



Unannounced Care Inspection Report 19 February 2020



Sunnyside House

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

www.rqia.org.uk

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 registered residential care home which provides care for up to 45 residents.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Lindsay Conway	Registered Manager and date registered: Anna McCaffrey 17 February 2014
Person in charge at the time of inspection: Anna McCaffrey	Number of registered places: 45 Includes a maximum of 12 persons in RC-DE category and 3 places for day service.
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	Total number of residents in the residential care home on the day of this inspection: 42

4.0 Inspection summary

An unannounced inspection took place on 19 February 2020 from 10.00 hours to 16.30 hours.

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

Evidence of good practice was found in relation to staffing, the environment and the delivery of care.

Six areas for improvement identified during the previous inspection were not fully reviewed as part of this inspection and have been carried forward for review at the next care inspection.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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
Total number of areas for improvement	*2	*4

*The total number of areas for improvement includes six which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Anna McCaffrey, Manager and the deputy 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.

4.2 Action/enforcement taken following the most recent inspection dated 11 December 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 11 December 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection we met with 20 residents, three sets of visitors and 10 staff. Questionnaires were also 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. The inspector provided the manager with 'Have we missed you cards' to be placed in a prominent position to allow residents 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.

During the inspection a sample of records was examined which included:

- staff duty rotas
- minutes of staff meetings
- supervision and appraisal schedule
- competency and capability assessments
- staff training records
- staff supervision and annual appraisal schedule
- care records of two residents
- a sample of governance audits
- regulation 29 monitoring visits
- RQIA registration certificate

Six areas of improvement identified during the previous inspection were not fully reviewed during this inspection and have been carried forward to be reviewed at the next care inspection.

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 the last care inspection dated 11 December 2019

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
Area for improvement 1 Ref: Regulation 20 (3) Stated: 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	Carried forward to the next care inspection
	Action required to ensure compliance with this area for improvement was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.	

<p>Area for improvement 2</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: 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>Action required to ensure compliance with this area for improvement was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: Second time</p>	<p>The registered person shall ensure all staff complete COSSH and basic food and hygiene training.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the training matrix and discussion with staff confirmed that that staff had attended basic food hygiene training on 20 January 2020.</p> <p>We observed evidence that Control of Substances Hazardous to Health (COSHH) training has been arranged to take place on 19 March 2020.</p> <p>The manager has given assurances that all staff who require COSHH training will attend the training scheduled for March 2020 and confirmation of this will be forwarded to RQIA when actioned.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25.8</p> <p>Stated: Second time</p>	<p>The registered person shall ensure staff meetings take place on a regular basis and at least quarterly.</p> <hr/> <p>Action taken as confirmed during the inspection: We reviewed the minutes of staff meetings dated 29 and 30 January 2020 and 5 February 2020.</p> <p>We were informed by the manager that staff meetings will be held at least on a quarterly basis in the future.</p>	<p>Met</p>

<p>Area for improvement 3</p> <p>Ref: Standard 24</p> <p>Stated: 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>.Action required to ensure compliance with this area for improvement was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 4</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any recommendations stated in the fire risk assessors report for the home evidence the date of and action taken to progress the recommendations</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>We were informed that a fire risk assessment had been undertaken 15 January 2020. Evidence was not available to confirm that the recommendations made had been addressed.</p> <p>However, following the inspection we received confirmation by email on 27 February 2020 that all the recommendations made by the fire risk assessor had been addressed.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.12</p> <p>Stated: 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>Action required to ensure compliance with this area for improvement was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>

Area for improvement 6 Ref: Standard 1.7 Stated: 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.	Carried forward to the next care inspection
	Action required to ensure compliance with this area for improvement was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 7 Ref: Standards 20.6, 21.4 and 21.5 Stated: 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.	Carried forward to the next care inspection
	Action required to ensure compliance with this area for improvement was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.2.1 Staffing

We reviewed the duty rotas for week commencing 17 February 2020 and 24 February 2020 and staffing levels were discussed with the manager. The duty rotas reviewed accurately reflected the staffing levels discussed. The manager confirmed that staffing levels were planned and kept under review to ensure that the needs of the residents were met. We observed staff responding to residents' needs in a prompt and caring manner.

No concerns regarding staffing levels were raised by residents or staff during the inspection.

Following the inspection, no staff members responded to our online survey.

6.2.2 Competency and capability assessments

During the previous inspection an area for improvement had been made to 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.

We were informed by the manager that not all staff have completed these and dates have been arranged to complete the remainder of competency and capability assessments for staff who

require these. We reviewed three competency and capability assessments completed since the previous inspection.

Due to the short time frame between inspections it was agreed that this area for improvement would be carried forward to be reviewed at the next care inspection.

6.2.3 Staff appraisals and supervision

During the previous inspection an area for improvement had been made to ensure that staff receive an annual appraisal and supervision/s as per the requirements of the care standards.

We were informed by the manager that some appraisals and supervision sessions have taken place since the previous inspection. The manager confirmed that dates have been arranged to complete the remainder of appraisals and supervision sessions throughout the year.

Due to the short time frame between inspections it was agreed that this area for improvement would be carried forward to be reviewed at the next care inspection.

6.2.4 The statement of purpose and policy documentation

During the previous inspection an area for improvement had been made to 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.

We were informed that the statement of purpose had been reviewed and revised since the previous inspection. The statement of purpose reviewed was dated 24 January 2020.

We reviewed a selection of policies and found that some of the policies had not been reviewed since May 2016. We discussed this with the manager and were informed that several policies will be reviewed in the future.

Due to the short time frame between inspections it was agreed that this area for improvement would be carried forward to be reviewed at the next care inspection.

6.2.5 Environment

Patients' bedrooms, the lounges and dining rooms were found to be comfortable, clean and tidy. Most of the bedrooms had been individualised with pictures, family photographs and items brought in from home.

6.2.6 Residents' and relatives views

The residents we spoke with confirmed they were content living in the home and that staff were kind to them. We observed relaxed and positive interactions between staff and resident's throughout the inspection. Specific comments from residents included:

- "Staff are brilliant, although I get lonely sometimes."
- "It's very good here."
- "Everything is good, we laugh a lot, I am very happy."
- "No complaints, staff are wonderful."
- "Food wonderful."

- “Home from home here.”
- “I have put weight on.”
- “I could not ask for anything better, they offer kindness and are helpful.”
- “Very happy.”

Some comments from relatives and visitors included:

- “Room a bit dusty at times.”
- “Outstanding”
- “She is very happy and well looked after.”

Following the inspection, five questionnaires were returned by residents who confirmed they were either satisfied or very satisfied that the care in the home was safe, effective and compassionate and that the home was well led. One resident told us:

- “It is excellent and I am very happy with every aspect of it.”

6.2.7 Care delivery

Residents were well presented and it was clear that staff had given them time and support to attend to their appearance and personal care.

We observed residents being treated with dignity and respect; staff supported residents to be independent where possible. Staff provided residents with choice throughout the day including where they wished to eat, what they wished to eat and drink, and how they wanted to spend their time.

Activities, such as art, music, quizzes, crafts and board games were part of the weekly programme. Residents have the opportunity to worship and we observed daily devotional readings in the lounge attended by several of the residents. We were informed by residents that they have the opportunity to go out with family, friends and staff to the many local attractions.

During lunch a varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dining rooms were warm, bright and well ventilated. Table cloths, condiments, place settings and menus were appropriately set on dining room tables and the environment was pleasant for residents to eat their meals. There was a range of choices available for residents to choose from, portion sizes were good and the meals were well presented. Staff were observed being attentive to residents’ needs during the meal service. One resident did comment on how she can only access the dining rooms at certain times, this was discussed with the manager who agreed to address this issue with staff.

Discussion with staff confirmed that a person centred approach underpinned care delivery in the home. Staff were able to describe residents’ individual preferences, needs and wishes in detail.

Areas of good practice

Evidence of good practice was found in relation to staffing, the environment and the delivery of care.

Areas for improvement

Six areas for improvement have been carried forward to be reviewed at the next 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 and the deputy 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 further 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 care 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.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2020</p>	<p>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.</p> <p>Ref: 6.1 and 6.2.2</p>
	<p>Action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 17(1)</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2020</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> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 24</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2020</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> <p>Ref: 6.1 and 6.2.3</p>
	<p>Action required to ensure compliance with this standard was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20.12</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2020</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> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this standard was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 1.7</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2020</p>	<p>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.</p> <p>Ref: 6.1</p>
<p>Area for improvement 4</p> <p>Ref: Standards 20.6, 21.4 and 21.5</p> <p>Stated: First time</p> <p>To be completed by: 19 May 2020</p>	<p>Action required to ensure compliance with this standard was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <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 and 6.2.4</p> <p>Action required to ensure compliance with this standard was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

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



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