The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Sunnyside House

Provider: Presbyterian Council for Social Witness

Date of Inspection: 16 January 2026

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:	Mrs Caroline Yeomans - acting
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 with a range of needs including, dementia, physical disabilities and those over 65 years of age. There are a range of communal areas throughout the home which residents have access to.

2.0 Inspection summary

An unannounced inspection took place on 16 January 2026, between 9.55 am and 5.30 pm by two care inspectors.

Prior to the inspection RQIA received information raising concerns in relation to the overall organisational governance and culture within the Presbyterian Council of Social Witness (PSCW).

In response to this information, RQIA decided to undertake an unannounced inspection, which focused on the following areas:

- Governance and management arrangements
- the management of concerns
- the lived experience of residents
- staffing arrangements, induction, training and support of staff and managers
- staff knowledge regarding management of adult safeguarding

Areas for improvement identified at the last care inspection on 16 October 2025 were also reviewed as part of this inspection.

Some of the areas of concern regarding, governance systems and systems to support staff were substantiated during this inspection. Three previous areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have been carried forward for review 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 residents, 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 spoken with provided mostly positive feedback about their experiences residing in the home.

Some of the comments shared by residents included, "the staff are approachable and more than helpful" and "I love it in here, it's a great place."

However there was mixed feedback received on the quality of the food. The manager confirmed she was aware of the negative reports with regards to the food and was actively addressing this with the external catering company contracted to provide catering in the home.

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

Staff told us that they mostly enjoyed working in the home, however said that on occasion they felt additional staff was required particularly amongst senior staff as they were not always available to support care staff in the home due to the demands of the senior role. Some staff reported that the turnover in management in the home could feel "unsettling" for staff working in the home.

Questionnaires returned by residents and relatives following the inspection provided mostly positive feedback about their own experiences and their relative's experiences in the home. Some of the comments shared included, "the staff are very kind and helpful, always on hand to assist if needed" and "staff listen to my needs." Some of the feedback noted a preference for more outings and activities. The details of these were shared with the manager for review and action as appropriate.

One staff questionnaire was received following the inspection. Overall, the feedback was positive about the care and working in the home. However, the survey noted that the staff member was not satisfied about leadership in the home but there was no explanation of why they were dissatisfied provided. This opinion was shared with the management team.

3.3 Inspection findings

3.3.1 Governance and management arrangements

RQIA were informed by Dermot Parson, Responsible Individual (RI), on the 7 November, that he would be stepping down on a temporary basis and that Caroline Yeomans would be the acting RI from 10 November 2025. RQIA have since been notified that Mr Parsons has resigned from his role with PCSW.

There has been a change in the day to day operational management of the home since the last inspection with acting management arrangements in place as the registered manager for the home was on secondment to another home. Mrs Deborah Calvert has been acting as the manager in this home since 7 September 2025 and is supported by a regional manager, who was also present during the inspection to support the manager.

Discussion with the manager and a review of records evidenced that a structured, detailed induction had been completed on her commencement of post in the home. The manager confirmed that there were supervision and appraisal arrangements in place to support her in her role. Staff supervision and appraisals are further discussed in section 3.3.4.

Residents and staff commented positively about the manager and the regional manager and described them as supportive, approachable and able to provide guidance. Staff did comment on the negative impact the high turnover in managerial arrangements was having on the staff's wellbeing; these comments were shared with the management team. Since March 2025 RQIA have been informed of four changes to the management arrangements; frequent changes to the management within a home has the potential to impact negatively on the staff and the day to day operation of the home.

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, these were not always completed consistently, for example; wound audits had not been completed since September 2025 and the monthly monitoring visit had identified gaps in the falls audit. An area for improvement was identified.

There was a system in place to evidence the manager's management of concerns. This clearly demonstrated that the management team responded to concerns, raised with them or through their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

The manager confirmed that there is ongoing recruitment taking place for night duty senior and care assistant positions. The manager advised that agency staff are used, to support with covering these shifts as an interim measure.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The reports were available for review by residents, their representatives, the Trust and RQIA.

3.3.2 Management of Concerns

Residents and staff said that they knew how to report any concerns or complaints and said they were confident that the manager would address these concerns. Records regarding complaints did not always demonstrate that the appropriate organisations had been notified and that the person making the complaint was informed on the outcome. The details of this were shared with the manager for review and action as appropriate.

The current complaints and whistle blowing policies were accessible in the home and signage was in place to direct residents, their relatives and staff on how to raise a concern. A review of the organisations policies and procedures evidenced that although these were in place, they were due to be reviewed. The senior manager confirmed that this review was taking place.

There was a system in place which evidenced reporting of incidents and accidents to the appropriate organisations and bodies.

3.3.3 The Lived Experience of Residents

The home was bright and welcoming. Residents were observed seated comfortably across the home in communal spaces or their bedrooms based on their individual preferences. Communal areas were suitably decorated, warm and comfortable.

The standard of décor and cleanliness of the home is important to the well-being and dignity of the residents and their enjoyment of their home. The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There was a calm, relaxed atmosphere in the home. There was evidence of further works required to the dining area in the home. This will be reviewed further at a future inspection.

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.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

Residents provided mixed feedback about the quality of food in the home. The details of this were shared with the management team who confirmed they were aware of these reports and plans were in place to meet with the external company employed to manage meals in the home, to address these concerns.

Some residents were unable to identify who the manager in the home was but were aware this had recently changed. Residents told us, if they required to speak with the manager they were confident that the staff would be able to support them with this. When there is a change of manager systems should be in place to ensure residents and relatives are informed.

Staff evidenced good knowledge of resident's needs, like and dislikes. This was also evident in staff's interactions with residents.

Discussion with staff and a review of records confirmed that systems were in place to ensure that staff were suitably trained to meet the assessed needs of residents. Staff evidenced good knowledge of the residents living in the home. Comments regarding access to training for staff with regards to thickening agents for those residents on modified fluids were shared with the management team for review and action as appropriate.

3.3.4 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.

Inductions were completed with staff on commencing work in the home. The content and quality of the inductions completed varied; some inductions lacked evidence of meaningful engagement with staff and they were not always signed off by the person completing these, whilst others were detailed and meaningful. There was no evidence of managerial oversight. The details of this were shared with the management team and an area for improvement was identified.

Some staff raised concerns about the staffing levels in the home. Discussion with the staff on duty and review of two weeks duty rotas identified that on occasion the planned staffing levels for senior care assistants was not achieved. The manager confirmed that there is currently ongoing recruitment for additional hours for a senior care assistant to support staff and ensure that the planned staffing levels are being met. Assurances were provided that agency staff are employed to support with this.

Systems were in place for staff supervision and appraisal; however, a number of staff had not received planned individual formal supervision. Competency and capability assessments for staff who were given the responsibility of being in charge of the home in the absence of the manager were not detailed and some were incomplete. The absence of meaningful systems to support staff can have an impact upon their overall performance and ability to carry out their designated duties. The details of this were shared with the management team and two new areas for improvement were identified.

Staff generally commented positively about teamwork in the home and said they felt they could approach the manager if this was required.

3.3.5 Adult Safeguarding

Systems and processes were in place to safeguard residents and ensure that they feel safe within the home. A safeguarding policy was in place and staff demonstrated a sound understanding of their role within the safeguarding processes. Discussion with staff confirmed knowledge of safeguarding systems and protocols; and how to escalate concerns. However, one staff was unable to differentiate between the thresholds when something was a potential complaint of poor practice or if it required review under Adult Safeguarding. The details of this were shared with the management team for review and action as appropriate. There was evidence that staff had attended safeguarding training relevant to their role.

There was evidence that records of safeguarding referrals were maintained, however the screening decisions and outcomes of the actions taken were not clearly documented or maintained alongside these records. An area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the homes safeguarding policy. The safeguarding officer was identified as the safeguarding champion for regulated services within the organisation. Discussion with staff evidenced that they were aware of recent changes to the safeguarding champion in the organisation and signage was in place throughout the home to reflect this.

3.3.6 Quality 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.

Care records evidenced that improvements were required to care plans. Care records which are person centred can improve the quality and consistency of care by helping staff understand the residents' preferences, needs and routines. Care records reviewed were not always person centred or reflective of individual assessed needs for example, an oral hygiene care plan was not completed were this was required. There was also evidence that care plans on occasion lacked detail and were not regularly reviewed, for example; falls care plans. The details of this were shared with the management team and two new areas for improvement were 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	0	10*

* the total number of areas for improvement includes 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 Ms Lisa Gibson, Regional Manager and Mrs Deborah Calvert, Manager, 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 (Dec 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: 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 4 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 13 February 2026	The Registered Person shall ensure that audits are completed consistently to identify deficits and action plans are developed to drive the necessary improvements. The manager should retain oversight of the audit process to ensure the necessary improvements are made. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered manager has implemented an audit schedule, this is displayed in senior office and the manager office, audits are delegated to relevant staff and this is allocated on the allocation record document daily. The Registered Manager has now implemented an overview schedule and an action plan to ensure identified deficits are actioned and signed off to ensure compliance.
Area for improvement 5 **Ref:** Standard 23.1 **Stated:** First time **To be completed by:** 13 February 2026	The Registered Person shall ensure that all staff receive a structured induction. Records must be fully completed and evidence managerial oversight of the induction process. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has now implemented a schedule for new staff and a buddy sysem is now in place for the induction process, The Registered manager held a senior meeting to review and discuss in detail the expections of a full meaning induction ensuring all the topics are discussed and observations with staff are documented with in the induction booklet, The Registered Manager reviews the induction booklet and signs this

	off once completed to ensure staff memebers are receiving a meaning induction.
Area for improvement 6 **Ref:** Standard 24.2 **Stated:** First time **To be completed by:** 13 February 2026	The Registered Person shall ensure that all staff have recorded individual, formal supervision no less than every six months. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has reviewed the supervision matrix to ensure staff are having their supervisions quarterly.
Area for improvement 7 **Ref:** Standard 25.3 **Stated:** First time **To be completed by:** 16 January 2026	The Registered Person shall ensure that competency and capability assessments for those staff who are in charge of the home are completed in full. Records must evidence managerial oversight of the assessment process. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has reviewed the competencey and capability assessments for all staff in charge. The Registered Manager going forward will sign off the competency to ensure compliance in this area.
Area for improvement 8 **Ref:** Standard 16.7 **Stated:** First time **To be completed by:**	The Registered Person shall ensure that the screening decisions and outcomes of the actions taken in response to any safeguarding referral are clearly documented as part of the safeguarding records. Ref: 3.3.5

16 January 2026	**Response by registered person detailing the actions taken**: The Registered Manager will ensure that all safeguarding concerns are documented and will record the outcomes on the safegarding log. The registered Manager will review this on a Monthly basis. Regional care manager as part of the monthly Reg 29 will also review this and document this in the MMV.
Area for improvement 9 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 13 February 2026	The Registered Person shall ensure that each resident has an up-to-date comprehensive care plan that is reflective of individual assessed need and personalised to reflect resident's wishes and preferences. Ref: 3.3.5
	Response by registered person detailing the actions taken: The Registered Manager has implemented a care plan audit, the Registered manager will audit 10% of care plans monthly. The Registered Manager will ensure that care plans reflect individual assessed needs and are person centred. Senior staff training will be arranged with Training Manager for care planning training.
Area for improvement 10 **Ref:** Standard 5.5 **Stated:** First time **To be completed by:** 13 February 2026	The Registered Person shall ensure that risk assessments and care plans are kept under regular review to reflect, at all times, the needs of the resident. Ref: 3.3.5
	Response by registered person detailing the actions taken: The Registered Manager has implemented a risk assessment audit the Registered manager will audit 10% of risk assessments monthly. Within this audit, the Registered manager will ensure that care plan reflects needs of residents and ensure care plans and risk assessment are person centred. Senior staff training will be arranged with Training Manager for care planning and person centred recording when writing careplans and risk assessments.

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

The Regulation and Quality Improvement Authority

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