



Inspection Report on

**Sunnybank Dementia Residential Home
Sunnybank Road
Griffithstown
Pontypool
NP4 5LN**

Date Inspection Completed

23 November 2021

23/11/2021

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About Sunnybank Dementia Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Virgo Care Homes Ltd
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	Manual Insert This was the first inspection to the service since registration.
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language. It does not anticipate or meet the Welsh language needs of people who use, or intend to use their service.

Summary

The service supports people living with dementia. People receive a good quality of care and support. The atmosphere is warm and welcoming. Staff are kind, caring and sensitive to the needs of individuals. Arrangements are in place to support the smooth running of the service. The manager is experienced having worked at the service for a considerable time. Actions identified during internal audits have not always been completed. Regular reviews of key documents is necessary for the service to remain compliant with regulations.

Well-being

People are treated with dignity and respect. People look well cared for. Personal plans support individuals to select what they want to wear, eat, and drink and where they want to spend their time. We saw staff support individuals to make everyday choices. Staff know individuals well. They were able to talk about individuals past history and their likes and preferences. We saw laughter and positive interactions between staff and residents. Staff are kind and compassionate.

People are supported with their physical and emotional wellbeing. Individual's health is monitored to ensure consistent care and timely referrals. Accidents, incidents and falls are recorded. A range of healthcare professionals supports people living at Sunnybank. Personal plans consider any additional communication and sensory needs of the individual.

People are safeguarded from harm and abuse. Staff are trained to respond to accidents, events and refer to the relevant agencies. Arrangements are in place for individuals who may be unable to consent to care and support. Systems are in place to manage complaints. Sound recruitment practices further protect vulnerable people living at the service. Policies and procedures refer to national guidance.

People can do things that matter to them. An activity worker offers people regular activities and stimulation. Individuals are supported to visit the local community for personal shopping and leisure. A timetable of activities was unavailable. During the visit, we noted meaningful interactions between staff and people taking place as part of usual daily routine/s. People are supported to maintain contact with their families. A designated visiting room has ensured visits have continued throughout the pandemic.

People live in a home that supports them to achieve their wellbeing. The property is divided into two floors. The dementia friendly layout enables individuals to move freely around the floors of the property. Bathing facilities provide individuals with a choice for their personal care. Individuals living on both floors can access outside sitting areas. Arrangements are in place to ensure the environment is clean, safe and well maintained.

Care and Support

People's personal plans are person centred and set out individual's preferences for care and support. Staff review people's personal plans regularly. Risk assessments further support care delivery by identifying and mitigating any health risks. We saw little evidence to show any discussion with relatives had taken place during reviews. However, we saw a response from a relative during the responsible individual's (RI) recent visit. The relative reported to be "*very happy with their relative's care and always kept informed of any changes*".

People's physical and emotional health is considered. Staff are familiar with people's needs, likes and preferences. We saw healthcare professionals are involved in individuals' care and support. Consideration is made for individuals who are unable to make healthcare decisions for themselves. Staff support people to access healthcare services as and when necessary. Advanced care plans are not in place for everyone to reference the person or their representative's wishes in the event of a decline in their health. This should be considered as part of the regular review process.

Staff are responsive to individuals needs. We saw staff provide individuals support with their eating and drinking. Staff are sensitive to people's needs. Staff use touch, language and gestures to prompt and encourage individual's to eat. People seem settled and comfortable. A dependency tool is used to demonstrate there are sufficient staff working at the service to meet people's needs.

Safe medicine management is in place. Internal and external medication audits take place. Senior staff are trained to administer people's medicines. We discussed the use of "as required medication". We were told, this mainly relates to people's pain management.

People's language and communication needs are assessed during admission to the service. In addition, each individual's history, which includes family details, where they previously lived and worked is documented. The service's statement of purpose sets out the location of the service is in a predominately English speaking region of Wales. It recognises the service will continue to monitor the language needs of individuals. Basic phrases will be introduced if a resident prefers to speak via the medium of Welsh. The service celebrates Welsh culture.

Environment

The premises, facilities and equipment are suitable for the provision of the service. We walked around the environment and found it was clean, safe and comfortable. We found people's rooms reflect their individuality with their possessions and keepsakes on display. The service has an on-going programme of maintenance with regular servicing of aids and equipment. Staff told us repairs are dealt with promptly. Areas are redecorated as and when necessary. The responsible individual (RI) oversees the service's maintenance arrangements.

The property has a dementia friendly layout. All rooms have en-suite facilities and each floor has a bathroom with an adapted bath for people's use. Toilet seats, flush handles and rails are in a colour that contrasts with the toilet/ bathroom walls and floor. Colour contrasting handrails, offer people assistance with their mobility. Clear signage with words and pictures supports orientation. Memory boxes identify individual's rooms. Quiet rooms as well as communal lounges enable people a choice of where to spend their time.

The service promotes hygienic practices and manages risk of infection. Daily checks for staff to mitigate risks for people living at the service are in place. Enhanced cleaning schedules have been introduced. The service has worked closely with other agencies during outbreaks of Covid 19. Policies and procedures are in place, which take into account current legislation and guidance.

Leadership and Management

Systems are in place to support the smooth running of the service. The manager is experienced and registered with Social Care Wales. Arrangements for regular review and audit are in place. The responsible individual (RI) is visible and acts as part of the management team. The RI carries out regular visits to the service and routinely consults with residents, relatives and staff.

Quality and audit systems are in place which review progress and inform the development of the service. The last six monthly quality report considered the impact of Covid 19 on the service. Relatives responses were in agreement with the actions taken to protect their relatives. The visitor room enables visits to continue. People were complimentary of the service. We found key documents in the form of the statement of purpose and policies need regular review to ensure they remain compliant with regulations.

Sound recruitment processes are in place. There are suitable selection and vetting practices to enable the service provider to decide upon the appointment of staff. We viewed two staff files and found the necessary pre-employment checks have taken place. Employment histories are provided with satisfactory references to further support the individual fitness of staff to work at the service. An internal audit of personnel files identified missing identification. During the inspection, we found the actions remain outstanding. We spoke with the manager who assured us this will be addressed as a priority.

Staff are able to access training to support their development. The manager assured us staff training is monitored. Face to face, training is planned for staff who require manual handling refresher training. As a result of the pandemic, the manager reported staff supervisions have not always been completed within timescales. Regular smaller meetings have continued to update and inform the staff team.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

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Date Published 12/01/2022