

Inspection Report

28 January 2022



Sunnyside House

Type of Service: Residential Care Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Presbyterian Council of Social Witness</p> <p>Responsible Individual Mr Lindsay Conway</p>	<p>Registered Manager: Anna McCaffrey</p> <p>Date registered: 17 February 2014</p>
<p>Person in charge at the time of inspection: Anna McCaffrey</p>	<p>Number of registered places: 45</p> <p>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</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 37</p>
<p>Brief description of the accommodation/how the service operates: Sunnyside House is a registered Residential Care Home which provides health and social care for up to 45 residents. The home is a single story, bright, spacious building with ample living space and two dining areas.</p>	

2.0 Inspection summary

An unannounced inspection took place on 28 January 2022, from 10.00 am to 4.45 pm by a care inspector.

The inspection assessed progress with the areas for improvement identified in the home at 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 and their interactions with residents. There was a compassionate culture and ethos evident in the home and the manager was available and approachable throughout the inspection.

Residents were observed to be relaxed and comfortable in their surroundings and said that they had a good experience of being in Sunnyside House, that the home was very comfortable and clean and staff treated them very well.

RQIA were assured that the delivery of care and service provided in Sunnyside House was safe, effective, and compassionate.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection

4.0 What people told us about the service

During the inspection the inspector met with twelve residents and five staff. Residents' spoken with were content and the atmosphere in the home was calm and relaxed. Residents expressed no concerns about the care they received.

No members of staff submitted completed questionnaires to RQIA.

Following the inspection, three residents submitted completed questionnaire responses to RQIA, all indicating that they were very satisfied with the care they receive at Sunnyside House.

No additional feedback was received from either staff or residents' relatives following the inspection.

A record of compliments received about the home was kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 11 February 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of the environment and discussion with the manager confirmed that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH).	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)		Validation of compliance
Area for improvement 1 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.	Not met
	Action taken as confirmed during the inspection: A review of a sample of policy documentation confirmed that this area for improvement has not been met and is stated for a second time.	

Area for improvement 2 Ref: Standard 35 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager confirmed that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment, which should include robust induction arrangements. There was evidence that a structured induction had been provided to newly appointed staff in order to prepare them to work with residents.

There were systems in place to ensure staff were trained and supported to do their job. Due to an increase in medication errors, refresher medicine management training had been arranged for staff. It is essential that this training is evaluated as part of the quality improvement process through supervision and appraisal. Review of records confirmed that staff supervision and annual appraisals had not been completed or scheduled. An area for improvement was identified.

A review of the staff duty rota accurately reflected the staff working in the home on a daily basis. The person in charge of the home in the absence of the manager was clearly recorded. Staff competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty. The manager confirmed these will be assessed again once staff have completed refresher medication management training.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels were kept under regular review. It was noted there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

Staff said that there was good team working and that there was effective communication between staff and management. The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. The last staff meeting was in June 2021. Discussion with the manager confirmed that a planned meeting had to be cancelled due to a COVID-19 outbreak but is being rescheduled.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff were knowledgeable of residents' needs, their daily routine, likes and dislikes. Staff confirmed the importance of good communication within their team and with the management.

Staff were seen to provide a prompt response to residents' needs and demonstrated an awareness of individual residents preferences.

Staff were observed to be respectful during interactions and to communicate clearly, for example, when assisting a resident with their personal care needs. Residents were well presented, content in their surroundings and at ease in their interactions with staff.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. There was a good atmosphere in both dining areas. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. There was evidence that residents' needs in relation to nutrition and the dining experience were being met.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

There was evidence that body maps were completed on admission and as required thereafter. Residents were regularly weighed and there was evidence of ongoing referral to specialists as required.

Three care records were reviewed and risk assessments were completed and care plans in place to meet the residents' current needs. Care plans were person centred and were reviewed on a regular basis.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. Daily records were kept of how each resident spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

A review of the internal environment of the home evidenced that the home was clean, tidy, bright and spacious. Residents' bedrooms were clean, tidy and personalised with items of importance to each resident, such as family photos, memorabilia, radios and sentimental items from home.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place, and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff. Residents had been consulted / helped plan their activity programme. The range of activities included social, community, cultural, religious, spiritual and creative events.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Staff commented positively on the manager and her availability and approachability. A whistleblowing policy was in place so staff could raise any concerns regarding the home and the care if required.

Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. It was established that the manager had a system in place to monitor accidents and incidents that happened in the home, however this system of auditing was not sufficiently robust to adequately monitor the quality of care and other services provided to residents. Audits were not available for medication administration/management and care records. Audits should be completed on a regular basis and when deficits are identified, actions should be put in place to address these. An area for improvement has been given in this regard.

There was a system in place to manage complaints. Residents told us that they knew how to make a complaint and who to approach. A review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. There were a large number of thank you cards retained from residents and representatives complimenting the care. There was evidence that residents' and their representatives' views and opinions were sought and acted upon.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. A report was compiled and available to review. Where an action plan was agreed there was evidence that issues had been addressed.

6.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2021)

	Regulations	Standards
Total number of Areas for Improvement	0	3*

* the total number of areas for improvement includes one standard that has been stated for a second time. Areas for improvement and details of the Quality Improvement Plan were discussed with Anna McCaffery, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 20.6, 21.4 and 21.5</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2022</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: 5.1</p> <p>Response by registered person detailing the actions taken: We are working with an external consultant to update all policies and procedures for the home. Statement of purpose has been updated to include change of (applicant) Responsible Individual: details and date for review added.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 24.2 24.5</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2022</p>	<p>The registered manager shall ensure that all staff receive regular supervision and an annual appraisal</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Home manager has scheduled timetable throughout the year to complete regular supervision and appraisals for all staff: process has started.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2022</p>	<p>The registered manager shall develop a robust system to ensure that working practices are systematically audited to ensure they are consistent with the homes documented policies and procedures' and action taken when necessary</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Home manager is currently developing a robust and systematic audit process in support of policies and procedures within the home. This will be implemented from late March 2022.</p>

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