

# Inspection Report

## 18 & 19 January 2022



## Sunnymead

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Sunnymead (Armagh) Ltd  <b>Registered Person:</b> Ms Linda Margaret Nesbitt	<b>Registered Manager:</b> Ms Dorothy Clarke  <b>Date registered:</b> Not registered
<b>Person in charge at the time of inspection:</b> Mrs Brenda Nesbitt	<b>Number of registered places:</b> 39  A maximum of 5 in category RC-MP(E) and a maximum of 5 in category RC-DE. A maximum of 2 in RC-LD ( E ) and a maximum of 2 in RC-LD. The home is also approved to provide care on a day basis on the condition that the maximum number of service users (39) is not exceeded
<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 - Physical disability other than sensory impairment	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 33
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 39 residents. Care provision is across two floors and each resident has their own bedroom. All residents have access to communal areas and safe outdoor space.	

## 2.0 Inspection summary

An unannounced inspection took place on 18 January 2022 from 10.20am to 5pm by a care inspector and continued on 19 January 2022 from 10.45am to 4.15pm by a finance inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm, clean and free from malodour. Staffing arrangements were found to be safe and adjusted if required. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles with training and resources. It was obvious from interactions that staff knew the residents well and were familiar with their individual needs.

Residents were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner. The feedback from residents confirmed that they were satisfied with the care and service provided in Sunnymead.

Three new areas of improvement were identified during this inspection in regards to fire safety and residents' financial records. One area of improvement was carried forward for review at the next inspection.

RQIA were assured that the delivery of care and services provided in Sunnymead was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 quality improvement plan, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

#### 4.0 What people told us about the service

We met with 23 residents and seven staff either individually or in small groups.

Residents told us that they were well cared for in the home. They described the staff as being very good, respectful and friendly. Residents stated that they enjoyed the food and there was always a choice of food available. Residents commented that the care delivery was to a high standard and that there were lots of activities available in the home. Comments included: "I love it here; I am very happy, the staff are very kind and I get everything I want" and "this is a great place we are so well cared for. The food is great. There is always tea and coffee available and there is lots of entertainment."

Staff spoke positively about working in the home and advised there was good team work within the home. Discussion with the staff confirmed that they were knowledgeable in relation to the specific needs of the residents. Staff said that the manager was very approachable and that they felt well supported in their role. Comments included: "This is a great place to work; there is a really good, positive culture here; this place is well run" and "it's like an extended family here, we all get on well; its home from home for the residents. There is good teamwork and good support from the management."

Ten completed questionnaires were returned to RQIA within the required timeframe. All of the responses received were positive and included such comments as "I couldn't be anywhere better" "I love it here, I wouldn't want to be anywhere else, they are very kind and couldn't do enough for you" and "I am very well cared for, all is very clean."

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 03 March 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>Action required to assess compliance with this standard was not reviewed as part of this inspection and will be carried forward for review to the next inspection.</b>	

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff said teamwork was good and that the management team were approachable. Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Residents said that they felt safe in the home and that staff were always available and were kind to them.

### **5.2.2 Care Delivery and Record Keeping**

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner and by offering personal care to residents discreetly. This was good practice.

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. We observed staff to be prompt in recognising residents' needs and any early signs of request for assistance.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care. We observed residents able to walk around freely.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. All of the staff spoken with were aware of the residents' nutritional needs and provided assistance and support as needed.

There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Residents told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff. Meals were covered during transportation to residents who chose to have their lunch in their bedrooms.

Care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their pre admission to the home. Following admission care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. In addition, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially. We noted on care records where care plans required to be updated following minor changes in residents' needs. This was discussed with the manager and email confirmation was provided following the inspection to advise these records were updated accordingly.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a high standard and they were always involved in their care.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was observed to be clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items that were important to them such as family photographs and ornaments. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire exits and corridors were observed to be clear of clutter and obstruction. The home's most recent fire safety risk assessment was completed on 7 April 2021. Any areas for improvement identified within this assessment were addressed. We noted that not all staff had taken part in an annual fire evacuation of the home. This was discussed with the manager who advised



that fire drills are completed twice yearly with the staff on duty at that time. This was identified as an area for improvement to ensure that all staff participates in a fire evacuation drill on an annual basis.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

#### **5.2.4 Quality of Life for Patients**

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Staff were seen to be attentive to residents needs including their social well-being. A programme of activities was in place which mostly involved one to one time with residents or in small groups. We observed some residents engaged with knitting, while others were reading their daily paper and watching television. We also observed a number of the residents engaged in music activities and singing, which they enjoyed very much. Some of the residents talked about how they recently enjoyed playing darts and bowls in the home.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

#### **5.2.5 Management and Governance Arrangements**

There was a change in the management arrangements since the last inspection, an acting manager was in post; Mrs Dorothy Clarke is currently the manager of this home.

Staff were aware of who the manager of the home was and demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about resident care or staffs' practices. Staff commented positively about the management team and described them as approachable and always accessible.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by responsible individual to consult with residents' their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

### **5.2.6 Findings from finance inspection**

A safe place was provided within the home for the retention of residents' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the members of staff with access to it. Records of monies and valuables held at the home on behalf of residents were up to date at the time of the inspection.

A bank account was in place to retain residents' monies. A sample of statements from the bank account was reviewed, the account only contained residents' monies and was not used for the running of the care home. A sample of withdrawals identified from the bank statements was reviewed; the amounts withdrawn reflected the amounts recorded as lodged at the care home on behalf of residents. Comfort fund monies were also held on behalf of residents, these are monies donated to the home for the benefit of all residents.

A review of a sample of transactions from the comfort fund confirmed that records were up to date and that purchases from the fund were for the benefit of all residents.

A sample of records evidenced that reconciliations (checks) of monies held on behalf of residents, including comfort fund monies, were undertaken on a monthly basis. Records of the reconciliations were signed by two members of staff.

Copies of four residents' written agreements were reviewed. The agreements set out the terms and conditions for residing at the home and were signed by the residents, or their representatives, and a representative from the home. The agreements did not show the current weekly fee paid by, or on behalf of, the residents. This was discussed with the manager and identified as an area for improvement.

The manager confirmed that no resident was paying an additional amount towards their fee over and above the amount agreed with the Health and Social Care Trusts.

Records of fees received on behalf of two residents were reviewed; the amounts received agreed to the current regional weekly fee agreed with the Health and Social care Trusts. The manager informed us that no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.



A sample of purchases undertaken on behalf of residents was reviewed. The records were up to date at the time of the inspection. Two signatures were recorded against each entry in the residents' records and receipts were available from each of the purchases reviewed.

A sample of records of payments to the hairdresser was reviewed. Records were up to date and signed by the hairdresser and countersigned by a member of staff to confirm that the treatments took place.

A sample of records of monies deposited at the home on behalf of residents was reviewed. Records were up to date at the time of the inspection. Receipts were provided to the person depositing the monies on behalf of the resident. A sample of residents' monies forwarded to the home from the Health and Social Care Trust was also reviewed. The amounts recorded as received on behalf of the residents agreed to the records forwarded from the Trust.

The procedure for monies forwarded from the Trust was discussed with the manager. During the discussions the manager agreed to contact the Trust following the inspection to review the current process of receiving and retaining monies on behalf of a number of residents. The outcome of the discussions will be reviewed at the next RQIA inspection.

Discussion with staff confirmed that residents were charged for members of staff accompanying them on journeys when residents' families were not available, such as visits to the residents' GP. The charges for providing this service were detailed in both the residents' agreements and the home's financial policies and procedures. The manager confirmed that the Health and Social Care Trust was informed of these charges.

A review of a sample of records for one resident confirmed that the amount charged to the resident for a staff member accompanying them on a journey agreed to the charges reflected in the resident's written agreement.

A sample of two residents' records evidenced that property records were in place for both residents. The records did not provide adequate details of the personal items brought into the residents' rooms. This was discussed with the manager and identified as an area for improvement.

Policies and procedures for the management and control of residents' finances were available for inspection. The policies were readily available for staff use. The policies were up to date and reviewed at least every three years.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4*

\*The total number of areas for improvement includes one area which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Dorothy Clarke and Brenda Nesbitt, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a result of the finance element of the inspection two areas for improvement were identified in relation to residents' written agreements and records of personal property. These areas for improvement will be reviewed at a future inspection to ensure they have been addressed.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> 9 October 2020	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.  Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29.6  <b>Stated:</b> First time  <b>To be completed by:</b> With Immediate effect	The registered person shall ensure that all staff participates in a fire evacuation drill at least once a year.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Discussion has taken place with our Fire Training provider. Drills will be carried out on an annual basis for all staff.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4.2  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2022	The registered person shall ensure that residents’ written agreements are updated to show the current weekly fee paid by, or on behalf of, residents.  Ref: 5.2.6
	<b>Response by registered person detailing the actions taken:</b> The Regional residential rate was adjusted in December 21. It advised that the DoH / HSC would cover the full uplift for self-funding clients up to the 31 March 22. There is no financial impact on residents up to 31/3/22. This was discussed with the Finance Inspector who is aware of the situation. The written agreements are due to be reviewed on 1/4/22
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 8.7  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2022	The registered person shall ensure that the residents’ inventory of personal possessions is kept up to date with adequate details of the items brought into the residents’ rooms.  Ref: 5.2.6
	<b>Response by registered person detailing the actions taken:</b> Property form is currently being reviewed to ensure adequate details are recorded for items brought into Residents’ rooms.



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