The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Sunnyside House

Provider: Presbyterian Council for Social Witness

Date of Inspection: 25 August 2026

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:	Mrs Caroline Yeomans
Registered Manager:	Michelle Stewart
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. Resident's bedrooms are located over one floor in the home. Residents have access to communal lounges, conservatory's, dining rooms and hairdressing room. There is an external garden for residents to enjoy.	

2.0 Inspection summary

An unannounced care inspection took place on 25 August 2026, from 9.45 am to 5.00 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 16 January 2026; 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.

Residents were observed to be relaxed, comfortable and content in their home environment, and staff interactions were warm, positive and respectful.

Staff described positive teamwork within the home and told us that the manager was supportive, approachable and readily available to provide guidance when needed.

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 four areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Four areas for improvement were 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

Feedback from residents was varied, with some residents expressing satisfaction with the care and services provided, while others identified areas of concern. For example, some residents told us that they were happy living in the home and that staff were "wonderful". Other residents expressed dissatisfaction with the quality of food in the home and the number of agency staff working in the home. Specific comments were shared with the management team for their review and action.

Two relatives spoken with spoke highly of the care and services provided in the home.

Staff spoke mostly positively about the provision of care within the home and their roles in supporting residents, describing a supportive working environment and a commitment to meeting the needs of residents living in the home. Feedback from staff regarding the manager was positive, with staff describing them as accessible, supportive and responsive.

Seven responses were received from residents following the inspection. Resident's feedback was varied with some confirming they were satisfied with the care and services provided in the home and others expressing concern regarding agency staff 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. There was evidence of robust systems in place to manage staffing.

Residents and staff told us that there was a high number of agency staff working in the home. Residents said that they did not know agency staff as well as the permanent staff team, which impacted on their familiarity and relationships with staff providing their care. This was discussed with the management team who confirmed that recruitment for the home was ongoing. They told us that where agency staff were required, the home endeavoured to use the same agency staff wherever possible to promote continuity and familiarity for residents. This will be reviewed at a future inspection.

Staff induction records reviewed were not consistently completed in full or appropriately signed off by both the staff member and manager. This meant there was insufficient evidence to demonstrate that all required elements of the induction process had been completed and that the staff member's induction had been formally reviewed and confirmed by management. An area for improvement has been stated for a second time.

The system used to monitor staff supervision and appraisal required review. Records did not provide sufficient clarity to demonstrate that staff had received supervision in line with the required frequency of twice per year. Greater oversight and a clear monitoring process were required to ensure compliance and to identify when supervision and appraisal were due. Two areas for improvement have been identified, one for a second time.

The staff training matrix evidenced good over all compliance with mandatory training requirements.

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 process provided clear and timely information to support the delivery of safe, person centred care.

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere throughout the home was relaxed. 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.

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.

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.

While concerns regarding meal provision had been raised by both residents and management, the provision of meals was currently subject to ongoing review and monitoring by the management team and recent changes made to the menu included input from residents. On the day of inspection, the meals observed appeared nutritious and appropriately presented, and residents spoken with reported that they enjoyed the food provided.

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.

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. Advice was provided to the manager to ensure for those residents living with dementia, specific dementia care plans are completed. This will be reviewed at a future inspection.

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 living areas were well decorated, suitably furnished and homely.

It was noted that in a number of resident's bedrooms there was access to prescribed topical lotions which should be stored safely. An area for improvement has been identified.

Infection prevention and control (IPC) concerns were identified in relation to the storage of items on top of toilet cisterns. This has the potential to compromise effective cleaning and increase the risk of contamination. An area for improvement has been identified.

Two staff members were observed not to be bare below the elbow as required under the regional infection prevention and control measures guidelines. An area for improvement has been identified.

A review of the dining areas in the home identified that work is required to ensure the environment was maintained and decorated to a good standard. Work to both dining areas had been identified as an area for improvement following an inspection to the home on 17 June 2025. This indicates that insufficient progress has been made in addressing the identified environmental improvements. An area for improvement has been stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Michelle Stewart has been the registered 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, although audits had been completed, these were not consistently effective in identifying or driving improvements. For example, IPC concerns identified during the inspection had not been identified through the home's existing audit process. There was also evidence of some audits identifying actions, however there was no evidence of actions being completed and signed off. An area for improvement has been stated for a second time.

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 four standards that have 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 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 23.1 **Stated:** Second time **To be completed by:** 1 September 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: 2.0 & 3.3.1
	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 4 **Ref:** Standard 24.2 **Stated:** Second time **To be completed by:** 1 November 2026	The registered person shall ensure that all staff have recorded individual, formal supervision no less than every six months. Ref: 2.0 & 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 5 **Ref:** Standard 27 **Stated:** Second time **To be completed by:** 1 March 2027	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 & 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has now shared the time bound action plan with RQIA. A meeting was held with Raduis work is commencing 12/10/26 this work will be completed by the end of Oct 26.
Area for improvement 6 **Ref:** Standard 20.10 **Stated:** Second time **To be completed by:** 1 September 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: 2.0 & 3.3.5
	Response by registered person detailing the actions taken: The Registered Manager has implemented an audit schedule displayed in the Senior Office and Manager's Office. Audits are delegated to relevant staff and recorded daily on the allocation record. The service action plan and audit analysis are regularly reviewed to identify trends, risks and areas for improvement. Actions are allocated with clear responsibilities and timescales to ensure compliance, continuous improvement and the delivery of safe, effective, person-centred care.

Area for improvement 7 **Ref:** Standard 24.5 **Stated:** First time **To be completed by:** 1 December 2026	The registered person shall ensure that all staff have a recorded annual appraisal, the system used to record and monitor staff appraisals should be clear and accessible. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered Manager has now printed the Apprasial matrix which is displayed in the deputy and Home Manager office, this is now clear and accessible.
Area for improvement 8 **Ref:** Standard 32 **Stated:** First time **To be completed by:** 1 September 2026	The registered person shall ensure that all topical lotions are stored safely and securely in the home. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has provided an additional locked cupboard in each residents room to store topical lotions safely. Target date for completion for 45 bedrooms 12/12/26
Area for improvement 9 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 25 August 2026	The registered person shall ensure that items are not stored on top of toilet cisterns in order to ensure effective IPC practices. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has reinstated the IPC handover to ensure compliance with IPC Practices.
Area for improvement 10 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 25 August 2026	The registered person shall ensure that staff remain bare below the elbow. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has reinstated the IPC handover to ensure compliance with IPC Practices. Senior meeting was held to disucuss the importance of ensuring agency staff are bare below the elbow when on shift.

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