

# Unannounced Care Inspection Report 5 February 2018



## Sunnymead

**Type of Service: Residential Care Home**  
**Address: 12 Portadown Road, Armagh, BT61 9EE**  
**Tel No: 028 3752 3866**  
**Inspector: Priscilla Clayton**

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

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home which is registered with RQIA to accommodate a maximum 39 residents. The home can provide care for older people, limited number of residents with dementia and those with mental health and learning disability. Day care can be provided care on the condition the number of residents does not exceed 39 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Sunnymead (Armagh) Ltd  <b>Responsible Individual:</b> Linda Nesbitt	<b>Registered Manager:</b> Brenda Nesbitt
<b>Person in charge at the time of inspection:</b> Brenda Nesbitt	<b>Date manager registered:</b> 3 June 2015
<b>Categories of care:</b> 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 (E) - Physical disability other than sensory impairment – over 65 years	<b>Number of registered places:</b> 39 comprising: 25 – RC-I 05 – DE 05- MH (E) 02 – LD (E) 02 –LD

### 4.0 Inspection summary

An unannounced care inspection took place on 5 February 2018 from 09.30 to 15.30 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (2011).

The inspection assessed progress with any areas for improvement identified since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to governance systems and processes including management of complaints and incidents, quality improvement and provision of therapeutic activities and maintaining good working relationships. There were also examples of good practice found in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No areas requiring improvement were identified from this inspection. The registered manager and staff are to be commended on their efforts to ensure continuous quality improvement in the service provided.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

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

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 July 2017.

## 5.0 How we inspect

Prior to inspection we analysed the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with all residents, several individually and with others in small group format, three staff and two residents' visitors.

A total of ten RQIA satisfaction questionnaires were provided for distribution to residents/representatives. Ten completed questionnaires were returned.

A poster detailing information on how staff can access satisfaction questionnaires by way of survey monkey or mobile scans was provided. No questionnaires were returned within the timescale.

Ann Simpson, lay assessor was present during part of the inspection and her comments are included within this report.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events
- Statement of Purpose
- Minutes of recent residents' meetings/representatives' / other

- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual
- Financial records held by the home on behalf of residents

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Brenda Nesbitt at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 14 July 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 14 July 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 20.2 <b>Stated:</b> First time	The registered person shall ensure that staff induction programmes are signed by the registered manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Examination of two randomly selected staff induction programmes evidenced that these were signed by the registered manager.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 20.2 <b>Stated:</b> First time	The registered person shall ensure that physical and mental health assessments are obtained from staff before commencing employment. A copy should be retained on file.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Examination of one newly appointed staff member's file evidenced mental and physical declaration.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 20.2 <b>Stated:</b> First time	The registered person shall ensure that the Statement of Purpose and Resident Guide is reviewed and revised to include restrictions currently in place within the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the Statement of Purpose and Resident Guide evidenced that restrictions in use were reflected.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No issues or concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records of a recently employed staff member and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Induction programmes were signed by the manager when the programme was successfully completed.

Discussion with three care staff confirmed that induction, mandatory training, supervision and appraisal of staff continues to be provided with records retained. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

Discussion with the registered manager confirmed that staff continues to be recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The employment record of one newly appointed care staff member was reviewed and found to contain all required documents, including a record of Access NI reference number and disclosure date.

Arrangements were in place to monitor the registration status of staff with the Northern Ireland Social Care Council (NISCC).

Review and discussion with the registered manager regarding one complaint evidenced this had been appropriately managed and recorded, investigated and resolved to the complainant's satisfaction.

The registered manager confirmed the current restrictive practices employed within the home, notably locked doors, keypad entry systems, lap belts and CCTV at the exit front door and external environment. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Registration for CCTV coverage had been made with the Commissioner's Office (ICD).

One recommendation made at the previous care inspection regarding review and revision of the Statement of Purpose and Residents Guide to include restrictions had been addressed.

Inspection of three resident care records confirmed there was a system of referral to the multi-professional team when required and annual reviews undertaken by the commissioning trust key workers.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of mechanical hoists evidenced that these were serviced and maintained in accordance with recommendations. Records were in place.

Staff training records confirmed that all staff had received training in infection, prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of the home's IPC policies and procedures. Inspection of the internal environment confirmed that there was a good standard of hygiene; observation of staff practice identified that staff adhered to the home's IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. The registered manager explained that any outbreak occurring would be managed in accordance with the home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated throughout. The registered manager explained the planned environmental improvements for this year included replacement of carpet within the hallway and redecoration.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to minimise identified risks.

The RQIA lay assessor found that the rooms were all very bright, nicely furnished and very individual.

The home had an up to date fire risk assessment which was dated 25 February 2017. No recommendations for improvement were made.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed as recommended. Records were retained of staff who participated in training alongside content of training provided. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Residents admitted since the previous inspection had a completed Personal Emergency Evacuation Plan (PEEPs) record.

Three care staff spoken with during the inspection made the following comments:

- “We provide a very safe good standard of care here and are provided with the resources to do so.”
- “We ensure our risk assessments are reviewed on a regular basis.”
- “The home is maintained to a very high standard of cleanliness and decoration.”

Six completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with the safe aspect of care as “very satisfied”. Comments recorded included:

- “Very happy with all aspects of care.”
- “Very well looked after, always some to help if needed.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, infection prevention and control, risk management and the home’s high standard of furnishing and decoration.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.5 Is care effective?

### The right care, at the right time in the right place with the best outcome

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included life history, assessment of needs complemented with risk assessments, care plans and daily/regular statements of health and well-being of each resident.

The care records examined reflected multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. The registered manager, staff and residents advised that residents / representatives were encouraged and enabled to be involved in the needs assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice; residents fully consulted, their views and preferences sought and acknowledged.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records continue to be stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, catering was available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visit reports. The registered manager explained that the annual quality report for year 2017 was a work in progress and that the annual satisfaction questionnaires were due for distribution this month. Areas identified for improvement by the responsible person included the replacement of carpet within the hall and stairway alongside redecoration.

The registered manager confirmed that systems continue to be in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an "open door" policy in regard to communication within the home.

Residents and two representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives. Minutes of residents' meetings were reviewed during the inspection. Residents who spoke with the inspector advised that there was always a visual presence of the registered manager which they described as "very pleasing as she can oversee all that's going on, talking to everyone including visitors, and that's why we have such a good home".

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals continue to be timely and responsive to the needs of the residents.

Care staff spoken with during the inspection made the following comments:

- “Residents are consulted at arranged meetings regarding the day to day running of the home and their ideas for improvements are always acknowledge.”

Ten completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with the provision of effective care as “very satisfied.”

Residents and two representatives spoken with provided positive comments in regard to the effective care provided:

- “My needs are always met here and the staff are very attentive to everything.”
- “Staff always answers my call bell quickly. I never have to wait too long before they knock on my door to see if they can help.”
- “The care is excellent; I don’t have any complaints at all.”

The RQIA lay assessor advised that all residents spoken with were very happy with their care and spoke highly of the staff. No negative comments or complaints were made.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between residents, staff and other key stakeholders and ongoing quality improvement.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. Staff who spoke with the inspector confirmed that these values were firmly embedded within their practice.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and two representatives confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. For example; a resident notice board which contained a wide range of user friendly information including scheduled activities agreed by residents and healthy living information, Service User Guide, service user agreements, person centred care plans, resident meetings and care reviews. The registered manager, residents and/or their representatives confirmed that consent was always sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff and were able to demonstrate how residents' confidentiality was protected in accordance with the home's confidentiality policy which they must uphold. For example; information about residents is only ever shared with those authorised to know.

Residents confirmed that they were encouraged to engage in social activities in which they have an interest. The activity therapist co-ordinates activities and social events in consultation with residents. Residents chosen programme of activities included for example; games / puzzles, passive exercises, outings to events in the local community, lunch and coffee outings, food themed events, spiritual events. Activities are provided within small group or one to one format depending on the expressed wish and needs of the resident.

Discussion with staff, residents and two representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example; arrangements were in place for residents to maintain links with their friends, families and wider community through open visiting, telephone contact, visits out for lunch / tea and church attendance.

Residents and staff who spoke with the inspector explained how much everyone enjoyed the official opening of their new sensory garden and how they are involved in the day to day running of their home. For example they had developed a rota of tasks to be carried out which included; laundry folding, delivering newspapers to other residents and the setting of dining room tables.

The registered manager and staff advised that residents were listened to, valued and communicated with in an appropriate manner. Residents and two service representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There continues to be systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example; residents' meetings, annual reviews, annual satisfaction surveys, monthly monitoring visits and daily informal discussions with staff and the registered manager.

Ten service users satisfaction questionnaire were completed and returned to RQIA on the day of inspection. All respondents described their level of satisfaction with the provision of compassionate care as "very satisfied" One resident commented "we are well looked after in every way; plenty of activity and things to do".

The RQIA lay assessor advised that she found there was a pleasant and friendly atmosphere and good interaction between staff and residents.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents. The structured programme and varied range of therapeutic activities and social events are to be commended.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider and registered manager responds to regulatory matters in a timely manner.

There was a clear organisational structure and all staff was aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered provider/s identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were current and displayed in a prominent position within the home.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures viewed were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, residents meetings and satisfaction questionnaires. Discussion with staff

confirmed that they were knowledgeable about how to receive and deal with complaints. One complaint was received during the period 1 April 2016 to date. This was investigated, recorded and resolved to the satisfaction of the resident.

The home had received many complementary letters and cards from relatives and ex residents commending management and staff on the excellent care provided.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A cursory view of accidents/incidents/notifiable events records evidenced that these were effectively documented, reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using an adapted form of this guidance to improve post falls management.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys each year. The registered manager advised that the resident questionnaire was about to be distributed to residents / relatives and that the outcome and any planned action would be included within the annual quality report which will be shared with residents. The registered manager agreed to forward a copy of the annual quality report to RQIA.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Monthly monitoring visits continue to be undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. Report for December 2017 and January 2018 were reviewed by the inspector.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. No adult safeguarding issues were currently active.

Review of finances records of money held on behalf of residents were reviewed and discussed with the registered provider and administrative staff member. Records were observed to be satisfactorily recorded, dated and signed with invoices retained on all expenditure. Monthly reconciliation of finance records were dated and signed.

Discussion with staff confirmed that there continues to be very good staff working relationships within the home and that management were always responsive to suggestions and/or concerns raised.

Staff spoken with during the inspection made the following comments:

- "The manager is always readily available and operates an open door to all."
- "We are very well supported and have the resources to meet our residents' needs."

Ten completed satisfaction questionnaires were completed and returned to RQIA from service users. Respondents described their level of satisfaction with the well led service as very satisfied. No issues or concerns were raised.

The lay assessor who attended part of the inspection met with residents and discussed their overall satisfaction with the care provided. Positive responses were received from everyone. No issues or concerns were raised or indicated.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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