

Inspection Report

29 August 2022



Sunnymead

Type of service: Residential
Address: 12 Portadown Road, Armagh, BT61 9EE
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| Organisation/Registered Provider: Sunnymead (Armagh) Ltd | Registered Manager: Mrs Brenda Nesbitt |
| Registered Person: Mrs Linda Margaret Nesbitt | Date registered: 3 June 2015 |
| Person in charge at the time of inspection: Mrs. Brenda Nesbitt | Number of registered places: 39 A maximum of 5 in category RC-MP(E) and a maximum of 5 in category RC-DE. A maximum of 2 in RC-LD (E) and a maximum of 2 in RC-LD. The home is also approved to provide care on a day basis on the condition that the maximum number of service users (39) is not exceeded. |
| Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. | Number of residents accommodated in the residential care home on the day of this inspection: 36 |
| Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 39 residents. | |

2.0 Inspection summary

This unannounced inspection took place on 29 August 2022, from 9.20am to 2pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care and finance inspections and to determine if the home was delivering safe, effective

and compassionate care and if the service was well led. All these areas of improvement have been met.

There was found to be safe, effective and compassionate care delivered in the home and the home was well led.

It was established that staff promoted the dignity and well-being of residents.

No areas requiring improvement were identified during this inspection.

Residents said that living in the home was a good experience.

RQIA were assured that the delivery of care and service provided in Sunnymead was safe, effective, and compassionate and that the home was well led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs. Brenda Nesbitt, Manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke warmly about the provision of care, their relationship with staff, the provision of meals and the atmosphere in the home.

Staff spoke in positive terms about the provision of care, their roles and duties, staffing levels training and managerial support.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 18/19 January 2022 | | |
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| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1) | | Validation of compliance |
| Area for Improvement 1 Ref: Standard 6 Stated: First time | The registered person shall ensure that, for any resident who is prescribed medication for administration on a “when required” basis as part of the protocol for the management of distressed reactions, a care plan is in place to help direct care. | Met |
| | Action taken as confirmed during the inspection: A sample of this type of care plan was reviewed and contained clear information as needed. | |
| Area for Improvement 2 Ref: Standard 29.6 Stated: First time | The registered person shall ensure that all staff participates in a fire evacuation drill at least once a year. | Met |
| | Action taken as confirmed during the inspection: Staff fire safety drill training was maintained on an up-to-date basis. | |
| Area for Improvement 3 Ref: Standard 4.2 Stated: First time | The registered person shall ensure that residents’ written agreements are updated to show the current weekly fee paid by, or on behalf of, residents. | Met |
| | Action taken as confirmed during the inspection: A sample of a resident’s written updated agreement was reviewed and contained the current weekly fee payment. | |

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| Area for improvement 4 Ref: Standard 8.7 Stated: First time | The registered person shall ensure that the residents' inventory of personal possessions is kept up to date with adequate details of the items brought into the residents' rooms. | Met |
| | Action taken as confirmed during the inspection: These inventories were adequately maintained. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of a recently appointed staff member's recruitment records confirmed that there was a robust system in place to ensure staff were recruited correctly to protect residents. Staff receive a programme of induction on appointment. At the time of this inspection a newly appointed staff member was receiving supernumerary training with their role and duties.

The staff duty rota reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. The Manager explained that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this. It was also noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. Review of a staff member's assessment found this to be comprehensive in detail to account for the responsibilities of this role.

Staff said there was good team work and that they felt well supported in their role. Staff said that they were satisfied with the staffing levels. One staff member said; "I look forward to coming into my work."

There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis on.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Northern Ireland Social Care Council (NICSS). These checks were maintained appropriately.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. One resident said; "I am very happy here. All is very good. You won't find any problems."

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be pleasant, polite, friendly and warm.

Residents' care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Two residents said; "This is a lovely home. I am very happy here." and "The staff couldn't do enough for you."

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The dinner time meal was appetising, wholesome and nicely presented. Residents commented positively about the quality of meals provided and the choice of meals. One resident said; "The food here is brilliant. Too good and always a choice."

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were also kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Residents' care records were held safely and confidentially.

Care records were suitably maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Issues of assessed need had corresponding statements of care / treatment given with effect of same.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings. Residents' bedrooms were nicely personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The grounds of the home were exceptionally well maintained with good accessibility for residents to avail of.

Cleaning chemicals were maintained safely and securely.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were well maintained with up-to-date fire safety checks of the environment and fire safety drills. The home's most recent fire safety risk assessment was dated 3 May 2022. There were no recommendations made from this assessment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time. The genre of music and television channels played was appropriate to residents' age group and tastes.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and interactions with staff. One resident said; "My bed is lovely and comfortable."

Photographs of recent social events were also nicely displayed, showing residents participation.

The environment suitably facilitated to support residents with social needs and comfort. One resident said; "there is lovely walks around this home."

5.2.5 Management and Governance Arrangements

Mrs Brenda Nesbitt has been the Registered Manager in this home since 3 June 2015.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various

aspects of care and services provided by the home, such as environmental audits, restrictive practices, care records and falls.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

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



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