



# Unannounced Care Inspection Report

## 22 January 2020



## Sunnymead

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

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 39 residents within the categories of care as shown below in section 3.0 of this report.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Sunnymead (Armagh) Ltd</p> <p><b>Responsible Individual:</b> Linda Margaret Nesbitt</p>	<p><b>Registered Manager and date registered:</b> Brenda Nesbitt Registered: 24 April 2015</p>
<p><b>Person in charge at the time of inspection:</b> Dorothy Clarke, Deputy Manager.</p>	<p><b>Number of registered places:</b> Total number of 39 comprising: RC – I RC – MP (E) RC – DE – maximum 5 residents RC – LD (E)– maximum 2 residents RC – LD -maximum 2 residents RC - PH Places for day service can be provided so long as the total of 39 is not exceeded.</p>
<p><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</p>	<p><b>Total number of residents in the residential care home on the day of this inspection:</b> 38</p>

### 4.0 Inspection summary

An unannounced inspection took place on 22 January 2020 from 12.20 hours to 16.20 hours.

This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Evidence of good practice was found in relation to the open culture and ethos of the home; dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident. There was evidence of good governance with effective systems and processes for the provision of safe, effective, compassionate and well manager care.

No areas requiring improvement were identified.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, relatives and staff during and after the inspection, are included in the main body of this report.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<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, manager and the deputy 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 inspection dated 15 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 15 April 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned to RQIA within the timescale.

During the inspection a sample of records was examined which include:

- staff duty rotas from 6 January 2020 to 22 January 2020
- staff training schedule
- two staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from 1/01/20 to 22 /2/20
- reports of visits by the registered provider/monthly monitoring reports for November 2020 and December 2020
- RQIA registration certificate

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 the manager and deputy manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 15 April 2019

Areas identified for improvement from the last care inspection had been met.

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 23.1 <b>Stated:</b> First time	The registered person shall ensure that the successful dates in the completion of staff induction are documented within the structured induction programme.  <b>Ref:</b> 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of two induction documents evidenced that dates were recorded.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard – Good Practice Guidelines in Fall Prevention	The registered person shall consider and discuss the provision of a low level floor night light with one resident as an additional measure to minimise the risk of falls.  <b>Ref:</b> 6.4	<b>Met</b>

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> This was discussed with the deputy manager who reported that low level floor lights had been purchased but the resident referred to refused to have one in place. Other residents at risk of falls have floor lights in place.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 20.16 <b>Stated:</b> First time	The registered person shall ensure that staff training in the International Dysphagia Diet Standardisation Initiative (DISSI) is provided.  Ref: 6.5 <b>Action taken as confirmed during the inspection:</b> Staff training records evidenced that training was provided on 1/10/19.	<b>Met</b>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 20.12 <b>Stated:</b> First time	The registered person shall ensure that when necessary the action taken to address the outcome of audits and satisfaction survey conducted are recorded to show completion of the audit cycle.  Ref: 6.7 <b>Action taken as confirmed during the inspection:</b> Reviews of audits undertaken evidenced, analysis with action taken to address improvements were required.	<b>Met</b>
<b>Area for improvement 5</b> <b>Ref:</b> Standard 20.11 <b>Stated:</b> First time	The registered person shall ensure that additional residents' views are sought and recorded within the monthly monitoring report.  Ref 6.7 <b>Action taken as confirmed during the inspection:</b> Review of records evidenced additional resident views was sought and recorded.	<b>Met</b>

## 6.2 Inspection findings

### 6.3 Is care safe?

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

On arrival at the home we were welcomed by the deputy manager as the manager was off duty. The manager came to the home at the conclusion of the inspection.

Most residents were seated within the dining room waiting to be served lunch while others choose to have their meal served within their rooms. The atmosphere within the dining room was pleasant with residents quietly conversing. All residents were observed to be nicely dressed with obvious time and attention afforded to their personal care needs.

The deputy manager explained the number and skill mix of care staff on duty and how the balance of senior care staff and care assistants were determined in accordance with the number, dependency levels of residents and layout of the home and fire safety. Review of the staff duty rosters reflected shifts worked by; management, senior care staff, and care assistants; day and night care staff, administrative/clerical staff and ancillary staff.

We could see throughout the inspection that staff were always at hand to respond to residents requests for assistance. Call bells were answered promptly and residents told us that there was always staff there to see to them when needed. We saw that staff were available, supervising and assisting residents in the dining room during the lunch time meal. When we spoke with residents they told us they enjoyed meal times and the food was always good.

Two staff recruitment records were provided for review. Records were observed to contain all necessary documents and checks in compliance with relevant statutory employment legislation and Access NI's Code of Practice.

A system was in place for monitoring the registrations of staff with Northern Ireland Social Care Council (NISCC).

Review of two staff induction records evidenced that new staff completed an induction period with support from an experienced staff member to ensure they were competent and capable to work in the home in accordance with their role and responsibilities. Records were signed and dated by the staff member and manager as competencies were achieved. One staff member told us how they worked through their induction, which included training, and the good support and guidance which was given.

A system was in place for managing staff supervision and appraisal to ensure staff are performing satisfactorily and are provided with the necessary support including personal and career development. Staff told us that they felt "supervision and appraisal was supportive as this provided them with opportunity to discuss practice and any training needs"

A programme of mandatory training was in place. This reflected training provided and planned for the incoming year. Additional professional development training was also provided to ensure current best practice was provided for example, dementia awareness update and Mental Health Capacity – Deprivation of Liberty (Level 2). Staff who spoke with us demonstrated awareness of restrictive practice and the capacity procedure. Staff also demonstrated good knowledge and understanding of adult safeguarding and could describe how to raise a concern with the manager or her deputy.

The home was clean and tidy with a good standard of décor and furnishing being maintained. All areas were organised, fresh smelling, appropriately heated, clean and tidy. Wash rooms were clean and hygienic. There was a plentiful supply of infection, prevention and control resources readily available and observed to be used by staff.

Staff, visitors and residents who spoke with us gave positive feedback regarding the provision of care. Some comments made included:

- “I really like here as staff are very nice and always willing to help me do things” (resident)
- “Good home would not hesitate to have a family member here, would highly recommend it” (staff)
- “I feel very well supported and I can speak to the manager regarding any issues I may have” (staff)
- “Staff kind, they are very friendly and pleasant, always ensure I am ok, come to me when I use the call bell” (resident)
- “We are really pleased with our mother’s care could be better. The home is always kept very clean, nicely decorated and furnished” (relative)

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to provision of staff, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and the home’s environment.

### Areas for improvement

No areas for improvement were identified in this domain.

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

#### 6.4 Is care effective?

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

We spoke with residents and two family members regarding the delivery of care. All those spoken with confirmed the right care was given at the right time.

Staff explained that they felt the care was good because there was excellent training provided, good support from management including supervision, appraisal and all the necessary resources to provide good standards of care.

We could see that residents were well cared for and that staff responded appropriately when providing support and assistance to them.

When we spoke with staff they had a good knowledge of residents abilities and level of decision making; staff knew how and when to provide comfort because they demonstrated they knew residents needs well.

Staff also confirmed that that there was good team work and continuity of care; each staff member knew their role and responsibilities. They explained how each morning they received a hand over report from night staff which included how each resident slept and any changes to a care plan. Planned resident activity for the day was also confirmed. Following the hand over care was delegated to the staff team to ensure everyone was clear about what care duties had to be undertaken.



We also reviewed three care records which were observed to contain necessary information for the provision of individualised care. Care plans reviewed were noted to be person centred including holistic health, social, financial and spiritual needs. Daily progress notes were recorded. There was evidence of multi-professional collaboration in planned care.

Accident and incident records retained in the home were cross reference with notifications submitted to RQIA. Reports reviewed and notifications received reflected that accidents/incidents were being notified to us as required and appropriate action taken to address risks.

The deputy manager informed us of the systems in place to ensure residents health screening is arranged and provided, for example; dental, hearing aid, optometry, podiatry and other health or social care service appointments. Referrals were made, when necessary, to the appropriate service. The district nurse visits the home on a regular basis to provide care such as injections, wound care and other nursing care as required.

The deputy manager explained the governance systems which included; quality assurance methods in place to review the standard of care provided and to identify any areas which require improvement. Selected areas were chosen on a rotational basis and audited each month. For example, audits of falls, general risk assessments, care records, risk assessments, complaints, environment/equipment cleanliness, care management reviews and optician/hearing aid and pharmacy provisions were undertaken. In addition resident/representative satisfaction surveys were being conducted. The deputy manager explained that the analyses of the responses and audit outcomes are presented to the registered persons each month with action plans agreed to address the improvements identified. We reviewed the records retained in this regard and it was pleasing to see how falls had been reduced by 7.5% during 2019. This work is to be commended. The development of the annual quality report was a work in progress and will be reviewed at the next inspection to the home.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, quality assurance, and communication between residents, staff and other key stakeholders.

### 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 compassionate?

### **Residents are treated with dignity and respect and should be fully involved in decisions**

When we arrived at the home the majority residents were seated within the dining room waiting for their mid-day meal to be served while some residents choose to have their meal served in their rooms. Dining room tables were respectfully set with a range of condiments, drinks, utensils and napkins. We observed staff serve meals which were nicely presented with adequate amounts of food served.

Special dietary meals, as prescribed by the speech and language therapist (SALT) or dietician, were provided for some residents. Staff assisted and supervised residents in a respectful unhurried manner.

We reviewed the four weekly rotating menus and noted that these offered choice and appeared varied and nutritious.

Residents told us they enjoyed the meals and that choice was offered at all main meals; breakfast, dinner and high tea. Mid-morning, afternoon and evening snacks were served each day. The daily menu was displayed so that residents and their relatives were informed. Residents told us they enjoyed all the fresh home baking served at snack times.

Daily therapeutic activities and social events were provided, organised and led by the activity therapist. Aerobic armchair exercises took place during the morning and a quiz in the afternoon. Many residents participated and were seen to enjoy the associated fun and banter. Some resident who did not participate told us they just liked to watch and were never forced to join in if they didn't want to. Records of activities held were retained with residents who participated recorded.

Residents told us how much they enjoyed the visits by local school children by way of the homes' participation in the Integrational Project. Residents teamed up with children, in the home each week and initially agreed to create a piece of art for the home's sensory garden. A large colourful tile was, designed, made and positioned within the sensory garden. Many photographs and complementary letters from individual students to each resident were received and displayed. Two residents told us they were really pleased to get a letter as they rarely receive any post. One group of residents said they "really loved the time with the children and their visits to the school was amazing and brought back many happy memories of their own school days"

The deputy manager explained how residents were consulted about care and life in the home by way of care reviews, residents meetings, daily informal discussions, monthly monitoring visits and satisfaction questionnaires.

We spoke with several residents independently and with others in small group format. Some comments made included:

- "We have plenty of things to do here"
- "We really liked the weekly visits by the school children"
- "Always treated by staff with dignity and respect"

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of residents.

## 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 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 deputy manager was in charge of the home as the manager was off duty. However, the manager came to the home at conclusion of the inspection to meet with us.

The deputy manager advised there have been no changes in the management structure of the home since the previous care inspection conducted on 15 April 2019.

The manager confirmed that the current staffing levels were considered to be satisfactory in meeting the needs of residents accommodated and if necessary additional staff would be provided if required.

The reports of visits undertaken by the registered provider dated 29 December 2019 and 15 January 2020 were reviewed. These reports were considered to reflect all information as required including for example; risk management, resident and staff views.

Residents and visiting relatives spoken with confirmed they knew who the manager was and said she was always around speaking to residents and generally seeing to things. Relatives told us they were kept informed about their relatives care and felt that their views were sought regarding care and general life in the home.

Staff advised that they felt the home was very well managed and that the manager was very approachable, supportive, always listened to them and operated an "open door" to everyone which was really good.

No issues or concerns were raised or indicated by residents, staff or relatives during the inspection.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of 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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