



The **Regulation** and
Quality Improvement
Authority

Inspector: Alice McTavish
Inspection ID: IN023441

Rocky Acres
RQIA ID: 1647
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**Unannounced Care Inspection
of
Rocky Acres**

14 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 14 January 2016 from 10.00 to 14.35. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. No areas for improvement were identified.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSPSS Residential Care Homes Minimum Standards (2011).

1.1 Actions/enforcement taken following the last inspection

There were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service details

Registered Organisation/ Registered Person: Mrs Margaret Cully	Registered Manager: Mrs Margaret Cully
Person in charge of the home at the time of inspection: Mrs Maureen Pue, deputy manager	Date registered: 1 April 2005
Categories of care: RC-DE, RC-I	Number of registered places: 13
Number of residents accommodated on day of inspection: 12	Weekly tariff at time of inspection: £470 plus £20 per week third party contribution

3. Inspection focus

The inspection sought to determine if the following standard had been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/process

Prior to inspection we analysed the following records: notifications of accidents and incidents.

We met with six residents, two care staff and the deputy manager. No residents' representatives or visiting professionals were present.

We examined the following records during the inspection: care records of four residents, accident and incident records, complaints and compliment records, policy and procedures relating to the standard inspected, completed satisfaction surveys and minutes of residents' meetings.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 28 April 2015. The inspection resulted in no requirements and no recommendations.

5.2 Review of requirements and recommendations from the last care inspection dated 28 April 2015

No requirements or recommendations resulted from the last inspection.

5.3 Standard 1 - Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

The deputy manager confirmed that staff actively seek residents' and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that the choices and preferences of each resident were clearly detailed. Care plans we inspected were signed by the resident or their representative.

In our discussions with the deputy manager we were advised that formal residents' meetings were not held; this was due to the high proportion of residents who had reduced hearing and who were therefore unable to actively participate in meetings. The staff team found, however, that it was more productive to approach residents individually or in small groups in order to obtain feedback on the quality of services and facilities provided in the home. The deputy manager confirmed that any comments or suggestions were noted and acted upon.

In our discussions with the deputy manager and with staff we confirmed that the management of complaints was included during staff induction. We noted that information about the complaints procedure was contained in the home's Residents Guide. We reviewed the complaints register and noted that no complaints were made since the last care inspection. We could confirm that there was a clear procedure for the reporting and management of any complaints received.

The home had also received a number of written compliments. The deputy manager advised us that the majority of compliments are given verbally and may not always be recorded.

Is care effective? (Quality of management)

We noted that the home had a policy document which outlined how residents' views were to be obtained in order to shape the quality of services and facilities provided by the home. We noted a range of methods and processes where residents' and their representatives' views were sought about the standard of care. Staff maintained a record of actions taken to improve the care experience.

In our discussions with the deputy manager and with care staff we identified that annual satisfaction questionnaires were used to obtain residents' and representatives' views on the quality of care. The information obtained from the surveys was analysed and incorporated into practices within the home. We were advised by the deputy manager that staff had positive working relationships with residents' representatives and that any issues of concern or comments tended to be made directly to staff.

We inspected the minutes of annual care reviews and confirmed that the views of residents and representatives were sought and recorded.

Is care compassionate? (Quality of care)

In our discussions with staff and with six residents we identified that residents were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the residents.

Areas for improvement

No areas of improvement were identified within the standard inspected. This standard was met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents' views

We met with six residents who indicated that they were happy with their life in the home, their relationship with staff and the provision of care. Residents were observed to be comfortable and content in their surroundings and in their interactions with staff.

Some comments included:

- “They look after me well here. I like the food, especially the desserts. This is a good place.”
- “I have absolutely no complaints about here; the girls (staff) are absolutely fantastic and they look after me extremely well. I only have to ring the call bell and they come to help me.”
- “I have only the highest praise for the staff here – they treat us all very kindly and I enjoy being here. I couldn’t be in a better place!”
- “I am very impressed with the care here. The staff take great care of everyone, there is nothing that is too much trouble for them.”
- “I like it here. I have everything I want and need and I am very happy.”
- “They (staff) look after us well.”

5.4.2 Staff views

We met with two staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- “We (staff team) are more like a family; we all provide cover for each other and work really well as a team. We have plenty of training to do our jobs and I feel the residents are very well cared for.”

5.4.3 Staffing

At the time of inspection the following staff members were on duty:

- 1 x deputy manager
- 2 x care assistants
- 1 x cook

Two care assistants were scheduled to be on duty later in the day. Two care assistants were scheduled to be on overnight duty. The deputy manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.4.4 Environment

The home was found to be clean and tidy. Décor and furnishings were of a good standard. We noted that the main bathroom had been refurbished and equipped with appropriate disability aids. This was to be commended.

5.4.5 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.4.6 Accidents/incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

5.4.7 Fire safety

We noted that the home had a fire safety risk assessment dated 4 November 2015. The deputy manager confirmed that there were no recommendations arising from this assessment. The deputy manager also confirmed that fire training is delivered to staff twice annually, that fire drills and checks of fire alarms and emergency lighting are made monthly and that all residents have a current Personal Emergency Evacuation Plan in place.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Margaret Cully	Date completed	10.02.16
Registered Person		Date approved	
RQIA Inspector assessing response	Alice McTavish	Date approved	10/02/2016

Please provide any additional comments or observations you may wish to make below:

Alice Mc Tavish, our Inspector was very approachable, friendly and supportive, was willing to listen to what we had to say and appreciated the work we have done - vey much appreciated by all at Rocky Acres.

****Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address****

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.