

# Inspection Report

**Name of Service:** Sunnyside Retreat Care Home

**Provider:** Ann's Care Homes

**Date of Inspection:** 23 September 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>	Ann's Care Homes
<b>Responsible Individual:</b>	Mrs Charmaine Hamilton
<b>Registered Manager:</b>	Miss Edel Treanor
<b>Service Profile</b> – This home is a registered nursing home for up to 19 patients with mental health or physical disability care needs. There is a variety of rooms available for patients including single rooms with ensuite facilities and two larger suites comprising of an ensuite shower room with adjoining bedroom and kitchen space. Patients have access to communal lounges, a dining room and outdoor spaces.	

## 2.0 Inspection summary

An unannounced inspection took place on 23 September 2025, from 10:15 am to 3:15 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 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 patients and that the home was well led.

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

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

As a result of this inspection, new areas for improvement were identified. Full details 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 registration information, and any other written or verbal information received from patients, 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**

Patients told us they were happy with the care and services provided. Comments made included "the food is of a high quality and the staff are really approachable" and "it's a great home".

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

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support with comments such as "I really enjoy working here, there is really good teamwork" and "I feel like we make a difference".

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

### 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 patients. There was evidence of systems in place to manage staffing.

Staff told us that the patients' needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the patients and staff that the staff knew the patients well.

However, review of the duty rota evidenced gaps in the kitchen staffing provision on a number of days making it difficult to determine which member of staff had been allocated to this role. An area for improvement was identified.

A system was in place to monitor staffs' compliance with mandatory training. While no concerns were raised regarding two specific aspects of patient care, staff training records indicated that not all staff had received training in diabetes and stoma management. This was discussed with the management team and as there were patients identified within the home requiring this care, areas for improvement were identified.

#### 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 patients. Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times, some patients 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 patients and to manage this aspect of care.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and/or their diet modified.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with patients was well understood by the staff.

Life story work with patients and their families helped to increase staff knowledge of their patients' interests and enabled staff to engage in a more meaningful way with their patients throughout the day.

The weekly programme of social events was displayed on the noticeboard advising of future events. Patients' needs were met through a range of individual and group activities such as hand massage, card games and shopping trips.

During the inspection, patients were observed playing cards and chatting with staff and were seen to be content and settled in their surroundings and in their interactions with staff.

Patients were well informed of the activities planned for the week and of their opportunity to be involved and said they looked forward to attending the planned events.

Patients said that they felt staff listened to them and would make an effort to sort out any concerns they might have.

Staff and patients spoke positively about events in the home with comments such as "I really enjoy helping out in the garden" and "I enjoy going shopping".

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

Review of care records, discussion with patients and staff and observation of care delivery throughout the inspection evidenced that patients nursing care needs were met safely, effectively, with compassion and by a well led team of staff.

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

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

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

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

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and observations confirmed that there were systems and processes 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.

### 3.3.5 Quality of Management Systems

Miss Edel Treanor has been the manager in this home since 22 December 2022. The manager is currently on planned leave and Lorraine Cozmo has been the acting manager since 26 May 2025. RQIA had been notified about the change in management arrangements.

Patients and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place.

There was evidence, from review of the governance systems and processes in place, that the management team responded to any concerns, raised with them and took measures to improve practice, the environment and/or the quality of services provided by 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>	0	3

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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 September 2025</p>	<p>The registered person shall ensure that the ancillary staff duty rota clearly indicates the name of the staff member allocated to work in the kitchen.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> A full time catering manager has been appointed since inspection. Remaining days are covered by bank cook or an allocated staff member. When it is a staff member allocated to work in kitchen, the rota will be reflective at all times.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 39.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2025</p>	<p>The registered person shall ensure that staff complete training in relation to stoma care commensurate with their role and function in the home.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> During the inspection, stoma care was allocated as a mandatory training via the homes Saunders online platform. This training has now been completed by nurses and care staff, currently at 100% compliance.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 39.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2025</p>	<p>The registered person shall ensure that staff complete training in relation to diabetes management commensurate with their role and function in the home.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> During the inspection, diabetes management was allocated as a mandatory training via the homes Saunders online platform. This training has now been completed by nurses, care and catering staff, currently at 100% compliance.</p>

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



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