was well. Visiting arrangements were in place on a planned basis.

We observed residents engaged in activities such as, knitting, reading and watching television. In the afternoon the staff were singing with the residents and everyone was encouraged to participate.

We observed the serving of mid-morning snacks and found this to be a pleasant and unhurried experience for residents. Staff were helpful, attentive and demonstrated their knowledge of residents’ dietary preferences.

We observed the serving of lunch in the dining room. A menu was on display and there were two options of main course available. Residents were offered a selection of drinks and condiments were on the tables. The food on offer was well presented and smelled appetising. Staff provided residents with assistance and encouragement as necessary. The mealtime was relaxed and unhurried. Where this was required; meals were covered appropriately when transported to bedrooms.

6.2.4 Care records

We reviewed three care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the residents. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

6.2.5 Environment

We reviewed the environment and looked at a selection of bedrooms, bathrooms, lounges, the dining room, storage areas and the treatment room. We observed that the home was warm, clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items that were meaningful to individual residents and the home was tastefully decorated.

Corridors and fire exits were clear of obstruction. Equipment was found to be maintained in a clean condition and to be stored appropriately in the home.

6.2.6 Governance and management arrangements

There is a clear management structure within the home and the manager and the responsible individual were available during the inspection process. Discussion with the manager evidenced that she felt well supported in her role. The manager confirmed that she undertakes a daily walk around the home so that she is appraised with everything. All staff and residents spoken with commented positively about the manager and described her as supportive and approachable. Comments included:

- "The management are very approachable, they listen to their staff. They are very supportive and will take any issues on board. They are proactive."
- I could approach Brenda, Dorothy or Linda. They are all very professional and confidential. They are very involved in the running of the home."
- "The management are very good. They are on the ball if something is needed. They are proactive in seeking extra support for staff."
- "I could approach the manager easily. I always feel listened to and supported."

A system of audits was in place in the home. Examples of such audits reviewed were, the management of falls and care records. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A review of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome. Records of compliments were also retained in the home.

An inspection of accidents and incident reports was undertaken. Review of these records identified an incident where RQIA should have been notified. This was discussed with the manager to clarify those accidents and incidents which should be reported. This notification was submitted to RQIA following the inspection.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of the visits completed in January 2021 and February 2021 were reviewed. These reports were noted to have been completed in a robust and effective manner. An action plan within these reports

had been developed to address any issues identified which included timescales and the person responsible for completing the action.

Areas of good practice

Evidence of good practice was found in relation to maintaining residents' dignity and privacy. We observed friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.3 Conclusion

On the day of the inspection we observed that residents appeared comfortable, and that staff treated them with kindness and compassion. The residents we spoke with all agreed that they are receiving good quality care in Sunnymead. Throughout the inspection, residents within the home were attended to by staff in a respectful manner. The environment was well maintained, clean and tidy.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Brenda Nesbitt, manager and Linda Nesbitt, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

| Quality Improvement Plan | |
|---|--|
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | |
| Area for improvement 1 Ref: Standard 6 Stated: First time | <p>The registered person shall ensure that, for any resident who is prescribed medication for administration on a “when required” basis as part of the protocol for the management of distressed reactions, a care plan is in place to help direct care.</p> |
| To be completed by: 9 October 2020 | <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.2</p> |

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)