



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

**Service and Establishment ID:** Sunnyside House (1658)  
**Date of Inspection:** 23 October 2014  
**Inspector's Name:** Ruth Greer  
**Inspection No:** IN017765

**The Regulation And Quality Improvement Authority**  
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## 1.0 General information

<b>Name of Home:</b>	Sunnyside House
<b>Address:</b>	25 Riverwood Vale High Donaghadee Road Bangor BT20 4QE
<b>Telephone Number:</b>	(028) 9127 0615
<b>E mail Address:</b>	<a href="mailto:amccaffrey@pcibsw.org">amccaffrey@pcibsw.org</a>
<b>Registered Organisation/ Registered Provider:</b>	Presbyterian Board of Social Witness Mrs Linda Wray
<b>Registered Manager:</b>	Mrs Anna McCaffrey
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Anna McCaffrey - Mrs May Gordon (Line Manager) also joined the inspection.
<b>Categories of Care:</b>	RC-I ,RC-PH, RC-DE
<b>Number of Registered Places:</b>	45
<b>Number of Residents Accommodated on Day of Inspection:</b>	41
<b>Scale of Charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	5 March 2014 Primary announced inspection
<b>Date and time of inspection:</b>	23 October 2014 10:00 to 17:00
<b>Name of Inspector:</b>	Ruth Greer

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered provider
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	15
Staff	5
Relatives	1
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	25	6

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **Standard 10 - Responding to Residents' Behaviour**  
**Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication**
- **Standard 13 - Programme of Activities and Events**  
**The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents**

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of service

Sunnyside House Residential Care home is situated in a residential area on the outskirts of Bangor.

The residential home is owned and operated by The Presbyterian Board of Social Witness. The current registered manager is Mrs Anna McCaffrey.

The home is a purpose built facility and is a single storey building.

Accommodation for residents is provided single en suite rooms. Each has mini kitchen facilities.

Communal lounge and dining areas are provided around the entrance to the home and smaller lounges/ relaxation areas are located variously throughout the building.

The home also provides for catering and laundry services in a service wing and a number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 45 persons under the following categories of care.

### Residential care

I	Old age not falling into any other category
DE	Dementia (for a maximum of 12 persons)
PH	Physical disability other than sensory impairment

### Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of three residents.

## 8.0 Summary of Inspection

This primary announced care inspection of Sunnyside Residential Care Home was undertaken by Ruth Greer on 23 October 2014 between the hours of 10:00 and 17:00. Mrs McCaffrey was available during the inspection and for verbal feedback at the conclusion of the inspection as was Mrs May Gordon (Line Manager).

The recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that they had been addressed satisfactorily can be viewed in the section following this summary.

Prior to the inspection, Mrs McCaffrey completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs McCaffrey in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff and relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, reviewed staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

## **Inspection findings**

### **Standard 10 - Responding to Residents' Behaviour**

The inspector reviewed the arrangements in place for responding to residents behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used in the home and would only be used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Sunnyside was compliant with this standard.

### **Standard 13 - Programme of Activities and Events**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home employed an activity coordinator for a number of hours each week. In the absence of the activity coordinator activities are provided by designated care staff or are contracted in. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Comprehensive records were maintained. The evidence gathered through the inspection process concluded that Sunnyside is compliant with this standard and that this is an area of excellence in the care provision in this home.

### **Resident, representatives, and staff consultation**

During the course of the inspection the inspector met with residents, representatives and staff questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complimented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Three of the returned questionnaires raised some concerns which are more fully addressed in section 11.0 of this report. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

### **Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

### **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a high standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

Two recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.



**9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 5 March 2014**

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 11.1	The manager should maintain a record of her contacts with the Trust in her efforts to arrange dates for reviews.	This record was available for inspection.	Compliant
2	Standard 11.3	A review of files should be undertaken to ensure that all reports in relation to review meetings are in place.	This has been undertaken and a spot check on randomly selected files confirmed compliance.	Compliant
3	Standard 16.1	The information in regard to protection of vulnerable adults should be reviewed and out of date references should be discarded.	Information held in regard to the protection of vulnerable adults is now up to date.	Compliant
4	Standard 16.2	Staff induction records should be signed by the mentor undertaking the induction as well as the inductee.	The signatures were seen to be in place.	Compliant

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider’s Self-Assessment</b>	
Individual care plans are in place for all residents. Staff communicate any areas of concern regarding behavioural changes at handovers and update care plans accordingly.	Compliant
<b>Inspection Findings:</b>	
<p>The home had policies on Restraint (November 2011) and Managing Challenging Behaviours (June 2014) in place. A review of the policies identified that they reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions, with residents, identified that informed values and an individual knowledge of each resident ensured that restrictive practice was not in use in the home.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Challenging Behaviour on 16 October 2014 which included a human rights approach.</p> <p>A review of six residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p>	Compliant

<p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
<p><b>Criterion Assessed:</b>                  10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Staff record all uncharacteristic changes daily and observe for potential triggers to changes in behaviour. Gp. visits / consultation will be requested to rule out medical problems Care Managers and family members informed and multi-disiplinary reviews may also be requested.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The policy on Challenging Behaviour included the following:</p> <ul style="list-style-type: none"> <li>• Identifying uncharacteristic behaviour which causes concern</li> <li>• Recording of this behaviour in residents care records</li> <li>• Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>• Reporting to senior staff, the trust, relatives and RQIA.</li> <li>• Agreed and recorded response(s) to be made by staff</li> </ul> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Six care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussions with visitors confirmed that they had been informed appropriately.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Where behavioural issues are identified, care plans are adjusted and discussed with the resident, signed and agreed. Family members are advised of any changes to care approach. Care Managers will also be informed and seek advice from Mental Health Team or CPN.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of six care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Any residents behavioural issues are referred to Care Management Team and advice sought as to whether further multi-disciplinary input is required, eg.,GP, Mental health assessment / CPN are incorporated in care plan.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place drawn up by the behaviour management team. There was evidence that where there is an identified need for specialist advice that this had been sought appropriately. Therefore, as there are no behavioural plans this criterion was not applicable at this time.</p>	Not Applicable

<p><b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>All staff attend Challenging Behaviour Training annually and further support can be obtained from multi-disciplinary team, GP, CPN or family support as required. Additional training to cover specific topics have also been arranged.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of staff training records evidenced that staff had received training in Behaviours which Challenge in June 2014.</p> <p>Staff confirmed that where a specific need is identified that they are provided with up to date information in regard to any change in the care plan.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Behavioural issues identified are recorded in daily reports and care plans adjusted as required. Staff liase with Care Management Team and request multi-disciplinary team meetings which include family representatives, nursing assessments, GP assessments.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the accident and incident records from 5 March 2014 and discussions with staff identified that residents’ representatives, Trust personnel and RQIA had been appropriately notified in regard to any incident/accident which occurred outside the scope of a resident’s care plan.</p> <p>A review of six care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p>	Compliant

<p>Visitors confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	
<p><b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b> Forms of restraint are not used in home, staff will observe and monitor behavioural triggers and seek advice as necessary from GP and other professionals. Any behavioural changes are recorded by staff to identify cause eg, pain, infection.</p>	Substantially compliant
<p><b>Inspection Findings:</b> A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose.</p>	Compliant

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p style="text-align: center;"><b>COMPLIANCE LEVEL</b></p> <p style="text-align: center;">Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p style="text-align: center;"><b>COMPLIANCE LEVEL</b></p> <p style="text-align: center;">Compliant</p>
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<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
On admission residents interests are identified, Care Plan and Activity Assessment forms completed. Information is obtained from Personal History of Resident forms and from resident and family themselves.	Compliant
<b>Inspection Findings:</b>	
The home had a policy dated July 2014 on the provision of activities. A review of care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.  Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.  The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant
<b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
Care staff and Activity Co-Ordinator provide a varied range of activities to include exercise, outings, physical and mental activities. Staff and Church Groups provide Spiritual activities for those who wish to participate.	Compliant

<b>Inspection Findings:</b>	
<p>Examination of the programme of activities identified that social activities are organised in the morning and afternoon every week day. At times this is extended to evening entertainment either in the home itself or attendance at community events.</p> <p>The programme was extensive, innovative and included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and reflected the fact that Sunnyside is a faith based home. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>A suggestion box is available for all residents to contribute as well as provision of residents meetings. Our activity co-ordinator's programme includes one to one discussions with residents who do not wish to participate in group activities.</p>	Compliant
<b>Inspection Findings:</b>	
<p>A review of the record of activities provided and discussions with residents, including two residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident meetings, one to one discussions with staff and care management review meetings.</p>	Compliant



<p><b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Staff use notice boards and white boards to display daily events and activities.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>On the day of the inspection the programme of activities was on display in lounge and hallway. These locations were considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents’ needs.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Care staff carry out activities daily and risk assessments for activities are identified. Staff, activity co-ordinator and Friends of Sunnyside Volunteers assist with activities both in home and on outings. Activities are funded by residents comfort fund and donations.</p>	Compliant

<b>Inspection Findings:</b>	
<p>The home employs an activity co coordinator for 18 hours each week. She had undertaken a risk assessment for all residents in relation to their ability to participate in social activities.</p> <p>Activities are also provided daily by designated care staff.</p> <p>The activity coordinator, care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included games, song sheets, craft material, coach hire, payment (where required) for outside entertainers and special equipment for specific times for example harvest, Christmas and Easter activities.</p> <p>There was confirmation from the activity co-ordinator the registered manager that a designated budget for the provision of activities was in place supplied from the organisation in control and the Friends of Sunnyside group.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Activity programme is varied throughout the week and is arranged at quieter times of the day for residents. Longer activities / outings are planned in advance to ensure residents needs are taken into consideration.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The activity co-ordinator, care staff, registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents’ abilities and the possible impact this could have on their participation in activities.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Home provides an activity co-ordinator for 18 hours per week. Activity co-ordinator and Senior care staff arrange activities from outside the home and keep list of names. Staff members are present when activity is taking place by outside provider and will report suitability of event. Residents are also able to give their comments on activities provided.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The activity co-ordinator confirmed that outside entertainers are employed to provide musical evenings. Local church ministers undertake a service each Sunday.</p> <p>On the day of the inspection a volunteer was playing the piano for a musical session.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Homes activity co-ordinator liases with care staff when on site and relevent information is relayed regarding and changes to residents needs. Staff members will be present at activites at other times to support residents.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home’s staff), of any change in residents’ needs which could affect their participation in the planned activity.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
Records are kept of activities in the home, person providing activity and names of residents participating.	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. In addition, an evaluation is undertaken after each session which reviews whether or not it had been successful / enjoyed by those attending.	Compliant
<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
Programme of activities is provided to meet changing needs of residents and new residents admitted to the home on an ongoing basis. Home is working toward a more structured approach for reviewing activity programme.	Compliant
<b>Inspection Findings:</b>	
<p>A review of the programme of activities identified that it had last been reviewed at each residents’ meeting. The records also identified that the programme had been reviewed at least twice yearly.</p> <p>The registered manager and activity co-ordinator confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Compliant

<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## 11.0 Additional Areas Examined

### 11.1 Resident's consultation

The inspector met with 14 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. One resident raised an issue with the provision of food. The serving of the lunch time meal was observed by the inspector and residents views on the same was sought by the inspector. No concerns were expressed or indicated by the other residents. Management were aware of the issue and were working with the resident, family, care manager and home staff to resolve it. The inspector also spoke with the resident concerned and his family member.

Comments from residents received included:

- "From the first day I felt at home here they (staff) couldn't be better"
- "It's not the same as at home with my late wife but I am content and when I was ill recently the staff couldn't have been kinder"
- "I just love it. I've put on a stone and a half since coming here, the food is lovely"

### 11.2 Relatives/representative consultation

Two relatives who met with the inspector indicated satisfaction with the provision of care and quality of life afforded to their relatives and complimented staff in this regard. The relative of one resident raised an issue of concern in regard to her relatives continued placement in the home. Management and staff are aware of the issue and records showed that it is being dealt with appropriately and in partnership with the Trust. No other concerns were expressed or indicated.

Comments received included:

- "My relative is a private person and staff here allow her just to be herself"
- "There has been a difficulty recently but the home has included the family at every stage and we are working to resolve it"

### 11.3 Staff consultation

The inspector spoke to five staff of different grades and six staff completed and returned questionnaires. Discussions with staff on duty identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

All six questionnaires confirmed that they would recommend the home to a family member. Three questionnaires raised issues with food and staffing levels. These were shared with the manager and left with her to deal with. A recommendation has been included in the quality improvement plan appended to this report.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- “We just want residents to be happy here”
- “We look after the residents like they were family”

#### **11.4 Visiting professionals’ consultation**

There were no visiting professionals on the day of the inspection.

#### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

#### **11.6 Care Reviews**

Prior to the inspection a residents’ care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire confirmed the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

#### **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints record showed that complaints had not been recorded in chronological order and in some instances the outcome had not been included. There was evidence that improvement is required in the management and recording of complaints. One requirement and one recommendation have been made in relation to this matter in the quality improvement plan.

#### **11.8 Environment**

The inspector viewed the home accompanied by Mrs McCaffrey and alone and inspected a number of residents’ bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents’ bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a high standard.

## **11.9 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

### **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 18 February 2014. The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff on 16 June 2014. These records also identified that an evacuation had been undertaken on 16 June 2014 and that different fire alarms are tested weekly with records retained. No obvious fire safety risks were observed. All fire exits were unobstructed and fire doors were closed.

### **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs McCaffrey. Mrs McCaffrey confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.



## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Anna McCaffrey and Mrs May Gordon, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Ruth Greer**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Primary Announced Care Inspection

Sunnyside House

23 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Anna McCaffrey and Mrs May Gordon either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

<b>Statutory Requirements</b>					
<b>This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	Regulation 19(2) Schedule 4 .11 Standard 17.10 Reference 11.7 in this report	A record of complaints must be maintained and should include the action taken by the registered person.	One	Complaint procedure has been reviewed and changes to recording complaints reviewed to ensure they are recorded appropriately.	Immediate and on going

**Recommendations**

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 23.4 and 17.5 Reference 11.7 of this report.	Staff training on the management and recording of complaints should be provided.	One	Staff Training has been arranged for all care staff to attend.	By 16 December 2014.
2	Standard 17.14 Reference 11. 3 of this report.	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.	One	Issues highlighted by Staff questionnaires have been reviewed and changes made to menus to incorporate soft diets. Staffing levels are maintained at all times and agency staff to Supplement staff. Both diets will be kept under review by manager.	By 16 December 2014.

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority  
 9th floor  
 Riverside Tower  
 5 Lanyon Place  
 Belfast  
 BT1 3BT

SIGNED: Linda Wray

NAME: LINDA WRAY  
 Registered Provider

DATE 1/12/2014

SIGNED: Awa McCaffrey

NAME: Awa McCaffrey  
 Registered Manager

DATE 28.11.14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Rud Greer	15/12/14
Further information requested from provider			