



The Regulation and
Quality Improvement
Authority

Sunnyside House
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**Unannounced Care Inspection
of
Sunnyside House**

26 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of inspection

An unannounced care inspection took place on 26 January 2016 from 09.50 to 15.40. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met.

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

1.1 Actions/enforcement taken following the last inspection

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
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 can be found in the main body of the report.

2. Service details

Registered Organisation/Registered Person: Presbyterian Board of Social Witness	Registered Manager: Anna McCaffery
Person in charge of the home at the time of inspection: Anna McCaffery	Date manager registered: 17 February 2014
Categories of care: RC-DE, RC-I, RC-PH	Number of registered places: 45
Number of residents accommodated on day of inspection: 45	Weekly tariff at time of inspection: £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 had been met:

Standard 1: Residents Involvement - Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and notifications of accidents/incidents since the date of the previous inspection.

During the inspection the inspector met with 12 residents, five care staff, one domestic staff, one visiting professional and two residents' representatives.

The following records were examined during the inspection: five care files, accidents, complaints, annual quality review report, residents' guide, record of activities, fire records and monthly monitoring reports.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 2 June 2015.

5.2 Review of requirements and recommendations from the last care inspection

No requirements or recommendations were made as a result of the last inspection.

5.3 Standard 1: Residents' involvement

Is care safe? (Quality of life)

We spoke with twelve residents who were relaxing in the lounge. Residents spoke positively about the care they receive in Sunnyside. Residents reported that their views were actively sought each day in matters affecting them.

Residents' meetings take place three times each year. An examination of the minutes of the meeting held in October 2015 evidenced that residents' views were sought on a range of issues.

Four care files were inspected. These included specialist assessments and care plans in any area where a specific risk had been identified. The care files included evidence of up to date care management reviews. Residents' participation in the care planning process was evidenced by their signatures in place on the care plans and the review minutes.

Is care effective? (Quality of management)

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These included a key worker scheme, an active complaints policy and the registered person's monthly monitoring visits. A suggestion box is available for any resident to anonymously record their opinions.

The record of complaints showed that any expression of dissatisfaction made by a resident is taken seriously and acted on.

The home has a Friends of Sunnyside group and a Local Support Committee. Both of these groups provide support to the work of the home. Members visit residents and provide feedback to the manager from a lay perspective. The groups also undertake a fund raising role.

Evidence was found that the home acts on suggestions made by residents where possible. For example the minutes recorded an issue in relation to the sound system in the large lounge. Residents had recorded the inability to hear in certain areas of the lounge. We were able to track that the matter which was then raised by the manager at the Local Support Group who agreed to fund a new sound system. This had been installed before Christmas.

Is care compassionate? (Quality of care)

Discussion with staff demonstrated that they were knowledgeable about residents' needs and that a person centred approach is taken in the care provision.

Discussion with two relatives confirmed that they feel the care to their family members is caring and kind.

In our observations of staff interventions on the day confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to residents in a polite, friendly and supportive manner.

Areas for improvement

There were no issues of improvement identified with this standard. When measured against the criteria, the care was found to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents

There had been a recent infectious outbreak in the home and in line with Public Health guidelines we restricted our contact with residents to those who were relaxing in the lounge of the home (12). Residents stated that they are happy in the home and that they are well cared for. A selection of comments was:

- "The staff are all kind"
- "It's not the same as my own home but it's the next best thing"
- "This is a very good place."

5.4.2 Relatives

We spoke with two relatives individually. Both confirmed that they are satisfied with the care provided to their relatives. One relative described how staff in the home worked with her to identify the most effective method in dealing with her relative's very specific needs and preferences. One relative confirmed that she was kept fully informed of and involved with the care of her parent. There was evidence through the discussion with relatives that the home had followed the correct procedures in the specific examples of care they provided. A selection of comments was:

- "There is not one thing I could complain about. As far as I am concerned the home is perfect"
- "My relative can be difficult and there were issues in the past but the home worked with the family to find out the best way to provide the care to him/her"
- "I can go on holiday and not worry because I trust the home."

5.4.3 Visiting Professionals

We spoke with a community nurse who stated that the care provided by the home to her patients was good. The nurse confirmed that the home works well with community nursing and any instructions she leaves regarding a resident are carried out as prescribed.

5.4.4 Staffing levels

On the day the following staff were on duty:

- Manager x 1
- Deputy manager x 1
- Senior care assistant X1
- Care assistant x 5
- Domestic x 4 (including laundry)
- Catering x3
- Handyman x1
- Administrative x1

In addition, there were two recently appointed care assistants on the first day of their induction. These new staff were supernumerary and were being mentored by an experienced member of staff.

The manager confirmed that the level of staff on duty was adequate to meet the needs and numbers of residents accommodated.

5.4.5 Staff Views

In addition to management, we spoke with three care staff and one domestic staff. Staff felt that a good standard of care is provided for residents. Staff stated that they felt supported by management and that ample training opportunities are provided for them. Staff said that they would have no hesitation in reporting any concerns they may have regarding residents' treatment and care.

5.4.6 Environment

A full internal inspection of the premises was not undertaken on this occasion in line with infection control guidelines. The inspection was restricted to the main lounge, entrance hall and staff offices. These areas were satisfactory, no hazards were noted. The previous inspection report from RQIA (June 2015) was on view on the notice board and available for residents and their relatives. This is commendable. The outcome of an environmental inspection, in which the home scored highly, was also on view.

5.4.7 Activities

It was noted that there was no notice of any social activities planned for the day. The manager stated that due to the infection control measures in the home these had been cancelled for the previous few weeks. A record of activities confirmed that since Christmas very few activities had been organised. Two files of evidence of social activities for November and December 2015 showed that a range of social activities had been provided. These included – quizzes, poetry group, cookery club, residents' choir and various activities associated with Christmas.

The home employs a dedicated activity therapist and the record evidenced this member of staff spending time one to one with individual residents who did not like group activities. The home is run by the Presbyterian Board of Social Witness and several of the activities are faith based. For example, morning devotions and a weekly bible class. The home's ethos is clearly stated in the statement of purpose and in the residents' guide. Residents are free to participate (or not) in all activities provided.

5.4.8 Fire Awareness

Fire training was provided to 21 staff on 3 November 2015. The training session included a mock evacuation. The fire alarm system is tested weekly from a different point and the outcome recorded. The home's annual fire safety assessment in line with HTM 84 was last undertaken on 22 January 2015. Records showed that this was scheduled to be completed again on 28 January 2016.

5.4.9 Quality Assurance Monitoring

The home had robust quality monitoring systems in place. We examined the monthly monitoring reports for October, November and December 2015, undertaken by the registered person in line with regulation 29. These were satisfactory. The organisation in control is currently collating statistical information for the annual quality review report in line with regulation 17. The report will provide an overview of all facilities and services in the home from January to December 2015. The annual quality report for 2014 was available for inspection.

Internally the manager has introduced monthly audits of accidents, last undertaken on 14 January 2016 and complaints, last undertaken on 18 January 2016. Care files are audited monthly by the key workers.

We examined responses to satisfaction questionnaires distributed by the home to residents in March 2015. The comments recorded were positive in regard to all aspects of the care provided. The returned questionnaires had been analysed and audited by the manager for inclusion in the annual quality review.

Food provision in the home is franchised to an outside company. Separate audits are maintained by the cook in regard to residents' satisfaction with the food provided.

Areas for improvement

There were no areas for improvement noted in regard to the additional matters inspected. The manager confirmed that the homes' social activity programme will resume as soon as infection control measures have been lifted. This will be confirmed at future inspections.

Number of requirements:	0	Number of recommendations:	0
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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.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Anna McCaffrey	Date Completed	09.02.16
Registered Person	Linda Wray	Date Approved	11 February 2016
RQIA Inspector Assessing Response	Ruth Greer	Date Approved	12 February 2016

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

We are delighted that Sunnyside House continues to meet the required standards and to have no recommendations or requirements made from this inspection.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address