

Unannounced Care Inspection Report 24 October 2016



Sunnymead

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Sunnymead Residential Home took place on 24 October 2016 from 11.15 to 15.30 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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

No requirements or recommendations were made in relation to this domain.

Is care effective?

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

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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.

No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Brenda Nesbitt, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 18 May 2016.

2.0 Service details

Registered organization /registered person: Linda Nesbitt Sunnymead (Armagh) Ltd	Registered manager: Brenda Nesbitt
Person in charge of the home at the time of inspection: Brenda Nesbitt	Date manager registered: 3 June 2015
Categories of care: I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment	Number of registered places: 39

3.0 Methods/processes

Prior to inspection we analysed the following records

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training records
- Three staff recruitment files
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records

- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Relevant policies and procedures

During the inspection the inspector met with 12 residents individually and with others in group format, three care staff plus the registered manager and registered provider and one visitor. No visiting professionals met with the inspector during the inspection.

A total of 21 satisfaction questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Fifteen questionnaires were returned within the requested timescale from residents (5), representatives (5) and staff (5).

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18/05/16

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

4.2 Review of requirements and recommendations from the last care inspection dated 18/05/16

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</p>	<p>The registered person should review and revise the Adult Safeguarding policy / procedure to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Adult Safeguarding policy; Prevention and Protection in Partnership regional guidelines including the identification of a champion. Staff training will be necessary to ensure staff are fully informed of best practice including the role of the safeguarding champion.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The adult safeguarding policy had been reviewed and revised as recommended. The registered manager confirmed that there were plans in place to implement the new adult safeguarding procedures. The registered manager confirmed</p>	

	that there were plans in place to identify a safeguarding champion within the home and this would most likely be the registered manager. When available the manager intends to attend training in this regard.	
Recommendation 2 Ref: Standard 20.6 Stated: First time To be completed by: 31 June 2016	The registered manager should review and revise the Statement of Purpose to amend details of organisational changes made within the care team. Action taken as confirmed during the inspection: The statement of purpose had been reviewed and revised to reflect the organisational changes within the care team.	Met
Recommendation 3 Ref: Standard 20.11 Stated: First time To be completed by: 31 July 2016	The registered person/s should develop an annual quality report to provide residents and their representatives and staff with information to show the ongoing quality assurance methods / audits, outcomes and improvements made to enhance the quality of care provided. This recommendation would enhance the current information recorded within monthly monitoring summary reports. Action taken as confirmed during the inspection: Senior management had developed the home's annual quality report which reflected ongoing quality assurance methods, outcomes and quality initiatives.	Met
Recommendation 4 Ref: 25.8 Stated: First time. To be completed by: 30 June 2016	The registered manager should organise care staff meetings to be held at least quarterly to provide staff with more frequent opportunity to discuss issues, provide current information in regard to ongoing quality improvements and resident views where necessary. Action taken as confirmed during the inspection: Discussion with the manager, staff and examination of minutes evidenced that staff meetings were being held on a monthly basis.	Met

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were issues regarding staffing were raised during discussion with residents and staff. Questionnaires returned to RQIA following the inspection contained positive responses in regard to staffing provision.

A review of the duty rota confirmed that it accurately reflected the staff working within the home on the day of inspection.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Staff questionnaires returned to RQIA following the inspection reflected that staff induction and appraisal was in place relevant to specific job roles and responsibilities. Examination of three induction programmes evidenced these were completed with achievement signed by staff and mentor.

Discussion with staff and review of staff views questionnaires returned to RQIA confirmed that mandatory training, supervision and appraisal of staff were provided regularly. A schedule for mandatory training, annual staff appraisals and staff supervision were maintained, discussed and reviewed during the inspection.

Review of the recruitment and selection policy and procedure confirmed this was compliant with current legislation and best practice. Discussion with the registered manager and review of three staff personnel files confirmed that staff was being recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced Access NI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy and procedure had been reviewed and revised to reflect the current regional guidance and 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 confirmed that there were plans in place to implement the new adult safeguarding procedures and she would be the safeguarding champion within the home.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff demonstrated good knowledge and good understanding of adult safeguarding principles. Staff were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

Review of staff training records confirmed that all mandatory training, including adult safeguarding, 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 confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The registered manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons / bodies were informed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home’s policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

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’s policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken. Residents’ bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was appropriately furnished, nicely decorated, fresh smelling, clean, good lighting and appropriately heated throughout.

Inspection of the external environment identified that the grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. The registered provider, Linda Nesbitt explained that plans to develop the new sensory garden, to meet service users’ needs, were well under way. This development is to be commended.

Care staff spoken with during the inspection gave positive comments in regard to the care provided. Responses confirmed that staffing, supervision, appraisal, staff training was provided. Questionnaires returned to RQIA following the inspection reflected positive responses in regard to “is the care safe” domain”.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

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

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included life histories, up to date assessment of needs which were

complemented with risk assessments, care plans and daily/regular statement of health and well-being of the resident.

Care needs assessment and risk assessments, for example; manual handling, nutrition and falls were being 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. Discussion with staff confirmed that a person centred approach continues to underpin their practice. For example: consultation with residents and / or their relative on their assessment, and planned care to ensure they agreed or wished to add any additional likes / dislikes or preferences.

Recent minutes of resident monthly meetings were reviewed. These reflected residents in attendance and matters discussed. There was frequent referral to seeking service user views, likes / dislikes, review of activity schedule and social functions.

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 confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Fifteen completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments recorded in questionnaires included:

- “In recent weeks staff have arranged for me to see the dentist and podiatrist” (resident)
- “I am certain the care provided has benefited my relative enormously”
- “Care and attention given by staff is excellent – one hundred percent” (relative)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

The registered manager confirmed 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.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home.

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

The registered manager and staff confirmed that residents were always listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them. This was reflected within care records examined, minutes of resident meetings and monthly monitoring visits undertaken by the registered provider.

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 and staff spoken with during the inspection gave positive feedback in regard to the effectiveness of care. Residents explained that things could not be any better and that they were very satisfied with the care received. No issues or concerns were expressed or indicated.

Fifteen completed questionnaires were returned to RQIA from service users (5), staff (5) and representatives (5). All respondents described their level of satisfaction with this aspect of care as very satisfied / satisfied.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

Brenda Nesbitt, the registered manager of the home has successfully completed a course of study entitled "My Home Life" which covered all aspects of individualised care including resident involvement in the day to day running of the home. This is to be commended. The manager also advised that they had commenced the assessment for Investors in People award and how everyone would be involved. This is to be commended.

The manager outlined the arrangements and governance systems and processes in place for the effective management within the home. The manager explained that 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. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place 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 leaflets displayed.

Review of the complaints records and discussion with the manager confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and was readily available for residents, their representatives, staff, trust representatives and RQIA to read.

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/s identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular visits and monthly management meetings.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Staff/residents spoken with during the inspection gave positive feedback in regard to the overall management of the home. Staff commended the manager on her effective leadership, support through organised supervision, provision of training and her open door approach to everyone.

A total of fifteen completed questionnaires were returned to RQIA from service users, staff and representatives. Respondents described their level of satisfaction with this aspect of the service as very satisfied /satisfied no issues or concerns were recorded.

Comments recorded by resident’s representative within questionnaires included:

- “Staff are excellent which is a tribute to the manager and owner”
- “owners and the manager very involved in day to day interactions with residents and relatives”
- “As relatives we are kept fully informed of all aspects of life in the home”
- “Staff, senior management very approachable”
- “I’m highly impressed by what I have seen so far of the standard of management”

Comments recorded by staff within questionnaires were as follows:

- “Brenda Nesbitt, the home manager is very approachable at all times and is fully involved in the care of residents”
- “Very well managed”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews