

# Inspection Report

**Name of Service:** Sunnymead  
**Provider:** Sunnymead (Armagh) Ltd  
**Date of Inspection:** 14 October 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Sunnymead (Armagh) Ltd
<b>Responsible Person:</b>	Mrs Linda Margaret Nesbitt
<b>Registered Manager:</b>	Ms Nicola Morton
<p><b>Service Profile</b>  This home is a registered Residential Care Home which provides health and social care for up to 39 residents. Residents are accommodated over two floors and they have access to multiple communal spaces and a sensory garden.</p> <p>The home provides care for up to 39 residents with frail elderly needs or physical disability needs under 65 years of age. Further to this the home can accommodate up to five residents over 65 years of age with mental health needs or dementia; two residents can be accommodated with a learning disability.</p>	

## 2.0 Inspection summary

An unannounced care inspection took place on 14 October 2025 from 9.45am to 4pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

The home was found to be clean and bedrooms were tastefully personalised with items which were important to residents.

Residents said that living in the home was a good experience and praised the meal provision.

This inspection resulted in no new areas for improvement being identified. One area for improvement in relation to medicines management was carried forward for review to the next inspection.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Residents spoke positively about their experience of life in the home. Comments included: "great place, the staff are all very kind," "I have great praise for this place, it is excellent, the staff are lovely and nothing is a problem," "the care is excellent, the staff are so good, I feel well cared for and safe. The staff are so attentive," and "this place is excellent. The staff are so obliging and could not do enough for you. If I want anything all I have to do, is press the buzzer."

Discussions with residents confirmed that there was enough staff on duty and if they wanted anything all they had to do was ask. Residents commented positively on the meal and activity provision in the home.

Staff spoke positively in terms of the provision of care and advised that there was good care provided in this home. Staff told us that the management team was supportive and available for advice and guidance.

Five questionnaires were returned to RQIA following the inspection from residents and relatives. All of the responses received were positive and included comments such as: “Excellent care provided to my (relative), staff are always helpful, cheerful and follow through on any requests,” “the care I receive is excellent, the staff are always caring and thoughtful,” and “the staff are always there when you need them, you never feel alone.”

### **3.3 Inspection findings**

#### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

#### **3.3.2 Quality of Life and Care Delivery**

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual resident’s needs, their daily routine, wishes and preferences. Observations of the staff and residents interactions during the activities found staff to be kind and compassionate.

Staff were observed to be prompt in recognising residents’ needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known. This was particularly evident when staff provided reassurance to a resident who became upset and tearful.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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 and their diet modified.

Observation of the serving of the lunchtime meal confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious. The atmosphere was calm and organised. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

The importance of engaging with residents was well understood by the manager and staff. An activity schedule was on display in each bedroom and in communal areas offering a range of individual and group activities such as bingo, board games, arts and crafts or hand massage, music activities, hairdressing, one to one reading or seated exercise. Residents were well informed of the activities planned for the month and of their opportunity to be involved and looked forward to attending the planned events.

During the inspection a number of the residents were out at bocchia in the local area. For other residents in the home they were engaged in discussions with the activity therapist, while undertaking crafts. There was a relaxed atmosphere during the activity and staff were readily available to assist and support in the planned activity.

For those residents who preferred not to participate in the planned activity; staff were observed sitting with them and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities such as knitting. Residents commented that there was always something to do.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

### **3.3.3 Management of Care Records**

Residents' needs were assessed by a suitably qualified member of staff 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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

### **3.3.4 Quality and Management of Residents' Environment**

The home was clean, tidy and well maintained and the residents further reiterated this. Residents' bedrooms were tastefully personalised with items important to the resident.

Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The corridors displayed photos of activities completed by the residents and light music played in the background.

Systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Nicola Morton is the registered manager of the home.

Staff commented positively about the all of management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided in the home.

### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	0

\* the total number of areas for improvement includes one area which is carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. One area for improvement was carried forward for review to the next inspection. Findings of the inspection were discussed with Nicola Morton, Registered Manager, as part of the inspection process and can be found in the main body of the report.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of the inspection (11 May 2023)</p>	<p>The registered person shall ensure the current, maximum and minimum refrigerator temperatures are monitored each day and the thermometer reset. Corrective action must be taken if temperatures outside the required range are observed.</p> <p>Ref: 2.0</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

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



## The Regulation and Quality Improvement Authority

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