



The Regulation and  
Quality Improvement  
Authority

## Primary Announced Care Inspection

<b>Name of Establishment:</b>	<b>Sunnymead</b>
<b>Establishment ID No:</b>	<b>1510</b>
<b>Date of Inspection:</b>	<b>24 June 2014</b>
<b>Inspector's Name:</b>	<b>John McAuley</b>
<b>Inspection No:</b>	<b>16857</b>

**The Regulation And Quality Improvement Authority**  
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**1.0 General Information**

<b>Name of Home:</b>	Sunnymead
<b>Address:</b>	12 Portadown Road Armagh BT61 9EE
<b>Telephone Number:</b>	(028) 3752 3866
<b>E mail Address:</b>	admin@sunnymeadrh.com
<b>Registered Organisation/ Registered Provider:</b>	Mrs Linda Margaret Nesbitt Sunnymead (Armagh) Ltd
<b>Registered Manager:</b>	Ms Brenda Nesbitt, Acting
<b>Person in Charge of the home at the time of Inspection:</b>	Ms Brenda Nesbitt
<b>Categories of Care:</b>	RC-I, RC-MP(E), RC-DE, RC-LD(E), RC-LD, RC- PH
<b>Number of Registered Places:</b>	39
<b>Number of Residents Accommodated on Day of Inspection:</b>	33 plus 3 residents in hospital
<b>Scale of Charges (per week):</b>	£465 plus some variable top up rates
<b>Date and type of previous inspection:</b>	14 December 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	24 June 2014 9.50am – 3.15pm
<b>Name of Inspector:</b>	John McAuley

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## 3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators, and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with registered provider and registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	33
Staff	5
Relatives	4
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	10	7

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and theme:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of Service

Sunnymead Residential Care Home has been developed and expanded over time, within and around an extended Victorian private family residence. In the old part of the premises, many of the attractive, original architectural features remain, contributing to the overall feeling of being in a high quality living environment.

Sunnymead was initially registered in June 1988 and re-registered in 2001. The facility is located a short distance from Armagh town centre and provides a range of spacious communal rooms and well maintained bedrooms. There are attractive gardens and grounds with trees and lawn areas and patio areas.

The home is registered to provide care under the following categories:

Residential Care (I)	Old age not falling into any other category
Residential Care MP (E)	Mental disorder excluding learning disability or dementia - over 65 years
Residential Care (DE)	Dementia
Residential Care LD (E)	Learning Disability - over 65 years
Residential Care LD	Learning Disability

The home is also approved to provide care on a day basis on the condition that the maximum number of service users is 39.

## 8.0 Summary of Inspection

This announced primary care inspection of Sunnymead was undertaken by John McAuley on 24 June 2014 between the hours of 9.50am and 3.15pm. The Registered Provider Mrs Linda Nesbitt and the Registered Manager, Ms Brenda Nesbitt were available during the inspection and for verbal feedback at the conclusion of the inspection.

The one recommendation made as a result of the previous inspection on 14 December 2013 was also examined. A review of this recommendation found this to be addressed satisfactorily, with detail of the actions taken by the registered manager listed in the section following this summary.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, and relatives and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

### Standards inspected:

#### **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

## **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

### **Inspection findings**

#### **Responding to resident's behaviour – Standard 5**

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that restraint is not used in the home. Residents' care records outlined their usual routine, behaviours, and means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that the home is overall compliant with this standard.

#### **Programme of activities and events – Standard 13**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home employs activity coordinator staff who facilitates the programme of activities and events. A selection of materials and resources were available for use during activity sessions. During this inspection the inspector was able to attend a residents' meeting facilitated by the activities coordinator and also observe the programmes of activities in place. Appropriate, comprehensive records were maintained. The evidence gathered through the inspection process concluded that the home is overall compliant with this standard.

#### **Stakeholder consultation**

During the course of the inspection the inspector met with residents, staff and visiting relatives. Questionnaires were also issued to staff to be returned.

In discussion with residents they confirmed that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Visiting relatives confirmed their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussion with staff indicated that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, and staff are included in section 11.0 of the main body of the report.

### **Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

### **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be good standard.

A number of additional areas were also examined these include the management of complaints, information in relation to resident dependency levels and fire safety. Further details can be found in section 11.0 of the main body of the report.

### **Conclusion**

The findings of this inspection evidenced that the delivery of care to residents was of a good standard. There were processes in place to ensure the effective management of the standards inspected.

No requirements and no recommendations were made as a result of this primary announced inspection.

The inspector would like to thank the residents, relatives, staff and management for their assistance and co-operation throughout the inspection process.



### 9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 14 December 2014gui

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Additional matters (1.5)	<p><b><u>Complaints records</u></b></p> <p>It is recommended that a record is made of complainant's satisfaction, or otherwise, with the outcome of investigation.</p>	<p>A review of the home's record of complaints confirmed that the format of recording complaints has been revised to include the outcome of the investigation and whether the complainant was satisfied with same.</p>	<p>Compliant</p>

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Detailed Care Plans are in place for all Residents. Where behaviours of concern have been identified, a behaviour management plan is agreed and implemented to ensure the approach to managing the behaviour is consistent and promotes a positive outcome for the Resident	Compliant
<b>Inspection Findings:</b>	
<p>The home had a guide to human rights, person centred care and communication policy and procedure in place. A review of the policy and procedure identified that it reflects the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions, with residents, identified that informed values and care have implementation of least restrictive strategies.</p> <p>A review of staff training records identified that all care staff had received training in human rights, person centred care and communication on 16 May 2014.</p> <p>A review of four residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p>	Compliant

<p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff spoke with knowledge in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that staff have received training in how to respond to residents' behaviours that challenge, with supervision and support.</p>	
<p><b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>All behaviours presenting as uncharacteristic or giving rise to concern are reported to the person in charge who is then responsible for ensuring an ABC chart is completed to assist in identifying reasons or triggers for the behaviour and how the behaviour was managed. Incidents of concerning behaviour are reported to the Residents Key Worker and the Senior Care Coordinator or Acting Home Manager who will advise staff re reporting to relatives, care managers or other relevant Health Professionals</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Four care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour. Progress records also identified that issues of assessed need had a recorded statement of care/treatment given with effect (s) of same.</p> <p>A review of the records and discussion with four relatives confirmed that they had been informed appropriately.</p>	Compliant

<p><b>Criterion Assessed:</b>                      10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>All care plans are agreed and signed by Residents, their representatives, key worker and Home Manager. Where a resident does not consent information being shared, this is recorded.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of four care plans identified that when a resident needs a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident and/or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Behaviour Management Plans have been introduced and agreed by the Residents Key Worker , Home Manager and a relevant Health Professional e.g. Care Manager or CPN</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The registered manager informed the inspector that there are currently no residents who have a specific behaviour management programme in place.</p> <p>However from discussions with the registered manager and a review of care records associated with this standard evidence would indicate if such a programme were to be in place this would be acted in accordance with this standard criterion.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>All staff have attended Challenging Behaviour Awareness Training. The Acting Home Manager has completed the facilitators course for delivering Best Practice in Dementia Care programme and is currently delivering that programme to eight members of staff with a further eight due to commence the programme in September. Guidance is also provided through Sunnymead's managing challenging behaviour Policy and Guidance document.</p>	Compliant
<b>Inspection Findings:</b>	
<p>A review of staff training records evidenced that staff had received training in challenging behaviour awareness, and dementia:</p> <p>Discussions with staff confirmed that they had knowledge and understanding in this area of care.</p>	Compliant

<p><b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>All incidents of concern managed outside the scope of a Residents Care Plan are recorded and reported to Residents representatives and Care Manager or other relevant health professionals. Where risks have been identified, a care management review is requested to discuss and agree how they can be managed</p>	Compliant
<b>Inspection Findings:</b>	
<p>A review of the accident and incident records from 14 February 2014 to 23 June 2014 confirmed that when any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>A restraint policy is in place to guide staff on when and how restraint should be used. The policy guides staff to use the least restrictive strategy. As per policy, records will be kept in the event of restraint being used and reported to the relevant persons</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>A review of records, discussion with the registered manager and staff and observation of care practices identified that there are currently no types of restraint or restrictive practices used in the home, other than two alarm mats which have the appropriate documentation and consultation in place with same.</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider's Self-Assessment</b>	
Residents are involved in organising the programme of activities through involvement in the monthly Social Activities Group meetings. Feedback from those who do not attend meetings is recorded on a suggestion sheet and used in planning the programme. Activity assessments identify the needs and interests of Residents	Compliant
<b>Inspection Findings:</b>	
<p>The home had a policy on the provision of activities. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant



<p><b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Activities programmes are planned to include activities that are spiritually and culturally appropriate to each individual. All residents are given the opportunity to choose which activities they wish to participate in. Activities programme includes outings and inclusion in community events, and a variety of in house activities to meet physical, social and spiritual needs of Residents</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events.</p> <p>Discussion with residents confirmed that they were provided with enjoyable and meaningful activities on a regular basis. This was further evidenced by the inspector having the opportunity to attend a residents' meeting facilitated by the activities coordinator, for which discussions focussed on activities and events.</p>	Complaint
<p><b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>All residents are invited to attend a residents meeting 2-3 times a year to seek their opinion &amp; feedback on the activities programme.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the record of activities provided and discussion with residents, including three residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p>	Complaint

Residents and their representatives were also invited to express their views on activities by means of quality assurance questionnaires issued annually by the home, and at the care management review meetings.	
<b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activities programme is displayed in the main lounge & is visible to all residents & their representatives.	Compliant
<b>Inspection Findings:</b>	
On the day of the inspection the programme of activities was on display in conspicuous locations.  Discussion with residents confirmed that they were aware of what activities were planned.  The programme of activities was also presented in an appropriate format to meet the residents' needs, such as a pictorial format.	Compliant
<b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
All residents are able to take part in activities as staff provide assistance & support.	Compliant
<b>Inspection Findings:</b>	
The home employs staff with sole duties for co coordinating activities.  General observations throughout the environment found there was an acceptable supply of activity equipment available. This equipment included crafts, art, musical equipment, newspapers, televisions and games. There also was well appointed grounds to the home for were residents could benefit and enjoy from.	Compliant

<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>All activities are adaptive to time &amp; the abilities of individual residents.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Discussions with residents confirmed that the duration of each activity were tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Persons contracted-in are observed &amp; monitored by management &amp; staff &amp; feedback is sought from residents.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The activity coordinator confirmed that any person contracted in to do so such as a visiting entertainer is supervised and assisted by staff in facilitating the activity. This forms the monitoring process to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>Persons contracted in are notified of changing needs of the residents, staff receive feedback from the activity provider and from the residents</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>As per standard criterion 13.7.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>A record is kept of all activities &amp; all those individuals who participate.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>The programme is reviewed quarterly to ensure it is adaptive to residents needs.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of the programme of activities identified that it had last been reviewed on monthly.basis.</p> <p>The activity coordinator confirmed that planned activities were also changed at any time at the request of residents and this was clearly evident at the attendance at the residents' meeting.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Substantially compliant</p>
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<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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## **11.0 Additional Areas Examined**

### **11.1 Resident's consultation**

The inspector met with all the residents individually and with others in groups. All spoke with praise and gratitude for the provision of care, the kindness and support received from staff, the relaxed, homely environment and the provision of meals.

Some of the comments made included statements such as:

"This is a marvellous place to live"

"Everyone is very kind and caring"

"I love it here"

"This is just how a home should be"

"I and others are always treated very well"

"The meals are brilliant"

"This is an excellent home"

No concerns were expressed or indicated.

### **11.2 Relatives/representative consultation**

Four relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

No concerns were expressed or indicated.

### **11.3 Staff consultation**

The inspector spoke with five members of staff of various grades and distributed ten staff questionnaires. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff spoke on a positive basis for their roles and duties, the teamwork, staff morale, managerial support and the provision of care.

Feedback from the returned staff questionnaires was all positive in respect of the provision of care, training and managerial support. No concerns were identified.

### **11.4 Visiting professionals'**

The inspector did not meet with any visiting professionals at the time of this inspection.

### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting with residents in a friendly, warm, supportive manner. Residents were found to be comfortable, content and at ease in their environment and interactions with staff. A pleasant relaxed atmosphere was in place, with residents observed to benefit from the company of one another, staff interaction and the planned programme of activities in place.

## **11.6 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

## **11.7 Environment**

The inspector viewed the home accompanied by the registered manager and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be a high standard.

The grounds to the home were well appointed, for which a small number of residents were found to be in benefit from

## **11.8 Guardianship Information**

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

## **11.9 Fire Safety**

The inspector examined the home's most recent fire safety risk assessment dated 15 March 2014. This had corresponding evidence in place that the recommendations from same had been attended to.

A review of the fire safety records evidenced that fire training and fire safety drills were being maintained on an up to date basis, with staff, with the last training session being on 10 June 2014.

All fire exits were unobstructed and fire doors were closed.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with the Registered Provider Mrs Linda Nesbitt and the Registered Manager Ms Brenda Nesbitt, as part of the inspection process.

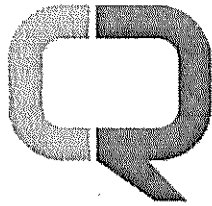
This inspection resulted in no requirements or recommendations being made. The registered provider and the registered manager are asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of this report.

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.

Enquiries relating to this report should be addressed to:

**John McAuley**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**





The Regulation and  
Quality Improvement  
Authority

No requirements or recommendations resulted from the primary announced care inspection of Sunnymead which was undertaken on 24 June 2014 and I agree with the content of the report.

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

SIGNED: *Linda Nesbitt*

NAME: LINDA NESBITT  
Registered Provider

DATE 22/7/14

SIGNED: *Brenda Nesbitt*

NAME: BRENDA NESBITT  
ACTING Registered Manager

DATE 22.7.14

Approved by:	Date
<i>[Signature]</i>	23/7/14