



Unannounced Care Inspection Report

25 April 2019



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

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

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

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 39 residents falling within the categories of care as listed within section 3.0. The home is also approved to provide

residential care on a daily basis on the condition the maximum number of residents does not exceed 39.

3.0 Service details

Organisation/Registered Provider: Sunnymead (Armagh) Ltd Responsible Individual: Linda Margaret Nesbitt	Registered Manager and date registered: Brenda Nesbitt Registered 2015
Person in charge at the time of inspection: Brenda Nesbitt, Registered manager	Number of registered places: 39 comprising: 25 - RC – I 05 - RC- MP 05 – RC - DE 02 – RC –LD02 – RC – LD(E) RC day care providing the total number of residents does not exceed 39
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP (E)X 5 - Mental disorder excluding learning disability or dementia – over 65 years LD –X 2 Learning Disability LD (E)X 2 – Learning disability – over 65 years PH - Physical disability other than sensory impairment	Total number of residents in the residential care home on the day of this inspection: 39

4.0 Inspection summary

An unannounced care inspection took place on 15 April 2019 from 09.15 to 16.30 hours.

Evidence of good practice was found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients. Other areas of good practice included the overall governance arrangements; staffing arrangements, management of accidents and incidents, quality improvements and maintaining good staff relationships.

Areas requiring improvement included recording of successful completion dates within induction programmes, additional low floor lighting in one room; staff training in Dysphasia Diet Standardisation Initiative; where necessary recording of actions taken following audit, satisfaction survey analysis and complaints investigation. An increase in the number of residents spoken with during monthly monitoring visits was recommended.

Seven completed resident questionnaires were returned to RQIA. Responses were all positive indicating that respondents felt that the care provided was safe, effective, compassionate and well led. No staff questionnaires were returned within the timescale.

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

Comments received from residents, people who visit them and staff during the inspection is included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	5

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

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, RQIA registration information, other written or verbal information received since the previous inspection.

During our inspection we:

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

Questionnaires and 'Have We Missed You' cards were provided to give to residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the hallway entrance to the home.

A lay assessor was present during this inspection and their comments from residents are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections.

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

- staff duty rotas from 08 April 2019 to 15 April 2019
- staff training schedule and training records
- three staff recruitment and induction records
- two residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of reports of visits by the registered provider/monthly monitoring reports, February and March 2019
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 25 November 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 25 November 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 residents and clients from the care, treatment and support that is intended to help them.

On arrival at the home we were welcomed by the registered manager who remained on duty throughout the inspection.

We observed that many residents were up washed and dressed. Several residents were having their breakfast within the dining room while others were in their bedrooms being assisted by staff to wash and dress in preparation for breakfast. The atmosphere in the home was pleasant and relaxed with staff quietly interacting with residents in a respectful professional manner.

The registered manager advised that staffing levels for the home were satisfactory and kept under review to ensure that the needs of residents are met. The registered manager explained that staffing levels had been increased recently during the late afternoon/evening to meet the increasing dependency levels of residents. Review of the staff duty roster evidenced that it accurately reflected staff working in the home on the day of inspection. The registered manager explained that permanent part time staff would work additional time to cover for staff off duty. No agency staff were commissioned to undertake this role. Residents and staff who spoke with us gave positive feedback in regard to the provision of satisfactory staffing levels.

As we walked around the home we observed that call bells were to be positioned within reach of residents and were promptly answered by staff when activated. We spoke with residents about staffing and they confirmed that staff were always available, day and night, to help and assist them when required. Staff said that they believed the needs of residents were being met and that if there was a problem doing so they would not hesitate to report this to the registered manager.

Review of two staff recruitment records evidenced that all necessary measures were undertaken to ensure compliance with employment regulations and good practice standards. Access NI checks were undertaken prior to staff commencing work to ensure that no unsuitable person is employed. Electronic records were retained in this regard. Northern Ireland Social Care checks (NISCC) records were also retained and monitored by the registered manager to ensure that suitable staff were registered to work within the home. Staff said that the recruitment process was followed in accordance with the home's policy and procedures and that they had received terms and conditions of their job with a detailed induction and mentoring programme successfully completed. Two induction programmes reviewed were based on NISCC recommendations, for example; training, principles of person centre care and confidentiality were included. It was noted that the inclusion of a record of successful dates of completion of the induction programme was not always documented. The registered manager advised she would address this matter.

Discussions with staff regarding their daily routine and observation of practice were undertaken. Staff said that each morning a hand over report was given by night staff and that

any changes in planned care was discussed and allocations of care duties and responsibilities delegated, including reporting of any issues arising to the senior care staff or the registered manager who operated an “open door” approach to everyone.

Records of regulatory and professional development staff training were examined and discussed with the registered manager. Review of these records alongside a planned schedule of training was in place.

The registered manager advised that no actual or alleged safeguarding issues had arisen during year 2018/19. The registered manager who is the home’s identified champion for safeguarding has arranged to attend further training on the champion’s role and completion of the annual safeguarding position report for 2018. The home had a current safeguarding policy and procedure which was readily available to staff. Staff demonstrated good knowledge and understanding of the policy and the correct procedure to follow.

The home’s policy on falls management was dated April 2018. The prevention measures and management of falls was discussed at length with the registered manager who explained the procedure including; undertaking of a risk assessment, referral to the commissioning trust falls team, reflection of measures in place to minimise the risk and provision of necessary resources including, for example; resources (aids and appliances) sensory mats, call bell positioning within reach of the resident and close review of the risk assessment. The risk assessment and care plan of one resident assessed as a high risk of falls was reviewed and discussed with the registered manager. This review evidenced that a current falls risk assessment, based on the Southern Health and Social Care Trust (SHSCT) falls pathway, and care plan which reflected measures in place to minimise the risk. The provision of a low level floor night light was discussed with the registered manager as an additional fall preventative measure who agreed to discuss this with the resident.

Review of the monthly audits of accidents and incidents were undertaken and recorded. The registered manager advised that actions were taken to address the outcome of the analysis; however actions taken were not always recorded. Improvement in this regard is cited under section 6.7 of this report.

There was evidence of good infection prevention and control throughout the home with a plentiful supply of disposable gloves, aprons and liquid soap. Seven step wash hand notices were displayed at several locations. Staff said there was always a good supply available and that they had received training in infection prevention and control. Staff training attendance was recorded within the training matrix. A current policy and procedure on infection, prevention and control was in place.

Inspection of the premises confirmed that all areas were very nicely decorated and furnished. All areas clean, fresh smelling, comfortably heated, organised and well maintained. There was a plentiful supply of clean fresh bed linen and continence garments. Notice boards contained relevant current information on various health matters, activity arrangements and photographs of recent social events.

Many of the residents’ bedrooms were of similar size yet all were differently decorated and furnished. Personal memorabilia was observed within each room. The daily activity programme and “what’s on” was displayed to remind residents.

The registered manager advised that the staff photograph gallery would be displayed within the near future.

All fire doors were closed with fire exits clear of obstruction. Review of fire training records evidenced that staff training was provided twice yearly. The home's fire risk assessment was dated 18 March 2018. The registered manager advised that the annual review had been booked for April 2019. Following the inspection the senior care worker advised that this was undertaken during April 2019 and that they were awaiting the assessment review report from the fire officer.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment. Positive responses were received from residents and staff in regard to the care provided. No issues or concerns were raised or indicated.

Areas for improvement

Areas identified for improvement were in relation to falls prevention and the recording of successful completion dates within the staff induction programmes.

	Regulations	Standards
Total numb of areas for improvement	0	2

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 respond appropriately to and can meet the assessed needs of residents accommodated.

A review of three resident care records confirmed that these were maintained in accordance with legislation and standards. They included an assessment of needs, life history, risk assessments and daily statement of health and well-being of the resident. Annual care management reviews were held with minutes received and retained.

Care records reflected the multi-professional input into the resident's health and social care needs and were found to be updated regularly to reflect the changing needs of individual residents. Multi-professional interventions included, for example; general practitioner, social worker, district nurse, speech and language therapist, dentist, podiatrist and dietician.

Care records held were observed to be stored safely and securely in line with General Data Protection Regulation (GDPR). Records of staff training evidenced that training in GDPR was provided during May 2018. There was a records management policy in place

Residents said that they and/or their representatives were encouraged and enabled to be involved in the assessment, care planning, and review process. Care records reviewed were

observed to be signed by the resident and/or their representatives which was in keeping with human rights and associated good practice.

An individual service user agreement setting out the terms of residency for each resident was in place and dated / signed by both parties.

Residents' dietary intake was documented and weights recorded on a monthly basis and any significant changes were promptly responded to by staff. Where applicable, care records included input and recommendations from the dietician and speech and language therapist following their assessment.

The registered manager advised that she would ensure that staff training in the new International Dysphagia Diet Standardisation Initiative (DISSI) was organised for the near future. Guidelines on DISSI were displayed within the kitchen and on the central staff notice board.

The home was awarded the high rating score of 5 in food hygiene by environmental health.

Discreet observation of the mid-day meal was undertaken. Tables were respectfully set with tablecloths, range of condiments, drinks and central flower arrangement. The meals were nicely presented with adequate portions of food served. Additional portions of food were available if desired. Special diets were provided as required.

Four weekly rotating menus were in place and the day's menu displayed including an alternative choice of meal. Residents ate independently with staff present to provide support and assistance if required. The atmosphere with the dining room during this important social occasion was considered to be relaxed with quiet conversations taking place between residents and staff. Residents said they always enjoyed their meals and could change their choice of meal, if desired, which they ordered the previous day. Mid- morning, afternoon and evening supper were provided. Residents said they could always have an extra snack if desired. Positive comments were received from residents who described the food as "excellent". Fluids were observed to be readily available to residents throughout the home.

Annual resident/representative satisfaction surveys were conducted with records of the analysis retained. Review of the recorded outcome evidence positive responses in all areas. The registered manager advised that the outcome was shared with staff. This was reflected within minutes of resident and staff meetings.

Residents said they felt that the care provided in the home was very good and that staff were always asking how they were feeling. Residents stated if they had any concerns about the care they would not hesitate to inform the registered manager.

Some comments made included:

- "the staff are great
- "we are well looked after"
- "I feel really safe here"
- "staff do everything to ensure I don't fall and remind me to call for assistance but I like to take a risk and if I fall I fall"

There was recorded evidence of regular staff supervision, annual appraisal and regular staff/resident meetings. Residents said they enjoyed their meetings as this gave them the opportunity to voice their opinions about things. Annual care management reviews were also held providing an additional opportunity for residents and/or their representatives to have their say in the provision of safe effective care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, care reviews, audit, multi- professional collaboration, and communication between residents, staff and other key stakeholders.

Areas for improvement

One area identified for improvement included the provision of staff training in the DISSI recommendations for modified diets and fluids for people with swallowing difficulties.

	Regulations	Standards
Total number of areas for improvement	0	1

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 were in place which supported the delivery of compassionate care. Observation of the interactions between staff and residents was respectful and dignified. Residents’ calls for assistance were promptly responded to by staff. No issues or concerns were expressed or indicated during the inspection or within completed satisfaction questionnaires returned to RQIA.

Residents’ wishes, interests and preferences were reflected within care records examined providing evidence that their human rights were being upheld. Residents said that their views, choices and preferences were always acknowledged by staff.

All residents appeared relaxed and spoke openly with us, the staff and registered manager. Staff were observed to be attentive and interacted with residents in a respectful professional manner.

The registered manager and residents advised that consent was always sought in relation to the provision of care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff demonstrated their awareness of the importance of ensuring residents’ human rights were acknowledged alongside the promotion of independence and perversion of dignity. For example; their right to move freely around the home, choose to participate or not in the arranged activities, choose where they liked to sit and when to retire to bed and get up. Residents also stated that they received their mail unopened and that staff would always knock their room door before entering.

Review of care records provided further evidence that residents were involved in making decisions about their care. Care plans included signatures from residents and/or their relatives to confirm that these had been shared, discussed and agreed.

Residents stated they felt very much involved in the day to day running of the home with their participation in many activities such as setting of tables, planning activities, participating in house meetings and generally seeing that things were kept to their liking. Residents explained how much they enjoyed their participation within the “linking generations’ project”. This project involved the visitation of invited school children to the home to participate in agreed organised joint activities. This year’s activity included the making of colourful display tiles. One resident stated she hadn’t had the opportunity to speak to a child for many years and was delighted to see them in the home.

The home employs an activity therapist to work alongside residents in planning their daily activities, social events and outings. The activities co-ordinator was very enthusiastic about her work with residents providing positive feedback about the benefits of their inclusion in the development of planned activity programmes. Review of the current programme evidenced a wide range of varied activities and events which were age and culturally appropriate and took into account the residents spiritual needs. On the day of inspection residents were observed to participate in passive aerobics and were looking forward to the arranged visit by a church choir that evening.

Records of resident participation in activities and events were recorded and retained by the activity co-ordinator.

Residents told us the activities were enjoyable and explained how they were very much involved in the development of the programme and that these were reviewed regularly to ensure it meets their needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to human rights; the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients. The provision of a wide range of activities and social events is to be commended.

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 explained that she was supported in her role by a team of mixed skill care, ancillary' administrative and maintenance staff. An activity therapist is also employed. The registered manager explained that she felt she was greatly supported by Linda Nesbitt the responsible individual for the home who visited daily, spoke with residents and held monthly management meetings to review and discuss the governance arrangements and matters arising. Minutes of meetings were recorded and retained.

There was a clear organisational structure within the home. Designated senior care staff provides cover when the registered manager is out of the home. Competency and capability assessments were in place for staff who undertakes this role and responsibility.

The home retains a wide range of policies and procedures both electronically and in hard copy format. Staff confirmed that policies and procedures were readily available. Hard copies were retained within files with central indexes in place. cursory view of several policies evidenced that these were reviewed on a minimum three yearly basis, or more frequently as deemed necessary. This was confirmed by the registered manager.

The RQIA registered certificate was discussed with the registered manager who confirmed compliance with the number of residents accommodated and authorised categories of care. The RQIA registration certificate was displayed within the hallway of the home.

The home's current statement of purpose and resident guide were retained and available to residents and visitors.

Review of the staff duty roster, dated 7 to 15 April 2019 was undertaken and evidenced an accurate record of the number of staff on duty, who was in charge, alongside shift times.

Audits undertaken within the home included; NISCC registrations, care records, falls, medications, accidents/incidents, care management reviews, care plans, complaints, fire safety, glucometer checks, podiatry visits, maintenance. Audit records retained were reviewed and discussed with the registered manager and the senior care assistant who has designated responsibility to undertake, analyse and report on findings. The registered manager explained that action taken to address identified shortfalls was undertaken, however this was not recorded. .

The home's staff satisfaction survey was conducted during June 2018. Recorded analysis reflected positive responses. Suggestions made by staff for improvement included; additional activities for residents including weekend activities and greater variety of foods in the four weekly menus. The registered manager advised that this was a worthwhile survey which gave the staff the opportunity to express their views on a number of key areas and that action had been taken in respect of staff suggested improvements, however action taken was not recorded'

Resident/relative satisfaction questionnaires was undertaken during 2018 and reflected within the annual report. Review of the survey evidenced overall satisfaction with the provision of care and life within the home.

The recording of action plans within each audit or survey undertaken was identified as an area for improvement. This was readily agreed by the registered manager.

Review of the home's complaints records was undertaken and discussed with the registered manager. One complaint received since the previous care inspection had been resolved, however; there was no recorded evidence of the action taken following the investigation. The registered manager readily agreed to ensure this was addressed.

The home had electronic systems in place to plan and review arrangements for staff supervision, annual appraisals and staff registration with the Northern Ireland Social Care Council (NISCC) all of which were in date.

Staff and resident meetings were arranged on a regular basis and a record retained.

Accidents and incidents log reviewed confirmed that the home had a clear policy and procedure in place. Communication with residents, relatives and multi- agency professionals was maintained to ensure identified risks were minimised. This included timely notification to RQIA when required.

Monthly monitoring visits and reports for February and March 2019 which were undertaken by the responsible individual were reviewed and discussed with the registered manager. One improvement discussed was for the responsible person to increase the number of residents spoken with about the quality of the service.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the overall governance arrangements, quality improvements and maintaining good working relationships.

Areas for improvement

Areas identified for improvement included the recording of action taken to address issues arising as result of audit and satisfaction survey and an increase in the number of residents spoken with during monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Brenda Nesbitt, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 23.1 Stated: First time To be completed by: 30 May 2019	<p>The registered person shall ensure that the successful dates in the completion of staff induction are documented within the structured induction programme.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All completed Staff Inductions now dated and signed.</p>
Area for improvement 2 Ref: Standard – Good Practice Guidelines in Fall Prevention Stated: First time To be completed by: 30 April 2019	<p>The registered person shall consider and discuss the provision of a low level floor night light with one resident as additional measure to minimise the risk of falls.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Resident in question refused low level night light. This option was discussed with other residents.</p>
Area for improvement 3 Ref: Standard 20.16 Stated: First time To be completed by: 30 June 2019	<p>The registered person shall ensure that staff training in the International Dysphagia Diet Standardisation Initiative (DISSI) is provided.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Dysphagia Support Team contacted 17/05/19 to request training. Place also requested on Bridges Self-Management Training for IDDSI Champion who has been identified within the Senior Staff Team.</p>
Area for improvement 4 Ref: Standard 20.12 Stated: First time To be completed by: 30 June 2019	<p>The registered person shall ensure that when necessary the action taken to address the outcome of audits and satisfaction survey conducted are recorded to show completion of the audit cycle.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Outcomes and Action Plan developed for all Audits.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: May 2019</p>	<p>The registered person shall ensure that additional residents' views are sought and recorded within the monthly monitoring report.</p> <p>Ref 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Registered person will include additional Residents Views in future Monitoring Reports.</p>
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Please ensure this document is completed in full and returned via Web Portal



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