



Inspection Report

Name of Service: Sunnyside House

Provider: Presbyterian Council of Social Witness

Date of Inspection: 7 January 2025

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

1.0 Service information

Organisation/Registered Provider:	Presbyterian Council of Social Witness
Responsible Individual:	Dermot Parsons
Registered Manager:	Anna McCaffrey
<p>Service Profile:</p> <p>Sunnyside House is a registered residential care home which provides health and social care for up to 45 residents. Residents have a range of needs, including, old age not falling within any other category, dementia and physical disability.</p> <p>The home is a single story, bright, spacious building with ample living space, two dining areas and outside garden area for residents to enjoy.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 7 January 2025, from 9.40 am to 5.10 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 8 February 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Some residents, staff and relatives raised concerns about staffing levels in the home. Details were shared with the management team during the inspection, this was also discussed further at a meeting with the management team on 20 January 2025. RQIA were assured with the evidence provided following the inspection; that the appropriate action had been taken with regards to the concerns expressed.

While care was found to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection six areas for improvement from the previous care inspection on 8 February 2024 were assessed as having been addressed by the provider. One area for improvement in relation to staff supervision and appraisal was not met and this has now been subsumed into two regulations. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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.

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 told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included “staff are first class”, “they treat me with respect” and “the staff are kind”.

Some residents told us that the home has been “very short staffed”, that staff are “always busy” and there “is not enough staff, especially at night time”. Staff told us there were improvements in staffing levels during the day, however; concerns were shared regarding the use of agency staff on night duty. Some relatives also told us that staff seem particularly busy and not always available at night time. These concerns were discussed with the management team for their action and review.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Four questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home. Comments regarding staffing levels in the home were shared with the management team for action and review as appropriate.

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.

A review of the staff duty rota from 30 December 2024 to 19 January 2025 evidenced that staffing levels consistently fell below the home’s own safe staffing model, placing the delivery of safe and effective care to residents at potential risk of harm. The deficits in staffing levels were particularly prevalent during the night shift period. An area for improvement has been identified.

A review of the staff supervision matrix highlighted that not all staff had received supervision in line with the required minimum standard of twice per year. A review of the staff appraisal matrix also highlighted that not all staff had received an annual appraisal. This area for improvement was first identified during an unannounced inspection on 11 December 2019 and has been stated three times on the homes quality improvement plan. These two areas for improvement have been identified and subsumed into two regulations.

These concerns, including the feedback provided from residents, staff and relatives was discussed during the inspection and again at a more detailed feedback meeting with the manager and regional managers on 20 January 2025. Assurances were provided that actions have been taken since the inspection to address these concerns.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

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.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were mostly well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required. However, examination of records identified gaps in post-fall monitoring observations. An area for improvement has been identified.

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 lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities over the recent Christmas period which they enjoyed.

Observation of the planned activity, which was a religious service, confirmed that staff knew and understood resident's preferences and wishes and how to provide support for residents to participate in group activities or to remain in their bedroom with their chosen activity such as reading, listening to music or having visits with their relatives.

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, mostly 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.

However, two residents who were assessed as needing a modified diet, had no risk assessments in place to manage this aspect of care. An area for improvement has been identified.

It was also evident that residents personal property records had not been reviewed or updated as required. This had also been highlighted in the monthly monitoring visits by the representative of the registered provider. An area for improvement has been identified.

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Anna McCaffrey has been the Registered Manager in this home since 17 February 2014.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

A review of records identified that a concern had been raised by a resident. It was evident following discussion with the management team that this matter had not been escalated or managed appropriately in line with Adult Safeguarding procedures. Following the inspection assurances were provided that the concern had since been escalated and a retrospective notification was sent to RQIA. An area for improvement has been identified.

Staff and residents' meetings were held regularly and records reviewed demonstrated a comprehensive list of agenda items for discussion. However, no action plans were created following these meetings to evidence the improvements undertaken. For example; what action was identified, the person responsible for addressing the action and date this was to be

achieved by. This is a good method to ensure tasks are completed in an achievable timescale. Two areas for improvement have been identified.

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
Total number of Areas for Improvement	3	6

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2025</p>	<p>The Registered Person shall ensure that all staff employed in the home receive an annual appraisal.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: <u>The Registered Manager has implemented an appraisal plan. All outstanding appraisals have now been completed.</u> <u>The Registered——Mananger will update the staff list for new staff and staff on Maternity leave or long term sickness, this has now been completed.</u> <u>The Regional Mananger will be reviewing this at Monthly MMVs to ensure compliance.</u></p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (2)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2025</p>	<p>The Registered Person shall ensure that all staff employed in the home are appropriately supervised, no less than every six months.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: <u>——m The Registered Manager has implemented a Supervision Plan for 2025, to ensure all staff receive</u></p>

	<p><u>supervisions every six months, All outstanding supervisions have now been completed.</u></p> <p><u>The Registered Manager will update the staff list for new staff and staff on Maternity leave or long term sickness, this has now been completed.</u></p> <p><u>The Regional Manager will be reviewing this in monthly MMVs to ensure compliance.</u></p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 7 January 2025</p>	<p>The Registered Person shall ensure that there are adequate staff on duty at all times in order to meet the needs of residents, ensuring deployment of staff across the home takes into account the number and needs of the residents.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken:</p> <p><u>————The Registered Manager will ensure adequate staff levels with-in the home, this will be reviewed daily, weekly by the Registered Manager all new rotas will be reviewed and signed off by the Registered Manager to ensure good skill mix and safe levels of staffing. A review checklist is now in place.</u></p> <p><u>The Registered Manager will review dependency levels with- in the home on a monthly basis or sooner if required.</u></p> <p><u>The Registered Manager will ensure that all staff including agency staff are to contact CSW regional team out of hours if there is a concern that staff levels might fall below safe limits.</u></p> <p><u>The Regional Manager will be reviewing staff levels and dependency levels in the monthly MMVs to ensure safe staff levels.</u></p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: 7 January 2025</p>	<p>The Registered Person shall ensure that staff complete post falls monitoring records in full as per falls management protocol.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken:</p> <p><u>————The Registered Manager will ensure the post 24hr guideline is in place with immediate effect. This has now been implemented.</u></p>

	<p><u>The Registered Manager has removed all old PCI falls paperwork though out the home with immediate effect.</u></p> <p><u>The Registered Manager will provide training to senior and agency staff to ensure staff are completing all post 24hr fall monitoring records. This training for senior staff has been completed, Agency staff is ongoing and will be completed by 21/03/2025</u></p> <p><u>The Registered Manager will ensure falls audits are reviewed monthly.</u></p> <p><u>The Regional Manager will review monthly to ensure the Registered Manager is reviewing the falls audits monthly.</u></p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 7 January 2025</p>	<p>The Registered Person shall ensure that individual risk assessments are completed to inform the care planning process and kept under review.</p> <p>This area for improvement is made with specific reference to risk assessments for residents who require a modified diet.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: <u>—The Registered Manager has delegated 'individual residents' files to senior care staff for review, including update of residents files. Documentation to reflect has been implemented .</u> <u>The Registered Manager has set up monthly planner to audit 10% (4 files a month) to ensure compliance, Records to support this has been implemented.</u> <u>The Regional Manager will review the 10% (4 files a month) that the manager has audited to ensure compliance and relevant action taken.</u></p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2025</p>	<p>The Registered Person shall ensure that an up to date record is maintained of all property brought into the home by or on behalf of residents. This record should be kept under review.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: <u>—The Registered Manager and senior care assistants will review this monthly when updating residents files to ensure compliance.</u> <u>Recording of inventories has been updated and a structured template in place for key groups to monitor quarterly completion.</u> <u>Clearer template has been implemented for staff to see quickly any outstanding inventories for their key groups.</u> <u>The Regional Manager will review the 10% (4 files a month) that the manager has audited to ensure compliance and relevant action taken.</u></p>

<p>Area for improvement 4</p> <p>Ref: Standard 16.4</p> <p>Stated: First time</p> <p>To be completed by: 7 January 2025</p>	<p>The Registered Person shall ensure that all suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with procedures and legislation.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: <u>_____The Registered Manager will ensure all suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with procedures. The Registered Manager APP1 forms are completed in a timely manner.</u> <u>The Registered Manager will ensure the correct format is in use when completing APP1 forms.</u> <u>The Registered Manager is to ensure the correct details are entered into the APP1 forms.</u> <u>The Registered Manager will complete level 3 Adult safeguarding training by 03/03/2025.</u> <u>The Regional Manager will review the APP1 forms before submitting to Trust Adult Safeguarding.</u></p>
<p>Area for improvement 5</p> <p>Ref: Standard 1.5</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2025</p>	<p>The Registered Person shall ensure that action plans are created following resident's meetings to evidence the details of the actions agreed, the plan to address any areas of concern, who is responsible for the action and date it is to be achieved by.</p> <p>Where there are no actions identified this should be recorded in the minute.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: <u>_____The Registered Manager will ensure action plans and meeting notes are in place with clear deadlines to complete actions and follow ups.</u> <u>The Registered Manager has implemented an action plan template which will be used going forward in all meetings.</u> <u>The Registered Manager will ensure good robust action plans and follow ups following residents meetings to ensure good communication, good practices with in the home.</u> <u>The Registered Manager will review the action plan weekly and inform the Regional Manager with the progress which will be discussed at weekly visits from Regional manager to the home.</u></p>
<p>Area for improvement 6</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2025</p>	<p>The Registered Person shall ensure that action plans are created following staff meetings to evidence the details of the actions agreed, the plan to address any areas of concern, who is responsible for the action and date it is to be achieved by.</p> <p>Where there are no actions identified this should be recorded in the minute.</p> <p>Ref: 3.3.5</p>

Response by registered person detailing the actions taken:

The Registered Manager will ensure action plans and meeting notes are in place with clear deadlines to complete actions and follow ups.

The Registered Manager has implemented an action plan template which will be used going forward in all meetings.

The Registered Manager will ensure good robust action plans and follow ups following Staff meetings to ensure good communication, good practices with in the home.

The Registered Manager will review the action plan weekly and inform the Regional Manager with the progress which will be discussed at weekly visits from Regional manager to the home._____

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The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews