

Announced Premises Inspection Report 21 February 2017



Sunnymead

Type of Service: Residential Care Home
Address: 12 Portadown Road, Armagh BT61 9EE
Tel No: 0283752 3866
Inspector: Raymond Sayers

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Sunnymead took place on 21 February 2017 from 13:00 to 15:50.

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

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. Refer to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. Refer to section 4.6.

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

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Linda Nesbitt, Registered Responsible Person, as part of the inspection process, and can be found in the main body of the report.

There was no enforcement action implemented as a result of the findings from this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those items detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 5 February 2013.

2.0 Service Details

Registered organisation/registered provider: Sunnymead (Armagh) Ltd/Mrs Linda Nesbitt	Registered manager: Brenda Nesbitt
Person in charge of the home at the time of inspection: Mrs Linda Nesbitt	Date manager registered: 3 June 2015
Categories of care: RC-LD(E), RC-LD, RC-MP(E), RC-DE, RC-I, RC-PH	Number of registered places: 39

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous premises inspection report
- Statutory notifications over the past 12 months period
- Concerns call log

During the inspection the inspector met with three residents; two members of catering staff; Ms Ciara Breagan, Business and Marketing Manager; and Mrs Linda Nesbitt, Registered Responsible Person.

The following records were examined during the inspection:

- Copies of building service certificates
- Building user log books relating to the maintenance and inspection of the building and engineering services
- Legionellae risk assessment
- Fire risk assessment

4.0 The Inspection

The most recent inspection of the residential care home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at their next inspection.

4.1 Review of requirements and recommendations from the last premises inspection dated 5 February 2013

Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 27.8	Switch Room: The provision of grommets to cables in the switch room should be referred to the electrician for advice and action if necessary before the date of the next test. All fixed electrical equipment cupboards should be kept closed. (9.2.3 in the report).	Met
	Action taken as confirmed during the inspection: Works completed.	
Recommendation 2 Ref: Standards 27.8 and 27.9	Lifts: Appropriate certificates for the Lifting Operations and Lifting Equipment Regulations (LOLER) examinations for the passenger lift and the two stair lifts should be obtained and kept in the home for inspection. Please forward copies of the last three certificates to RQIA on receipt.	Met
	Action taken as confirmed during the inspection: Works implemented.	
Recommendation 3 Ref: Standards 28.1 and 28.5	Legionella Risk: A Legionella Risk Assessment Review should be carried out on or before 14 June 2013 and a check should be made to ensure that the recommendations in the current review have been addressed first so that the new review can reflect this. A check should be made to ensure that all infrequently used water outlets are flushed through at intervals not exceeding twice each week. (9.3.2 in the report).	Met
	Action taken as confirmed during the inspection: Works implemented.	

<p>Recommendation 4</p> <p>Ref: Standard 29.2</p>	<p>Means of Escape: Safe and suitable alterations should be made to the locking arrangements on the door between the first floor corridor and the final exit door lobby opposite bedroom 25 to ensure that this door cannot be locked with a key. A check should also be made to ensure that the doors to any other lobbies that lead to designated final exit doors are not lockable with keys.</p> <p>The locking arrangements on all designated final exit doors (including the front porch and the kitchen exit lobby/vegetable preparation room) should be reviewed to ensure that exit can never be prevented by the absence of a key.</p> <p>The bolt at high level on the existing final level door at the bottom of the stairway adjacent to bedroom 5 on the ground floor should be removed. Security for the residents should also be carefully considered before deciding how to proceed and advice about these issues can be sought from the Fire Risk Assessor and the NI Fire and Rescue Service.</p> <p>(9.4.3 in report).</p> <p>Action taken as confirmed during the inspection: Improvement works implemented.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 29</p>	<p>Fire Containment: Fire-stopping in the Cleaner’s Store opposite bedroom 8 on the first floor (around pipes at floor and ceiling level) and in the Switch Room (at ceiling level near a fixed electrical equipment cupboard and where the flue for the oil-fired boiler was removed) should be improved using only safe and suitable materials.</p> <p>(9.4.4 in the report).</p> <p>Action taken as confirmed during the inspection: Repairs implemented.</p>	<p>Met</p>

Recommendation 6 Ref: Standard 29.2	Emergency Lighting: Emergency lights should be installed in the front porch and the new conservatory. Consideration should also be given to providing an additional emergency light on the top landing of the stairway opposite bedroom 10 on the first floor. (9.4.6 in the report).	Met
	Action taken as confirmed during the inspection: Improvements implemented.	

4.2 Is care safe?

A range of documents related to the maintenance and inspection of the premises were presented for review during this inspection. This documentation included inspection and test reports for various elements of the engineering services, and risk assessments.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises; this includes: a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation, and protection to the means of escape.

The standard used by the registered person to determine the level of fire safety within the premises takes account of: the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

There were no improvement/remedial issues identified for attention during this premises inspection.

Areas for improvement

Number of requirements	0	Number of recommendations:	0
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4.3 Is care effective?

There are arrangements in place for routine planned maintenance management, and emergency breakdown/repair works. Service users are involved in decisions around the decoration of bedrooms.

This supports the delivery of effective care.

There were no issues requiring improvement identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care compassionate?

The accommodation reviewed during this premises inspection was well decorated, comfortable, clean, well ventilated, with adequate lighting levels.

Service users are consulted regarding decisions around decoration in private accommodation where appropriate.

This supports the delivery of compassionate care.

Several issues were however identified for attention during this premises inspection and are listed below.

Areas for improvement

1. Several kitchen floor tiles were cracked and chipped; the Registered Person, Mrs Nesbitt, stated that the damaged tiles would be replaced immediately.
2. It was noted that the stairway carpet displayed some signs of wear at the stair nosings; Mrs Nesbitt stated that this would be monitored, and that it was planned to replace the carpet.

Number of requirements	0	Number of recommendations:	0
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4.5 Is the service well led?

Premises related policies and documents are retained in a manner accessible to authorized persons.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

The registered person has implemented previous RQIA inspection report QIP items, and other relevant issues relating to the premises. Adequate support and resources have been provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators, where appropriate.

This supports a well led service.

There were no issues requiring improvement identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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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