

Unannounced Care Inspection Report 18 May 2016



Sunnymead

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Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced care inspection of Sunnymead took place on 18 May 2016 from 9.00 to 17.00. The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was supporting evidence that the provision of care within the home was good.

Staffing levels were reported to be satisfactory by residents, staff and the manager in meeting the assessed needs of residents, taking into account the size and layout of the home, the Statement of Purpose and fire safety regulations.

Care records examined were comprehensive and developed in partnership with residents/representatives and commissioning trust professional staff. Assessments were complemented with robust risk assessments which were being frequently reviewed.

One recommendation made in this domain related to review and revision of the Department of Health and Social Care (DHSSPS) Adult Safeguarding policy / procedure to reflect new regional guidelines including the identification of a Champion. Staff training will be necessary to ensure staff are fully informed of the correct procedure to follow in the event of receipt of a safeguarding allegation.

Is care effective?

There was supporting evidence that the service had arrangements in place to monitor, audit and review the effectiveness of care delivered to residents.

There was good supporting evidence that the care provided was effective and that the needs of residents were being met. Care records examined included comprehensive assessments including risk assessments, person centred care plans, interventions and review of care both internally and by the commissioning Health and Social Care Trust (HSCT).

One recommendation made in this domain related to the frequency of care staff meetings which were being held on a six monthly basis. It is recommended that meetings take place on a regular basis and at least quarterly in keeping with Residential Care Homes Minimum Standards (25.8) to provide staff with more frequent opportunity to meet, discuss issues and share current information.

Is care compassionate?

There was good supporting evidence of the provision of compassionate care. The philosophy and practice was observed to be relaxed, friendly, caring with a stimulating atmosphere where residents confirmed they were listened to and feel valued, their rights upheld, their cultural and religious beliefs upheld. Care records examined reflected each resident's core values of rights with choice and preferences reflected in care plans.

Residents spoke freely about how staff treated them with dignity and respect, offering choice, involving them in all decisions taken and responding promptly in their calls for assistance, both day and night. Responses recorded within completed questionnaires returned to RQIA from residents, relatives and staff were positive with an “excellent” rating indicated in each questionnaire.

No requirements or recommendations were made in this domain.

Is the service well led?

There was a clear organisational structure within the home with a wide range of policies and procedures readily accessible to staff. Staff training, supervision and appraisal were being provided with records retained.

Two recommendations made in this domain included;

- Amending the Statement of Purpose to include the recent reorganizational change in the care team to include the appointment of a deputy manager and key senior care assistants.
- Develop an annual quality report to provide residents, representatives and staff with information on the ongoing quality assurance methods / audits, outcomes and improvements made to enhance the quality of care.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

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.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organization / registered person: Linda Margaret Nesbitt	Registered manager: Brenda Nesbitt
Person in charge of the home at the time of inspection: Donna Forrest. Key senior care worker until 10.15. Brenda Nesbitt, registered manager 10.15 until 17.00	Date manager registered: 3 June 2015
Categories of care: 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 registered places: 39
Weekly tariffs at time of inspection: £494.	Number of residents accommodated at the time of inspection: 35

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous inspection report and QIP
- Notifications of accidents / incidents

During the inspection the inspector met with most residents, 5 care staff, and three resident's visitors/representative. No professional staff visited the home during the inspection. Questionnaires were provided for distribution to residents, representatives and staff for completion and return to RQIA. Total number returned to RQIA within the time scale included residents (5), representatives (5) staff (4).

The following records were examined during the inspection:

- RQIA Registration certificate
- Statement of Purpose
- Resident Guide
- Accident/Incident
- Complaints
- Staff training
- Staff duty roster
- Staff induction programme
- Selected policies/procedures
- Staff registration
- Three care plans
- Staff competency and capability assessments
- Minutes of residents meetings
- Minutes of staff meetings
- Supervision and appraisal record.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 18 January 2016.

The most recent inspection of Sunnymead was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 18/01/2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 29 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Monthly monitoring visits are undertaken with all reports retained in the home and were available on request.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home were satisfactory 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, representatives and staff.

Discussion with staff and a review of returned staff views questionnaires to RQIA confirmed that mandatory training, and appraisal of staff was provided. A schedule for annual staff appraisals and supervision was being maintained.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Two staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that associated records were retained.

The registered manager confirmed that Enhanced Access NI disclosures were viewed and recorded by her for all staff prior to the commencement of employment. This procedure is conducted to ensure that staff are suitable and do not carry a criminal record.

Arrangements and recorded evidence were in place to monitor the registration status of staff with the Northern Ireland Social Care Council.

Adult safeguarding policy and procedures were in place. The manager confirmed that review of the policy is planned and necessary amendment will be made to comply with current regional guidance including the name of the identified safeguarding champion. Liaison with the commissioning trust is planned in this regard.

Review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. Staff training in the new policy/procedure on adult safeguarding prevention and protection is to be arranged. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints confirmed that details were recorded as required.

A general inspection of the home was undertaken which included a number of residents' bedrooms, communal lounges and bathrooms. All residents' bedrooms were personalised with different décor and furnishings, photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated throughout. Daily work cleaning schedules were in place. Decoration and furnishings throughout were of a good standard

Review of the infection prevention and control (IPC) policy and procedures confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in keeping with their roles and responsibilities. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were clean wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Residents were able to describe how staff members wore gloves and aprons when assisting them with personal care tasks/kept the home clean.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents. Care needs assessment were complemented with risk assessments including; manual handling, bedrails, nutrition and falls. Assessments and care plans were reviewed and updated on a regular basis or as changes occurred.

Inspection of care records confirmed that the Falls Prevention Tool Kit was used for residents identified to be at high risk. It was noted falls management included referral to the specialist falls management team within the commissioning Health and Social Care Trust (HSCT). Falls audits were undertaken and risk assessments regularly reviewed and updated as necessary to ensure that current best practice is adhered to by staff.

Discussion with the registered manager and examination of accident and incident records confirmed that individual restraint methods were not employed in the home.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks. Staff demonstrated awareness of the policies/procedures. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly. For example; fire safety, moving and handling and control of substances hazardous to health.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced with records maintained. Observation of mechanical hoists and fire safety equipment evidenced a record of current inspection dates.

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. Plans are in place to provide a garden to meet the sensory needs of identified residents.

The registered manager confirmed that the home had an up to date fire risk assessment. A review of the fire safety risk assessment dated, April 2016, identified that no recommendations were made. Review of staff training records confirmed that staff completed fire safety training twice annually.

Fire drills were completed annually with records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place. These were established on admission and reviewed annually or when needs changed.

Areas for improvement

A recommendation was made that the registered person should review and revise the Adult Safeguarding policy/procedure to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Adult Safeguarding; Prevention and Protection in Partnership regional policy (2015) including the identification of a champion. Staff training will be necessary to ensure staff is fully informed of best practice including the role of the safeguarding champion.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the registered manager established that the assessed needs of residents were being met.

Review of three care records confirmed that these were maintained in line with the legislation and standards. Care records included; up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents

The registered manager confirmed that records were stored safely and securely in line with data protection.

Individual resident agreements, setting out the terms of residency and the agreement were appropriately signed and dated.

The registered manager confirmed that there were arrangements in place, at appropriate intervals to monitor, audit and review the effectiveness and quality of care delivered to residents. Audits of care records; medications; infection prevention and control; falls; accidents / incidents; near miss and complaints were available for inspection and evidenced that actions identified for improvement were incorporated into practice. Further evidence of audits was contained within the monthly monitoring visits reports and the monthly senior management meetings.

The registered manager confirmed that systems and processes were in place to ensure effective communication with residents, their representatives and key stakeholders in regard to the provision of their care. These included; pre-admission information, multi-professional team collaboration, monthly care reviews with each resident, residents meetings, staff meetings, staff shift handovers and annual HSC Trust care reviews. Discussion with the registered manager, staff, residents and relatives confirmed that management operated an “open door policy” and that they could freely discuss any issues arising.

The registered manager confirmed that staff meetings for key care staff take place weekly minutes retained. Care staff meetings were being held on a six monthly basis. It was recommended that meetings with care staff are held at least quarterly to provide staff with more frequent opportunity to discuss issues and share current information.

Staff handover reports were observed to be presented at the change of shifts.

Residents and their representatives spoken with and observation of practice evidenced that staff communicated effectively with residents and representatives in a friendly unhurried manner. Staff training in communication is provided through an e-learning programme.

Areas for improvement

One recommendation was made related to the provision of more frequent care staff meetings which should take place at least quarterly.

Number of requirements:	0	Number of recommendations:	1
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4.5 Is care compassionate?

During the course of the inspection residents were observed to move freely around the home. Several were observed relaxing in the lounges, watching television, reading or quietly conversing. The hair stylist was taking appointment and several residents had their hair styled.

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home’s policies and procedures confirmed that appropriate policies were in place. Discussion with staff, residents, representatives confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The registered manager, residents and representatives confirmed that consent was sought in relation to care and treatment. Residents and representatives, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ independence and of maintaining dignity. Staff were also able to demonstrate how residents’ confidentiality was protected.

Discussion with staff, residents and representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents confirmed that staff listened to them and communicated in an appropriate manner. 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 were 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; at residents meetings, distribution of annual satisfaction questionnaires to residents/representatives, individual resident monthly review of care, monthly visits by the registered provider and "open door" access to management. Minutes of residents' meeting reflected the views, opinions and preference of residents in regard to provision of activities and menu planning.

Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them. The responses within the satisfaction questionnaires returned to RQIA evidenced that residents were treated with dignity and respect and involved in decisions affecting their care.

Areas for improvement

One recommendation made related to the amendment of the Statement of Purpose to include recent changes to the organisational structure; the promotion of one staff to deputy manager and key senior care staff now in post.

Number of requirements:	0	Number of recommendations:	1
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4.6 Is the service well led?

The registered manager confirmed that the health and social care needs of residents were being met in accordance with the home's Statement of Purpose and the categories of care for which the home is registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained within the staff office. Policies and procedures examined were systematically reviewed every three years or more frequently should changes occur.

There were quality assurance methods in place to drive quality improvement. Methods included the development of monthly management meetings to discuss governance issues which included, for example; audits conducted, complaints/compliments, incidents/accident, risk assessments, staffing, safeguarding, environmental issues and any areas for improvements identified by residents and staff at meetings held. For example, one recent agreed improvement related to the provision of a sensory garden for residents.

An action plan for improvement is developed, when required, at monthly meetings. It was recommended that an annual quality report is developed to provide residents and their representatives and staff with an overview to show quality assurance monitoring, outcomes and improvements made to enhance the quality of care provided.

The home had a complaints policy and procedure. This policy was in accordance with the relevant legislation and DHSS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the residents guide and residents' meetings. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints. Details included; communication with complainants, investigation undertaken, outcome and where necessary action taken to address issues arising and complainant satisfaction. For example, one complaint received since the previous inspection resulted in action taken to improve the handling of residents' laundry.

The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Three monthly audits of accidents and incidents were undertaken to determine trends and patterns. Learning from accidents and incidents was disseminated to all staff and action plans developed to improve practice. For example; more frequent visits to residents who are risk of falls who choose to remain in their bedrooms or to retire early to bed. This "stepped up" practice provides opportunity to check if residents need anything and that their call bell, drinks or walking frame is within reach avoiding the risk of the resident struggling to reach same.

The registered manager confirmed that the Falls Prevention Toolkit (Public Health Agency 2013) had been introduced to help care staff become more effective in the prevention of resident falls. Improved care practice including new falls assessment, improved working practices by early identification of residents at high risk of falls, multi-professional collaboration and carrying out post fall assessment had resulted in reduction in the incidents of falls occurring in the home. Individual resident fall graphs were in place to provide a visual record of the occurrence of falls. Recent decline in the occurrence of falls was noted. Preventative measures to minimise the risk of falls were reflected within care plans examined. This practice is to be commended.

The registered manager confirmed there was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed by her with records of same retained.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Records of training undertaken were retained. A new e-learning programme had been purchased. Staff confirmed they liked this form of learning as they had access to a wide range of subjects including, communication, stroke, infection prevention and control. There was also evidence of managerial staff being provided with additional training in governance and leadership. The registered manager is currently undertaking training in "My Home Life" and the deputy manager has almost completed the QCF Level 5 Leadership.

Monthly monitoring visits were undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and was available for residents, their representatives, staff, trust representatives and RQIA.

There was a clear organisational structure within the Statement of Purpose. Staff were aware of their roles, responsibility and accountability within the overall structure. Recent changes to the organisational structure include the promotion of one staff to deputy manager and key senior care staff. The Statement of Purpose should be reviewed and revised to include the changes. One recommendation was made in this regard.

Discussion with the registered manager identified that she had understanding of her 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. Monthly senior management meeting are held with records retained.

Inspection of the home confirmed that the home's certificate of registration and employers' liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered manager responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning would take place.

The registered manager confirmed that there were effective working relationships within the care and ancillary care teams and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the whistle blowing policy and procedure. The registered manager confirmed that staff had direct access line management to raise any concerns. Discussion with staff confirmed that there were good working relationships and that management were always responsive to suggestions, issues or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

Areas for improvement

Two recommendations were made.

- Review and revision of The Statement of Purpose is necessary so that recent organisational changes within the care team are reflected.
- The registered persons should develop an annual quality report provide residents and their representatives and staff with an overview of current quality assurance monitoring, outcomes and improvements made to enhance the quality of care provided.

Number of requirements:	0	Number of recommendations:	2
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5.0 Quality improvement plan

The issue(s) identified during this inspection are 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. 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 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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</p>	<p>The registered person should review and revise the Adult Safeguarding policy / procedure to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Adult Safeguarding policy; Prevention and Protection in Partnership regional guidelines including the identification of a champion. Staff training will be necessary to ensure staff are fully informed of best practice including the role of the safeguarding champion.</p> <p>Response by registered person detailing the actions taken: Policy reviewed underpinned by the DHSSPS Adult Safeguarding Policy</p>
<p>Recommendation 2</p> <p>Ref: Standard 20.6</p> <p>Stated: First time</p> <p>To be completed by: 31 June 2016</p>	<p>The registered manager should review and revise the Statement of Purpose to amend details of organisational changes made within the care team.</p> <p>Response by registered person detailing the actions taken: Statement of purpose has been reviewed and details amended</p>
<p>Recommendation 3</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</p>	<p>The registered person/s should develop an annual quality report to provide residents and their representatives and staff with information to show the ongoing quality assurance methods / audits, outcomes and improvements made to enhance the quality of care provided. This recommendation would enhance the current information recorded within monthly monitoring summary reports.</p> <p>Response by registered person detailing the actions taken: Work has commenced on developing an annual quality report</p>
<p>Recommendation 4</p> <p>Ref: 25.8</p> <p>Stated: First time.</p> <p>To be completed by: 30 June 2016</p>	<p>The registered manager should organise care staff meetings to be held at least quarterly to provide staff with more frequent opportunity to discuss issues, provide current information in regard to ongoing quality improvements and resident views where necessary.</p> <p>Response by registered person detailing the actions taken: Frequency of care staff meetings increased to monthly.</p>

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