

Unannounced Care Inspection Report

23 May 2018



Sunnymead

Type of Service: Residential Care Home
Address: 12 Portadown Road, Armagh, BT61 9EE
Tel No: 028 3752 2866
Inspector: Priscilla Clayton

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for thirty nine persons in the categories of care cited on the home’s certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Sunnymead (Armagh) Ltd Responsible Individual: Linda Nesbitt	Registered Manager: Brenda Nesbitt
Person in charge at the time of inspection: Brenda Nesbitt	Date manager registered: 3 June 2015
Categories of care: 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	Number of registered places: Total number 39 comprising: 25 RC – I 05- RC – DE 05-RC – MP (E) 02-RC – LD (E) 02-RC – LD Two places allocated for day care provided the total number of residents accommodated does not exceed 39.

4.0 Inspection summary

An unannounced care inspection took place on 23 May 2018 from 09.15 to 17.15 hours.

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

There were examples of good governance arrangements and care practice found throughout the inspection in relation to staffing, training, care records, care reviews, communication and continuous quality improvement. There were examples of good practice in relation to the provision of compassionate care and involvement of service users in their planned care and their involvement in the daily running of the home. Positive feedback was received from residents, relatives and staff during the inspection and within satisfaction questionnaires returned to RQIA within the timescale. No issues or concerns were raised or indicated.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

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

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 5 February 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events, written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, responsible person, twenty residents, four staff, and three residents' visitors.

A total of ten satisfaction questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic satisfaction questionnaire. Eight completed questionnaires were returned by three residents and five residents' representatives. No questionnaires were returned from staff within the timescale.

During the inspection a sample of records examined included:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records

- Annual Quality Review report
- Minutes of recent residents' meetings/ representatives' meetings/ other
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Input from independent advocacy services
- Programme of activities
- Policies and procedures

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 February 2018

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

6.2 Review of areas for improvement from the last care inspection dated 5 February 2018

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff are not commissioned to work in the home. There was no evidence of a high turnover of staff. Several members of staff had been employed in the home for many years.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the staff duty rota confirmed that it accurately reflected the staff working within the home on the day of inspection.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff were regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the registered manager, staff and review of records 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

The registered manager advised that no new staff were recruited since the previous inspection; therefore staff files were not reviewed on this occasion.

The registered manager advised that Access NI enhanced disclosures was undertaken for all staff prior to the commencement of employment. Records of Access NI data was recorded and retained as recommended.

A register of staff working in the home was available and contained all information as outlined within the legislation.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager demonstrated good knowledge on her role and function as the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019.

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 whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any residents whose assessed needs could not be met. A review of care records identified that resident care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager explained the restrictive practices within the home, notably the use of keypad entry systems, CCTV at the front door exit and floor alarm mats. The home was registered with Information Commissioners' Office (ICO) in respect of the CCTV. Care records examined reflected the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose and residents' guide.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. The registered manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

The home had an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

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

IPC environmental compliance audits were undertaken on a three monthly basis and where necessary action plans developed to address any deficits noted.

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

The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Regular audits of accidents/falls were undertaken on monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance and where necessary referral was made to the commissioning trust falls clinic.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean, nicely furnished/decorated and appropriately heated throughout.

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 visible hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home. During the inspection several residents and their visitors were observed making good use of the new sensory garden.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly. For example, Control of Substances Hazardous to Health (COSHH), fire safety, and smoking.

The home had an up to date Legionella risk assessment in place dated 2 June 2017. Recommendations had been actioned.

It was established that one resident smoked. A review of the care record identified that risk assessment and the corresponding care plan including interventions to minimise risks had been completed in relation to smoking.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The registered manager and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment which was dated 12 March 2018. No recommendations for improvement were made.

Review of staff training records confirmed that staff had completed fire safety training twice annually. Fire drills were completed and records reviewed confirmed training was up to date. The records also included 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 as required and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Some comments made by residents included;

- "We are very well treated; I always feel safe."
- "Staff is always around to help if needed."
- "The home is always clean and fresh smelling and we have a beautiful sensory garden where we can sit in a safe place."

Some comments received from staff during the inspection were as follows:

- "We have safe staffing levels and resources provide safe care."
- "Risk assessments are undertaken and measures put in place to minimise any identified risks."

Three relatives who spoke with the inspector expressed satisfaction with the standard of care provided. No issues or concerns were raised or indicated.

Eight completed questionnaires were returned to RQIA from residents/representatives. Respondents described their level of satisfaction with this aspect of care as "very satisfied".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, infection prevention and control, risk management and the home's external and internal environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned care practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example; prior to admission details in this regard is discussed recorded and reflected within individualised comprehensive assessments; group meetings held with residents provides opportunity to discuss all aspects of home life and how things may be improved; care reviews include discussion on resident preferences and choice. Daily choice of meals is provided.

A varied and nutritious four weekly menu is provided which meets the individual and recorded dietary needs and preferences of the residents. The daily menu of the day including choice was displayed within the hallway of the home. Dining room tables were observed to be nicely set with table cloths, central flower arrangement, condiments and drinks provided. A pleasant

relaxed ambience was observed throughout the mid-day meal with residents supervised and assisted as required. Meals were nicely presented with adequate portions of food served. Residents spoken with advised that the food was always good with choice afforded at each meal.

Systems were in place to regularly record residents' weights and any significant changes in weight are responded appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that wound care is managed by district nursing services with associated care plans developed and available to care staff. Staff advised that they were able to recognise and respond to pressure area damage. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner. Resident's wound pain was found to be managed appropriately.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls), complaints, environment, catering was available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports by the registered provider and the annual quality review report.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection

Observation of practice evidenced that staff were able to communicate effectively with residents and their representatives. Discussion with the registered manager and staff confirmed that management operated an "open door" policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example; registered provider reports/latest RQIA inspection reports/annual satisfaction survey report/annual quality review report/resident meeting minutes were all available on request for residents, their representatives any other interested parties to read.

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

The registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Examples of some comments made by residents during the inspection:

- "We get the best care here. I have a special diet and always have choice."
- "We are kept fully informed."
- "Staff always come when I ring the call bell, I don't have to wait."

Eight completed questionnaires were returned to RQIA from residents/representatives. Respondents described their level of satisfaction with this aspect of care as “very satisfied”.

Some comments received from relatives during the inspection were as follows:

- “The care is very good.”
- “My relative is very satisfied here with everything.”

No issues or concerns were raised or indicated by residents, representatives or staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager, residents and their representatives advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

Discussion with staff, residents and their representatives confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

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; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example; residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, daily group discussions, residents' meetings.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read. Improvements made as direct result of the resident consultation included the development of a secure sensory garden and redecoration of several bedrooms.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example; arts/crafts, monthly violin recitals, tea dance, outings for coffee to local restaurants, away days to the Killyhevlin Hotel (Enniskillen) and Warrenpoint for a meal. Residents also attended the Mayor's Tea Party to celebrate the recent wedding of Prince Harry and Meghan Markel. This was greatly enjoyed by all who spoke with the inspector.

Arrangements were in place for residents to maintain links with their friends, families and wider community through outing to local restaurants, church attendance and visits to friends and families.

Residents spoken with during the inspection made the following comments:

- "We just love our sensory garden where we can sit and enjoy the lovely plants and shrubs."
- "Always treated with dignity and respect."
- "We are kept fully informed and I just love it here."
- "I never want to move from here."

Eight completed questionnaires were returned to RQIA from residents/representative. Respondents described their level of satisfaction with this aspect of care as "very satisfied".

Comments received from relatives were as follows:

- "Staff friendly, always smiling and happy in their work."
- "Staff are patient and respectful to everyone, I notice this when visiting."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The registered manager outlined the management arrangements and governance systems in place and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

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

There was a complaints policy and procedure which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home

Review of the complaints records confirmed that templates were readily available to record any concerns or complaints from residents, their representatives or any other interested party. Discussion with the manager and review of records evidenced that no complaints had been received since the previous inspection. The registered manager explained if any complaints were received these would be recorded and investigated in accordance with the home's complaints procedure. Arrangements were in place to share information about complaints and compliments with staff by way of team meetings and supervision. The registered manager advised that should complaints be received audits would be undertaken to identify trends, drive quality improvement and to enhance service provision.

Several complementary letters and cards from residents and representatives thanking staff on the excellent care provided were viewed by the inspector.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Regular audit of accidents and incidents was undertaken with records discussed and reviewed as part of the inspection process. The deputy manager, who is the quality assurance resource officer, advised that learning from accidents and incidents was disseminated to all relevant parties with action plans developed to improve practice.

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

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. For example; Social Care Institute for Excellence, DOH Guidelines and National Institute of Clinical Excellence. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example: dementia awareness, diabetes, diversity and nutrition.

The registered provider, who is based within the home, undertakes monthly monitoring of the service as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

The registered manager advised that the outcomes of monthly monitoring, audits and other governance matters are discussed at monthly management meetings held with the registered provider.

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

The registered manager advised that the management and control of operations within the home was in accordance with the regulatory framework. The return of RQIA inspection QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's current liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in regard to the equality of opportunity for residents and the importance of staff being aware of equality legislation, recognising and responding to the diverse needs of residents.

The equality data collected was managed in line with best practice in accordance with the home's policy titled Equality, Diversity and Inclusion (April 2018). The inspector noted the home collects equality information in relation residents, during the pre and post admission needs assessment. The data is used effectively and with individual resident involvement when the

person centred care plan is developed. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of residents.

Discussions with residents, staff and the registered manager highlighted evidence that supports resident equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified included:

- Effective communication
- Resident involvement
- Safeguarding
- Advocacy
- Equal care and support
- Individual person centred care
- Individual risk assessment
- Disability awareness

Staff spoken with during the inspection made the following comments:

- “We get very good support from the manager, deputy manager and senior staff.”
- “Staff supervision and appraisal is provided.”
- “We have team meetings every three months.”
- “I feel we have sufficient resources to do the job.”
- “Very good team work.”
- “Manager operates an open door to everyone including visitors.”

Residents who spoke with the inspector gave positive feedback in regard to the management of the home. Some examples of comments included:

- “Brenda, the manager is always around, asking how we are keeping and making sure everything is good.”
- “We love our sensory garden and use it most days to get fresh air and enjoy the good weather and lovely range of plants and shrubs, just delightful.”
- “Staff are well trained and they are always about to assist us.”

Eight completed questionnaires were returned to RQIA from residents/representatives. Respondents described their level of satisfaction with this aspect of care as “very satisfied”.

Examples of commentary recorded by residents/representatives within questionnaires returned to RQIA were as follows:

- Sunnymead is an amazing place with professional, caring, kind and friendly staff. I cannot speak too highly of them and I am completely happy and at home here.”
- “Excellent initial meeting with Brenda. Very thorough, yet welcoming. Made my XXX feel at ease (and the family). Standards of care very impressive. Good team work. Good communication to the family at all times.”
- “I know I can turn to staff for support.”
- “Our manager and assistant manager are exceptional, compassionate and approachable.”
- “Really appreciate the care my mother receives at Sunnymead.”

No issues or concerns were recorded within questionnaires returned to RQIA within the timescale.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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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