The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Sunnyside House

Provider: Presbyterian Council of Social Witness

Date of Inspection: 16 October 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 Deborah Calvert - Acting

Service Profile:

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.

Residents bedrooms are located over one floor in the home. Residents have access to communal lounges, dining areas, conservatories and hairdressing room. There is an outside garden area for residents to enjoy.

2.0 Inspection summary

An unannounced care inspection took place on 16 October 2025, from 9.30 am to 3.30 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 17 June 2025; 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.

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 in relation to the environment was not assessed and will be reviewed at a future inspection. 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. Resident's comments included "staff are very attentive", "the staff are great" and "it is like a home from home".

One resident's comments about their dissatisfaction regarding communication and management changes in the home was shared with the management team for their review and consideration.

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.

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.

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. Although improvements were noted in post-falls record keeping, advice was provided to the management team to continue to monitor these records completed by staff to ensure they are completed accurately.

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 appeared appetising and nutritious.

However, ways of enhancing the menu display was discussed with the management team for their review and consideration.

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 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.

3.3.4 Quality and Management of Residents' Environment

The home was mostly 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.

There was some cleanliness deficits identified, for example, the flooring in both dining areas was stained and unclean throughout the inspection. This was discussed with staff who also demonstrated a lack of certainty about who was responsible for this task and there were no records maintained. An area for improvement has been stated for a second time.

A number of items of equipment used by residents, such as shower chairs and moving and handling equipment were being stored inappropriately in a number of communal bathrooms. This was brought to the attention of the management team who arranged to have them removed. It was also identified that one conservatory had been temporarily closed to residents use and a number of items of furniture were being stored inappropriately in it. This was discussed with the management team and advice provided that resident's access to this room should not be restricted at any time. An area for improvement has been identified.

Observation of staff evidenced that basic infection prevention and control (IPC) practices were not adhered to. For example, there was poor compliance by one staff member with the appropriate donning and doffing of Personal Protective Equipment (PPE) following a care task. An area for improvement has been identified.

Inappropriate storage of one resident's medical supplies was observed, this was brought to the attention of the management team who arranged for the items to be removed and stored securely. Management confirmed they would meet with staff and the District Nursing Team to discuss appropriate storage arrangements. This will be reviewed at a future care inspection.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Deborah Calvert has been the Acting Manager in this home since 19 September 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. 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
Total number of Areas for Improvement	0	6*

* the total number of areas for improvement includes one standard that has been stated for a second time and three 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 Minimum Standards (Version 1.2) (December 2022)	
Area for improvement 1 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 10 April 2025	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. Ref: 2.0
	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.
Area for improvement 2 **Ref:** Standard 31 & 32 **Stated:** First time **To be completed by:** 10 April 2025	The Registered Person shall review the management of thickening agents to ensure safe systems are in place as detailed in the report. Ref: 2.0
	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.
Area for improvement 3 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 1 January 2026	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
	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.
Area for improvement 4 **Ref:** Standard 27.1 **Stated:** Second time **To be completed by:** 16 October 2025	The Registered Person shall ensure that flooring in both dining areas remains clean at all times and records maintained. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has implemented a new cleaning schedule and delegated to all relevant staff. A staff meeting was held to discuss the importance of ensuring infection control

	measures where in place and records are maintained. New flooring will be laid by the Housing Association by 31/01/26
Area for improvement 5 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 16 October 2025	The Registered Person shall ensure that any equipment and furniture used by residents is stored appropriately in the home. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has ordered a skip to decluttered all equipment not being used. A robust checklist is in place to ensure equpiment to be stored appropriately.
Area for improvement 6 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 16 October 2025	The Registered Person shall ensure staff adhere to Infection Prevention Control (IPC) best practice guidance. This is with specific reference to the appropriate use, donning and doffing of Personal Protective Equipment (PPE). Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has reset all staff nnline training for infection control which includes IPC procedures and PPE use.The Registered Manager has conducted supervisons with all staff and included the importance of IPC and PPE. Regular hand hygiene and IPC audits are completed by the service management team.

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The Regulation and Quality Improvement Authority

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