



Sunnyside House  
RQIA ID: 1658  
25 Riverwood Vale  
High Donaghadee Road  
Bangor  
BT20 4QE

Inspector: Patricia Galbraith  
Inspection ID: IN22312

Tel: 0289127 0615  
Email: [amcaffrey@pcibsw.org](mailto:amcaffrey@pcibsw.org)

---

**Unannounced Care Inspection  
of  
Sunnyside House**

**2 June 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 2 June 2015 from 13.45 to 17.45. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Presbyterian Board of Social Witness	<b>Registered Manager:</b> Anna McCaffrey
<b>Person in Charge of the Home at the Time of Inspection:</b> Anna McCaffery	<b>Date Manager Registered:</b> 17 February 2014
<b>Categories of Care:</b> RC-DE, RC-I, RC-PH	<b>Number of Registered Places:</b> 45
<b>Number of Residents Accommodated on Day of Inspection:</b> 43	<b>Weekly Tariff at Time of Inspection:</b> £ 470

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14:**            **The death of a resident is respectfully handled as they would wish.**  
**Theme:**                 **residents receive individual continence management and support.**

## 4. Methods/Process

Prior to inspection we analysed the following records: returned Quality Improvement Plan from the previous inspection, notifications of accidents and incidents.

We met with seven residents individually and others in group settings. We also met with seven members of staff various grades and one resident's representative.

We inspected four care records, complaints records, staff training records and accident and incident records.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an inspection dated 23 October 2014. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> Ref: Regulation 19 (2)	A record of complaints must be maintained and should include the action taken by the registered person.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We inspected the complaints register and confirmed that complaints are handled appropriately.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 23.4	Staff training on the management and recording of complaints should be provided	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> In our discussions with the registered manager and staff training records inspected confirmed staff have received training in this area.	
<b>Recommendation 2</b> Ref: Standard 17.14	The RQIA should be informed of the actions taken by the registered person in response to the issues highlighted by three staff questionnaires and shared with them at the inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed to us that the issues raised by staff had been addressed and dealt with.	

### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

#### Is care safe? (Quality of Life)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

We inspected four residents' care records and confirmed that care needs assessments; risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans were signed by the resident or their representative.

We noted that residents' wishes regarding any specific arrangements at the time of his or her death are obtained on admission. Confidential information is retained in the manager's office. Care plans also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records. The home has a spiritual ethos and they have a prayer service every morning at 10.30. Residents confirmed to us that they like attending this and helps them meet new friends.

### **Is care effective? (Quality of Management)**

The home had a suitable policy and procedure in place relating to dying and death of a resident. The policy gave clear guidance in how to manage this area of need and how to manage an unexpected death. In our discussions with the registered manager confirmed to us that staff have received training in this area. The registered manager confirmed to us that staff can also receive bereavement support in the event of a resident's death.

In our discussions with staff they confirmed to us that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician Marie Curie and McMillian Nurses). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

### **Is care compassionate? (Quality of Care)**

In our discussions with staff they indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident.

The registered manager confirmed to us how residents had been cared for at the end of life; whilst the medical needs of the residents had been met by the GP and the district nursing team, the care needs were fully met by the staff. The families had been able to be with the residents at the end of life. The staff accommodated the families and made them comfortable within the home. The news of the residents' deaths had been given to fellow residents in a sensitive manner.

In our discussions with the registered manager she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The registered manager confirmed with us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

## Areas for improvement

There were no areas of improvement identified from the standard inspected. This standard was assessed to be safe, effective and compassionate.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

### 5.4 Theme: Residents receive individual continence management and support

#### Is care safe? (Quality of Life)

The staff members we interviewed were able to demonstrate knowledge and understanding of continence care.

We inspected four residents' care records which confirmed that a person centred assessment and care plan was in place which related to continence. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and in discussion with staff we confirmed that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

#### Is Care Effective? (Quality of Management)

The home had a suitable policy and procedure relating to continence management and promotion.

We inspected four care records and noted that continence needs were comprehensively documented. Infection control measures had also been fully considered. We noted appropriate liaison with the community specialist nurse.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

#### Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Residents related that staff members provide assistance with continence care in a sensitive and caring manner. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

## Areas for Improvement

There were no areas of improvement identified from the theme inspected. This theme was assessed to be safe, effective and compassionate.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

### 5.5 Additional areas examined

#### 5.5.1 Residents' views

We met with 8 residents individually and with others in groups. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some residents' comments included:

- "staff are so good it is like a hotel here"
- "I feel safe and my son doesn't have to worry about me now"
- "I really enjoy prayer service every day and it helps me meet my friends every morning then we have tea"

#### 5.5.2 Staff views

We met with five staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some staff comments included:

- "It is lovely working here."
- "The staff work as a team really well."
- "I feel that the care here is good."

#### 5.5.3 Residents' representative views

We spoke with one resident's visitor who spoke positively about the care provided to residents.

Some representative comments included:

- "This is a great place. The staff are so caring and attentive'.

#### 5.5.4 Accidents and incidents

We inspected records of accident and incidents since the previous inspection and confirmed they had been reported and managed appropriately.

#### 5.5.5 Complaints

We inspected complaints and confirmed they had been recorded and managed appropriately. Records were retained of investigations, outcomes and of lessons learned.

### **5.5.6 Fire safety**

The home had a current Fire Safety Risk Assessment. We inspected staff training records and confirmed fire training had been provided to meet regulations. The records also identified that evacuations had been undertaken regularly and that fire alarms are tested weekly from a different zone and records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

#### **Areas for improvement**

There were no areas of improvement identified within the additional areas examined.



\*

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Anna McCaffrey	<b>Date Completed</b>	3 Aug 2015
<b>Registered Person</b>	Linda Wray	<b>Date Approved</b>	7 Aug 2015
<b>RQIA Inspector Assessing Response</b>	Patricia Galbraith	<b>Date Approved</b>	11Aug 2015t

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

***\*Please complete in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\****

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.