



Inspection Report

Name of Service: Sunnyside House

Provider: Presbyterian Council of Social Witness

Date of Inspection: 17 June 2025

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

1.0 Service information

Organisation:	Presbyterian Council of Social Witness
Responsible Individual:	Mr Dermot Parsons
Registered Manager:	Mrs Michelle Stewart, not registered
Service Profile:	
<p>This home is a registered residential care home which provides health and social care for up to 45 residents. The home provides care for residents living with dementia, physical disabilities and for those needing general residential care.</p> <p>The home is a single story, bright, spacious building with ample living space, dining areas, communal lounges, conservatories and outside garden area for residents to enjoy.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 17 June 2025, from 9.30 am to 4.30 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 7 January 2025; 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.

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

As a result of this inspection eight areas for improvement from the previous care inspection were assessed as having been addressed by the provider. One area for improvement was not met and will be stated for a second time. Two areas for improvement relating to medicines management were not assessed and these will be reviewed at a future inspection. 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. 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 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 fantastic", "staff are very caring" and "the staff come quickly if I need them".

A number of residents shared their dissatisfaction regarding the quality of food in the home. This was discussed with the management team who were able to share complaints received from residents about the same. This remains under review by the management team in the home and actions have been identified.

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.

Six questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

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 9 June 2025 to 12 June 2025 evidenced that staffing levels during the night shift period, had fallen below the home's own planned staffing requirements. Although this was for a short period of time, given the concerns about staffing levels following the last care inspection on 7 January 2025, RQIA have requested for the home to report to us, should staffing levels fall below their own safe staffing model. An area for improvement has been identified.

A review of the staff duty rota also highlighted that it was not always in keeping with best practice guidance, for example; red pen was used to make amendments. An area for improvement has been identified.

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. Staff also told us that although staffing levels have improved, it can be difficult when there is cover required for periods of unexpected leave.

On the day of the inspection observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. 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

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 observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. 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 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 stated for a second time.

Observation of the lunchtime meal served in the main dining rooms confirmed that enough staff were present to support residents with their meal. Although the meal served appeared appetising, a number of residents have complained about the quality of food served in the home recently. It was also noted that there was no menu available for residents to view. An area for improvement has been identified.

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 and spoke highly of the staff involved in delivering activity provision in the home.

Observation of the planned activity, which was a therapeutic activity, confirmed that staff knew and understood resident's preferences and wishes and how to provide support for residents to participate in group activities.

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.

The system to monitor residents' weights in the home required review, for example, one resident who was recently admitted to the home, did not have their weight recorded upon admission. Another resident who was at risk of weight loss as stated in their care plan, had gaps in their weight monitoring. 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 suitably furnished and homely.

Observations identified some concern with environmental risk management. For example; two tins of thickening agent were not safely or securely stored in one dining area. These were removed by the inspector and provided to the manager to reduce the risk of harm to anyone using or potentially accessing them. It was noted in both dining areas cleaning chemicals were also not stored securely. There were also individual resident's supplements being stored in communal fridges in the dining areas. An area for improvement has been identified.

It was apparent in both dining areas that work was required to ensure the environment was maintained and decorated to a good standard. For example; there was evidence of wear and tear of the kitchenette cupboards and worktops were badly stained and worn. An area for improvement has been identified.

It was also noted in both dining areas that the fridges were not clean and could have potentially posed a food hygiene risk. An area for improvement has been identified.

There were some cleanliness deficits identified, for example the flooring in both dining areas was stained and unclean throughout the inspection. An area for improvement has been identified.

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 a change in the management of the home since the last inspection. Mrs Michelle Stewart has been the manager in this home since March 2025.

Residents and staff commented positively about the manager and described her 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. However, whilst there was a programme of auditing in place, it was not effective in identifying areas for improvement or in driving the improvements required in relation to the quality and safety of the home’s environment, infection prevention and control measures and staff practice. For example; during the recent dining experience audit, it was highlighted that one residents’ meal was not in keeping with their Speech and Language Therapy (SALT) recommendations. However, it was unclear from the record if any follow up action was taken in relation to reporting this near miss or if any learning was identified for staff. Written assurances were provided to RQIA post inspection that this incident had now been reported to the relevant professionals. A review of a food safety audit highlighted that actions had been identified, however it was unclear from the record if these actions had been completed as required. An area for improvement has been identified.

The home was visited each month by a representative of the registered provider to consult with residents, relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail and available to view.

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	2	10*

* the total number of areas for improvement includes one standard that has been stated for a second time and two standards which are carried forward for review at the next inspection.

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 30 (1)</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2025</p>	<p>The Registered Person shall ensure that RQIA are notified, without delay, of any occasions whereby the home have fallen below their own planned safe staffing levels.</p> <p>Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken: The Registered Manager has reimplemented the shortfall form, with step to step guide for person in charge. This form includes a prompt to advise RQIA. Person in charge will contact CSW On Call and inform them if a shortfall occurs. In all instances of shortfall, a contingency arrangement focused on resident safety will be agreed.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2025</p>	<p>The Registered Person shall ensure that all areas of the home to which residents have access are free from hazards to their safety, and staff are made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazards.</p> <p>This area for improvement is made with specific reference to the supervision and storage of thickening agent, cleaning chemicals and supplements.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: The Registered Manager will ensure daily walkarounds are completed to ensure compliance and ensure the home is hazard free, The Registered Manager will ensure the person in charge will complete walkarounds in the Manager's absence. Cupboard locks were installed on the day of the inspection in the dining rooms and the thickeners were secured.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Version 1.2) (December 2022)	

<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 10 April 2025</p>	<p>The Registered Person shall ensure that resident centred care plans are in place to direct care when medicines are prescribed for the management of pain and distressed reactions.</p> <p>Ref: 2.0</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 31 & 32</p> <p>Stated: First time</p> <p>To be completed by: 10 April 2025</p>	<p>The Registered Person shall review the management of thickening agents to ensure safe systems are in place as detailed in the report.</p> <p>Ref: 2.0</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 9.3</p> <p>Stated: Second time</p> <p>To be completed by: 17 June 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: 2.0 & 3.3.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager will audit the post falls monitoring records weekly to ensure compliance, any training needs identified will be addressed.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2025</p>	<p>The Registered Person shall ensure that changes made to the rota must be legible and maintained as per good record keeping principles.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager has implemented a new rota management system within the home. The Registered Manager will ensure the rota is legible and maintained as per good record keeping principles.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>The Registered Person shall ensure that the daily menu is displayed in a suitable format for residents and their representatives to view.</p> <p>Ref: 3.3.2</p>

<p>To be completed by: 17 June 2025</p>	<p>Response by registered person detailing the actions taken: The Registered Manager has ensured the daily menu is displayed in a suitable format for residents and representatives to view, this is checked within the daily walkaround. The Registered Manager at present is working along with the Cook Manager to review the menus and these will be displayed throughout the home.</p>
<p>Area for improvement 6 Ref: Standard 9.3 Stated: First time</p>	<p>The Registered Person shall ensure that residents weights are completed on admission to the home and continually monitored and recorded in the residents' records. Ref: 3.3.3</p>
<p>To be completed by: 17 June 2025</p>	<p>Response by registered person detailing the actions taken: The Registered Manager implemented monthly weights that takes place on the first of the month, twice weekly weights for residents with concerns. The Registered Manager will audit 10% of the care files monthly (4 files) to ensure compliance.</p>
<p>Area for improvement 7 Ref: Standard 27 Stated: First time To be completed by: 1 January 2026</p>	<p>The Registered Person shall ensure that the environment in both dining rooms is maintained and decorated to a standard acceptable for residents. A time-bound action plan to address the deficits in these areas should be completed and shared with RQIA for their review. Ref: 3.3.4</p>
<p>Area for improvement 7 Ref: Standard 27 Stated: First time To be completed by: 1 January 2026</p>	<p>Response by registered person detailing the actions taken: The Registered Manager will devise an action plan with Raduis to ensure the dining rooms are decorated to a standard acceptable for residents. A night cleaning schedule is now implemented to ensure the dining room is cleaned nightly.</p>
<p>Area for improvement 8 Ref: Standard 27.7 Stated: First time To be completed by: 17 June 2025</p>	<p>The Registered Person shall ensure that the fridges in both dining areas are kept clean at all times and records are maintained. Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager has now removed the fridges from the dining area as they were not fit for purpose. A fridge for supplements is in place in the treatment room with a cleaning schedule to ensure infection control is adhered to.</p>

<p>Area for improvement 9</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 17June 2025</p>	<p>The Registered Person shall ensure that flooring in both dining areas remains clean at all times and records maintained.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has now implemented a cleaning schedule to ensure the floors in both dining rooms are cleaned in a timely manner.</p>
<p>Area for improvement 10</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 17June 2025</p>	<p>The Registered Person shall ensure that audits are robust in driving the improvements required in the home, if actions are identified these are completed and signed off by the relevant person responsible.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has implemented an action plan to carry actions forward from the previous month to ensure any actions that are identified are addressed in a timely manner.</p>

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