



# Unannounced Care Inspection Report 11 February 2021



## Sunnyside House

Type of Service: Residential Care Home  
Address: 25 Riverwood Vale, High Donaghadee Road,  
Bangor, BT20 4QE  
Tel No: 028 9127 0615  
Inspector: Linda Parkes

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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 residential care home registered to provide residential care for up to 45 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness  <b>Responsible Individual:</b> Lindsay Conway	<b>Registered Manager and date registered:</b> Anna McCaffrey – 17 February 2014
<b>Person in charge at the time of inspection:</b> Anna McCaffrey	<b>Number of registered places:</b> 45  A maximum of 12 persons in RC-DE category of care. The home is approved to provide care on a day basis only to 3 persons
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 36

### 4.0 Inspection summary

An unannounced inspection took place on 11 February 2021 from 12.25 to 17.50 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- the environment/infection prevention and control
- staffing and care delivery
- residents' records
- governance and management.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	*2

\*The total number of areas for improvement includes one standard which has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Anna McCaffrey, 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with sixteen residents, five staff and the manager. Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received from staff within the timescale specified. The inspector provided the manager with "Tell us cards" which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas for the period 1 February 2021 to 14 February 2021
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training records
- staff supervision and annual appraisal records
- staff competency and capability records
- regulation 29 monthly quality monitoring reports
- quality assurance audit report 2020

- a selection of quality assurance audits
- complaints records
- compliments records
- two patients' care records
- two residents' daily progress notes
- RQIA registration certificate.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 19 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> First time	The registered person shall ensure that a current competency and capability assessment is present for any staff member who is in charge of the home in the absence of the manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of five staff records evidenced that competency and capability assessments have been completed for any staff member who is in charge of the home in the absence of the manager. This area for improvement has been met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a robust governance system is operational in the home which assures the quality of services and care available in the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Discussion with the manager and review of the Quality Assurance audit report for June 2020 evidenced that a robust governance system is operational in the home which assures the quality of services and care available in the home. This area for improvement has been met.</p> <p>Refer to section 6.2.4 for further details.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 24</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff receive an annual appraisal and supervision/s as per the requirements of the care standards.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Discussion with the manager and review of records from 1 May 2020 to 29 December 2020, evidenced that staff receive an annual appraisal and supervision/s as per the requirements of the care standards. This area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 20.12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Discussion with the manager and review of the Quality Assurance audit report for June 2020 evidenced that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process. This area for improvement has been met.</p>	<p><b>Met</b></p>

<b>Area for improvement 3</b> <b>Ref:</b> Standard 1.7 <b>Stated:</b> First time	The registered person shall ensure that a report is prepared that identifies the methods used to obtain the views and opinions of residents and their representatives and this incorporates the comments made, issues raised and any actions to be taken for Improvement. A copy of this report is provided to residents and their representatives.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of the Quality Assurance audit for June 2020 evidenced that a report is prepared that identifies the methods used to obtain the views and opinions of residents and their representatives and this incorporates the comments made, issues raised and any actions to be taken for Improvement. A copy of this report is made available to residents and their representatives. This area for improvement has been met.	
<b>Area for improvement 4</b> <b>Ref:</b> Standards 20.6, 21.4 and 21.5 <b>Stated:</b> First time	The registered person shall ensure that policy documentation is reviewed and or revised on a three yearly basis and that the home's statement of purpose is dated and similarly reviewed and revised as necessary.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

## 6.2 Inspection findings

Upon arrival to the home the inspector had a temperature and symptom check. The manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all residents in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.

Observation of the cleaner's store evidenced that it was unlocked and easily assessed. A number of five litre containers of cleaning products were noted to be stored on the floor. The safe storage of chemicals was discussed with the manager and an area of improvement under regulation was identified.

Information displayed in the dining area and on the residents' notice board in the home evidenced that it was not laminated and could not be wiped clean in order to adhere to infection prevention and control (IPC) best practice. This was discussed with the manager and an area for improvement was identified.

In addition, pull cords in bathrooms throughout the home were generally observed to be covered and therefore could be easily cleaned. It was noted that pull cords in two identified bathrooms did not have washable sleeves fitted. This was discussed with the manager who advised she would address the issue. Correspondence from the manager on 5 March 2021 advised that pull cords in both bathrooms have been fitted with washable covers.

We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

### **6.2.2 Staffing and care delivery**

A review of the staff duty rota from 1 February 2021 to 14 February 2021 evidenced that the planned staffing levels were adhered to. No concerns regarding staffing levels were raised by residents or staff in the home.

Observation of the delivery of care evidenced that residents' needs were met in a timely and caring manner.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Sunnyside House. We also sought the opinion of residents and their representatives on staffing via questionnaires. Two representative questionnaires were received and both indicated that they were very satisfied that there were enough staff to help.

One representative commented:

“Wonderful staff. Very approachable and caring. My Mum couldn't be happier.”

Cards of thanks were received by the home. Two comments recorded included:

“Thank you so much for taking care of ... over the past few years. She absolutely loved living in Sunnyside. I really appreciate the work you all do each day with every resident.”

“Thank you for all you do to keep Dad so well looked after and safe. We really appreciate all your dedication and hard work in such a difficult year.”



We observed the serving of the lunchtime meal in both dining rooms. The food appeared nutritious and appetising and staff wore aprons when serving or assisting with meals. Residents able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes. The menu for the day offering residents a variety of meal choice was appropriately displayed on each table.

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. The activity planner was displayed on the notice board in the reception area of the home to inform residents of planned activities. Residents were observed to enjoy playing a game of bowls in the lounge.

Three residents commented:

"This is a great place to live. The food's good and the staff are attentive."

"The bowls were good fun. I enjoyed it."

"The staff are very good. They are attentive and approachable and the place is spotless. There is something to do every day. I enjoy the daily morning worship and the activities. I have nothing to moan about. The food is well cooked and well prepared."

Discussion with the manager evidenced that care staff were required to attend a handover meeting at the beginning of each shift that provides information regarding each resident's condition and any changes noted. She advised that there was effective teamwork and that staff members know their role, function and responsibilities.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

### **6.2.3 Resident records**

Review of two residents' care records regarding falls and mobility evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

Two residents' daily progress notes were reviewed from 9 February 2021 to 11 February 2021 and were found to be well documented.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

### **6.2.4 Governance and management**

Since the last inspection there has been no change in management arrangements. The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

Review of records confirmed that a process was in place to monitor the registration status of care staff registration with the Northern Ireland Social Care Council (NISCC).

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding infection prevention and control (IPC) practices including hand hygiene.

We reviewed accidents/incidents records from 18 October 2020 to 22 December 2020 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Monthly quality monitoring visits by the responsible individual in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were reviewed. Records from 18 January 2021 to 9 February 2021 evidenced that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Review of staff training records for 2020/2021 evidenced that staff had attended training regarding medicines management, adult safeguarding, infection prevention and control (IPC), falls prevention, Control of Substances Hazardous to Health (COSHH) and fire safety.

The provision of staff supervision and appraisal for 2021 was discussed with the manager who advised this had commenced and was ongoing.

Staff spoken with confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### **Areas of good practice**

Evidence of good practice was found throughout the inspection in relation to staffing, the use of personal protective equipment (PPE), in relation to the cleanliness of the environment and the personalisation of the residents' bedrooms. Good practice was found regarding record keeping and communication between residents and staff.

### **Areas for improvement**

Two new areas of improvement were identified regarding Control of Substances Hazardous to Health (COSHH) and infection prevention and control (IPC) to ensure that notices displayed in the home are laminated.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	1

## 6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and regarding the use of Personal Protective Equipment. Measures had been put in place in relation to infection prevention and control, to keep residents, staff and visitors safe in order to adhere to the Department of Health and the Public Health Agency guidelines.

The total number of areas for improvement includes one which has been carried forward for review at the next care inspection.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anna McCaffrey, 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 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	<p>The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that residents are protected from hazards to their health.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> This matter has been discussed with Domestic and Catering staff and advsd that stores must be locked at all times. Laminated signage has been placed on all relevent areas to remind staff to keep doors locked.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standards 20.6, 21.4 and 21.5  <b>Stated:</b> First time  <b>To be completed by:</b> 19 May 2020	<p>The registered person shall ensure that policy documentation is reviewed and or revised on a three yearly basis and that the home's statement of purpose is dated and similarly reviewed and revised as necessary.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	<p>The registered person shall ensure that infection prevention and control issues regarding notices displayed throughout the home are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Clerical staff have replaced essential notices around the building with laminated covers.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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