



Inspection Report on
Sunnybank Dementia Residential Home
Sunnybank Road Griffithstown
Pontypool
NP4 5LN

Date Inspection Completed

05/02/2025

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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	25
Language of the service	English
Previous Care Inspectorate Wales inspection	15 June 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People are complimentary of the services provided at Sunnybank Dementia Residential Home. People are treated with dignity by kind and respectful staff. People and their representatives are consulted about their care and support. Work is ongoing to make sure personal plans reflect individual's outcomes which are routinely reviewed. Regular activities are offered to people with opportunities to visit the local community to shop and or meet up with family and friends. A dementia friendly environment further supports and enhances the lives of people. There are effective management arrangements and oversight of the service. An experienced manager leads a well-trained and dedicated staff team. The Responsible Individual (RI) is a visible presence and consults with people about the service.

Well-being

People have a voice and are encouraged to make everyday choices. Personal plans set out their individual likes and preferences. People can choose where and how to spend their time, what to wear and make food and drink selections. People are supported to retain their individuality, in ways which matter to them. Family meetings and satisfaction surveys enable people to give their views and opinions of the service. There are regular activities on offer which support people to maintain links with their family and the local community. People told us they are happy living at Sunnybank Dementia Residential Home.

People live with dignity and respect and receive kind, and compassionate support from familiar care staff. Care staff have developed good relationships with people they support. We saw a number of good-humoured conversations throughout the day with care staff valuing the uniqueness of people living at the service. Relatives are complimentary of the care and support provided at the service. One relative told us, how the care staff, *"Get their loved one"* and *"Everyone is treated individually."* Another said, *"My relative is very happy living here, it's amazing. They like to have a bit of fun with staff."* Another compliment from a relative, thanked the service for the wonderful care their loved one receives saying, *"You have such amazing staff who treat mum with such love and understanding."*

People are safe and protected. Arrangements are in place to monitor and evaluate accidents and incidents. The relevant applications are made to safeguard people's best interests. Care staff are trained to protect people from harm and abuse and are aware of their duty to report any concerns. Staff are safely recruited by the organisation which further safeguards people.

People live in a service that supports them to achieve their wellbeing. The home is warm, clean, and welcoming. There is ongoing maintenance of the service to ensure it is safe. Individual bedrooms reflect people's ownership with photographs and keepsakes on display. Communal areas are comfortable, bright, and spacious which supports people to spend time with others. The garden offers people the opportunity to sit outside with family and friends during warmer weather.

The provider does not offer a service to people in Welsh and would have to plan how to facilitate a service if needed. People are asked before admission their preferred language. People are supported to celebrate cultural activities. Information can be provided in the Welsh language if requested.

Care and Support

Personal plans contain the required information to enable care staff to meet their needs. Plans are initially written with people where possible, supported by their representatives. Personal outcomes set out what is important for each person in accordance with their likes and Preferences. "This is Me" information provides further information about each person such as a social history. Personal plans are routinely reviewed and updated when changes are identified. People and their relatives are now engaged as much as they want to be in the review process. Reviews need to be strengthened to show if individuals have met their outcomes. The RI gave assurance further work is planned for people's personal plans.

People are supported to be healthy and remain safe. Individuals' health is monitored to enable the service to act responsively to any change in a person's needs. Risk assessments support individuals to remain safe. The service works collaboratively with health professionals to support people living at the service. A healthcare professional told us, *"All care staff are helpful and friendly. They are good with people and respectful towards them."* People receive a good standard of care and support from a well-trained and supported care staff team, who are registered with Social Care Wales, the workforce regulator.

People have opportunities to take part in regular activities tailored to their likes and preferences. Activity staff provide a range of group and individual activities which people can participate in. During our visit, we saw people enjoy a visit from a therapy dog "Luna" and take part in a quiz. Families can visit their loved ones whenever they want, which helps residents to maintain relationships with their family and friends.

There are medicine management systems in place. The service uses an electronic medication and risk reduction system for care homes. Staff receive training to ensure they have necessary skills to use the medication system. Regular medication audits take place which assess safe storage and administration of medicines. We were assured recommendations made at the last external audit have been implemented.

Environment

The service is safe, secure, and well maintained. The service has adopted dementia friendly approaches to support people with their independence. The property is split into two floors. There is a dining room, lounge, and quiet room available for people to spend their time, to chat and engage in activities with other residents, on each floor. The corridors are decorated with pictures to stimulate and engage people. There is good, clear signage throughout the property. People can walk freely around each floor which supports their wellbeing. Outside each person's room is a memory box, containing a photograph with meaningful possession/s to promote orientation. Each bedroom has an ensuite with a shower. Communal bathrooms provide people with an opportunity for an alternative bathing facility. The garden offers residents access to outdoor spaces.

A number of environmental audits show routine health and safety checks take place to ensure the premises are safe. We found the service is clean and tidy. Regular fire checks take place and each person living in the home has a personal emergency evacuation plan (PEEP) to guide staff how to support them to leave safely in the case of an emergency. There is an on-going programme of works to ensure the service continues to meet the needs of people living at Sunnybank Dementia Residential Home. The service promotes hygienic practices and manages the risk of infection. The service has a current Food Standards Agency (FSA) rating of 5, which means hygiene standards are very good. A choice of meals are freshly prepared at the service, based on people's preferences.

Leadership and Management

There are effective governance systems in place which support the running of the service. The manager is experienced having worked at the service for several years. They are suitably qualified for the role and registered with Social Care Wales (SCW), the social care workforce regulator. They know people well and demonstrate a commitment to providing a good quality service. A deputy manager makes up the management team. People benefit from the ethos, and strong leadership and management of the service. Staff told us they feel supported by the manager who is approachable. People have confidence the manager will get things done.

A number of audits are routinely completed which assess the quality of the service. The RI routinely visits and gains people's views and opinions of the service. Staff meetings take place to update and inform the team of any issues. A six monthly quality of care review is completed, the recommendations form part of an on-going action plan which drive forward improvements at the service. Senior managers monitor progress of meeting the recommendations.

Staff recruitment and vetting practices are robust. The required pre-employment checks had been completed for newly appointed staff. This included a clear Disclosure and Barring Service (DBS) certificate, satisfactory references, and pictorial identification. All staff receive an induction. Care staff are registered with Social Care Wales. Every staff member has an individual training plan with on-going training to support them to perform their role. Staff supervisions are regularly undertaken. We found records to demonstrate staff supervisions need to be strengthened. Annual appraisals are conducted for all staff members. Staff told us they enjoy working at the service.

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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
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