



Sunnymead
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12 Portadown Road
Armagh
BT61 9EE

Inspector: Priscilla Clayton
Inspection ID: IN023129

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**Unannounced Care Inspection
of
Sunnymead**

17 July 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 17 July 2015 from 10.30 to 15.00. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care in the areas inspected. No areas of improvement were identified.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous Quality Improvement Plan (QIP) there were no further actions 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	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Sunnymead (Armagh) Ltd/Mrs Linda Nesbitt.	Registered Manager: Brenda Nesbitt
Person in Charge of the Home at the Time of Inspection: Brenda Nesbitt	Date Manager 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: 35 residents plus 2 day care service users.	Weekly Tariff at Time of Inspection: £473

3. Inspection Focus

The inspection sought to determine if the following standard and theme had been met.

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

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

Prior to inspection we analysed the following records: accident/incident notifications and returned Quality Improvement Plan (QIP) from the previous inspection.

We met with 16 residents, four care staff and one resident's relative.

The following records were examined during the inspection: four care plans, risk assessments, accident/incident, complaints, staff training, Fire Risk Assessment and policies and procedures relating to continence management and death and dying.

5 The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced pharmacy inspection dated 22 September 2014. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Previous Inspection

No requirements or recommendations were made from the previous care inspection conducted on 24 June 2014.

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

The registered manager and staff confirmed to us that residents can and do spend their final days of life in the home. This is unless there is a documented health care need that would necessitate transfer to hospital or a nursing facility.

The registered manager explained there would be close collaboration with the resident's representative and the Southern Health and Social Care Trust (SHSCT) care management team when a resident was very ill.

The manager and staff confirmed to us that staffing levels would always be kept under review. If necessary these would be increased to ensure that a resident who was very ill or dying would not be left alone. Support services could also be commissioned through the district nursing service. For example the Marie Curie or Macmillan service.

To ensure that the care provided by staff was safe the manager and staff confirmed to us that assessment of the resident's care needs would be closely monitored and reviewed by the district nurse. Care staff would follow the district nurse's care plan. The resident, their representative and the general practitioner would be consulted in regard to any proposed changes in care.

The registered manager and staff confirmed that risk assessments complement the resident's holistic needs assessment. Risk assessments would include for example; moving and handling, nutritional and pressure area risk. Identified risk assessments were reflected within care plans examined with measures to minimise risk recorded.

Staff training in death and dying had been provided with a record of attendance retained.

Staff training in the safe administration of medication is provided with attendance recorded. The administration of medication observed by us was considered to be in accordance with safe practice.

Is Care Effective? (Quality of Management)

The home had a policy/procedure on dying and death which was dated February 2015. Staff who spoke with us demonstrated awareness of the policy and procedures to follow.

"End of Life Support Plan" was contained within care plans examined. The registered manager explained to us that this plan is respectfully discussed with each resident or representative. We noted that this record reflected the resident choice, preference and spiritual wishes were recorded. The document was signed by the resident and/or their representative. This practice is to be commended.

In our discussions with the registered manager and staff they confirmed that the district nurse would visit the home on a regular basis. This was to ensure that the care provided was in keeping with the care prescribed and recorded in the care plan.

Staff training in death and dying was provided on 7 May 2015. Training records examined by us reflected staff attendance. Contents of the training programme were retained.

Is Care Effective? (Quality of Management)

The home had a written policy and procedure in place which was readily available to staff. We noted that end of life instructions were documented within care records. This recorded the wishes of the resident or representative following their death. Spiritual wishes were recorded within the record retained. This practice is to be commended.

In our discussions with the registered manager and staff they confirmed to us that the district nursing service aligned to the home was accountable and responsible for the care prescribed. This would be recorded within the resident's care plan.

The registered manager confirmed to us that staff had undertaken training in this area of care. Other training recorded within records examined included administration of medications and safe moving and handling. In addition the district nurse would undertake nutritional and pressure area risk assessments to ensure that the care provided was safe and effective.

In our discussions with staff they confirmed that additional resources in the form of a profiling bed, air wave pressure relieving mattress and cushion would be provided by the district nursing service.

Is Care Compassionate? (Quality of Care)

In our discussions with the registered manager and staff they confirmed that the philosophy of care and practice was to provide a friendly and caring atmosphere. She reported that residents and their relatives are always listened to and treated with dignity and respect.

Staff demonstrated to us that they had knowledge and understanding of the importance to uphold each resident's core value of rights. Staff also confirmed to us that there was a supportive ethos within the management of the home to support residents and staff deal with dying and death.

The registered manager and staff advised us that residents would be informed individually of the death of a fellow resident and in a sensitive manner.

Areas for Improvement

No areas were identified for improvement from the inspection of this standard.

Number of Requirements:	0	Number of Recommendations:	0
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6.0 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

We reviewed four care records. We found that a comprehensive needs assessment was completed and that continence care plans were in place.

Referral for continence assessment is made to the community nursing service. The registered manager explained to us that there have been times when response to the referral had been lengthy. Records in regard to referrals were maintained. The registered manager explained that delays had been discussed with the care manager at reviews. The care manager is following this matter up with the community nursing team.

Staff training records examined by us reflected training was undertaken on 30 April 2015 and 7 May 2015.

We spoke with four staff members. They were able to describe the system of referral to the community nursing service for continence assessment.

In our discussion with staff, we found that they were able to demonstrate knowledge and understanding of continence care.

From our discreet observations, discussion with staff and review of care records we identified no mismanagement in this area of care.

We found there was a plentiful supply and range of incontinence garments stocked. In addition items such as laundered bed lines, disposable gloves, aprons and soap dispensers were available.

Is Care Effective? (Quality of Management)

We found that the home had a policy and procedure on continence management which was dated April 2015.

Staff were able to verify to us that issues of assessed need are reported to the community nursing service for assessment.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. From our discussion with residents, we endorsed that staff provide assistance with continence care in a sensitive caring manner.

Areas for improvement

No areas were identified for improvement from the inspection of this theme.

Number of Requirements:	0	Number of Recommendations:	0
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7.0 Additional Areas Examined.

7.1 Residents views.

We met with eight residents individually and with others in small group format. We observed residents relaxing in the communal lounge areas. Several watched television while others choose to read the local newspapers or relax in their bedrooms. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. Residents expressed their satisfaction with staffing, facilities and services provided. Some comments made included:

- “The manager and staff always listen to our views and would address any issues we raise at meetings”
- “There is always staff available and they answer call bells when we need assistance”
- “The food is good, choice provided, plenty of variety”

7.2 Staff views

We spoke with four care staff members in addition to the registered manager. Staff confirmed to us that they felt well supported in their respective roles by both the manager and the registered provider. The staff related that they had been provided with the relevant training and resources to undertake their duties in a safe, effective and compassionate way. Staff demonstrated to us that they were knowledgeable of the needs of individual residents.

- “I enjoy working here, best home around, and the residents are cared for very well.”
- “The care provided here is very good and I have felt well supported here since I started working here”

Ten staff questionnaires were distributed for return. Two were returned at the time of writing this report. Both questionnaires returned contained positive responses.

7.3 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard. All areas were fresh smelling throughout.

7.4 Care Practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. We observed residents were nicely dressed with colour coordinated clothing.

7.5 Accidents/Incident reports

We reviewed accidents and incidents records. We confirmed that these were reported and managed appropriately.

7.6 Fire Safety

We reviewed the fire safety records and could confirm that fire safety training was undertaken at six monthly intervals.

The records identified that different fire alarms have been tested weekly with written records maintained. There was no obvious fire safety risks observed. All fire exits were closed and unobstructed.

7.7 Visits by registered provider

We confirmed that these visits were undertaken on a monthly basis. A written report was available in the home.

Areas for improvement.

There were no areas of improvement identified from the additional areas inspected.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager		Date Completed	
Registered Person		Date Approved	
RQIA Inspector Assessing Response		Date Approved	

Please provide any additional comments or observations you may wish to make below:

****Please complete in full and returned to care.team@rqia.org.uk from the authorised email address****

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.