

Unannounced Care Inspection Report 19 July 2016



Rocky Acres

Type of service: Residential
Address: 8 Portavogie Road, Ballyhalbert, BT22 1BU
Tel No: 028 4275 8715
Inspector: Alice McTavish

1.0 Summary

An unannounced inspection of Rocky Acres Residential Home took place on 19 July 2016 from 10.15 to 15.55.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Two recommendations were stated in regard to staff duty rotas and to review of policies and procedures relating to adult safeguarding and to infection prevention and control. There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, recruitment practice risk management and the home's environment.

Is care effective?

One recommendation was stated in regard to the development of a policy on consent to examination, treatment and care. There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Is care compassionate?

No requirements or recommendations were stated in regard to the delivery of compassionate care. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

Is the service well led?

No requirements or recommendations were stated in regard to the delivery of well led care. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Margaret Cully, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent care inspection.

2.0 Service details

Registered organisation/registered person: Rocky Acres/ Ms Margaret Cully, Ms Jean Cully	Registered manager: Ms Margaret Cully
Person in charge of the home at the time of inspection: Ms Margaret Cully	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category DE – Dementia	Number of registered places: 13

3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with five residents, the registered manager, two care staff and two residents' visitors/representatives.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Sample of competency and capability assessments
- Staff recruitment files
- Three residents' care files
- The home's Statement of Purpose and Residents' Guide
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents
- Equipment maintenance records
- Accident/incident/notifiable events register
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

The following records were held electronically and, due to poor internet connection, were not easily available on the day of inspection. The records were later sent to RQIA.

- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Minutes of recent staff meetings
- Fire drill records
- Policies and procedures on infection prevention and control, accidents and incidents

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Six questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 09 June 2016

The most recent inspection of the home was an unannounced estates inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 14 January 2016

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty until 13.00:

- 1 x registered manager (also undertaking care duties)
- 1 x care assistant
- 1 x cook

From 13.00 to 17.00, the registered manager and two care assistants were due to be on duty. From 17.00 to 21.00, two care assistants were due to be on duty. Two care assistants were scheduled to be on overnight duty. Inspection of the staff duty rota identified that on some shifts, the person in charge of the home was not specified. A recommendation was made that the staff duty rota should be adjusted to clearly indicate the person in charge of the home on each working shift.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory staff training, annual staff appraisals and staff supervision was maintained and was made available for inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of staff competency and capability assessments was reviewed and was found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The registered manager confirmed that Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policies and procedures in place were not consistent with the current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). A recommendation was made that the policy and procedures should be reviewed to reflect latest regional guidance and implemented appropriately. The home's existing policy and procedures included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff identified that they were aware of the new regional guidance and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that where suspected, alleged or actual incidents of abuse occurred, these were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection, none were observed.

The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced. This was confirmed through observation of equipment.

Review of the infection prevention and control (IPC) policy and procedure identified that this was not in line with regional guidelines. A recommendation was made (included within an earlier recommendation made in this report) that the IPC policy and procedure should be reviewed. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 4 November 2015 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every six months. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems and emergency lighting were checked monthly and were regularly maintained. Means of escape were checked daily. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Six completed questionnaires were returned to RQIA from staff. Respondents described the “is care safe” domain as excellent.

Areas for improvement

Two areas for improvement were identified. One recommendation was made in relation to the need to adjust the staff duty rota to clearly indicate the person in charge of the home on each working shift. One recommendation was made in relation to the review and implementation of the home’s adult safeguarding policy and procedures and to review of the home’s policy on IPC.

Number of requirements:	0	Number of recommendations:	2
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. The care records also reflected the multi-professional input into the health and social care needs of residents; these were found to be updated regularly to reflect the changing needs of residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. It was noted, however, that the home did not have a policy relating to consent to examination, treatment and care. A recommendation was made in this regard. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, accidents and incidents (including falls) were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who required specialist supports (Alzheimer’s Society etc).

Six completed questionnaires were returned to RQIA from staff. Respondents described the “is care effective” domain as excellent.

Areas for improvement

One area was identified for improvement. A recommendation was made that a policy relating to consent to examination, treatment and care is developed.

Number of requirements:	0	Number of recommendations:	1
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There was a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. Staff were also able to describe how residents’ confidentiality was protected, for example, through conducting private conversations discreetly and through ensuring that written records were stored securely.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. This was evident in the number of visitors to the home and residents being taken out to attend local community events.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and/or their representatives, were sought and taken into account in all matters affecting them. For example, the majority of residents in the home had reduced hearing and it was not always possible for residents to actively participate in residents' meetings; instead, staff approached residents individually or in small groups to obtain their views and opinions on the care and services provided by the home and to inform residents about any changes which may be occurring in the home. Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read in the home. An action plan was developed and implemented to address any issues identified.

Residents who spoke with the inspector provided the following comments:

- "This place is like a first class hotel – I love it here. The food is excellent and the girls (staff) are so dedicated."
- "They are so good to me and I am very happy here."

Two residents' representatives provided the following comments:

- "I feel the care here is fantastic. I visit weekly and each time I visit I find the staff to be most welcoming and kind towards the residents. The staff are very tuned in to the needs of the residents and are very skilled at reading if the residents are feeling unwell or in need of something. There is a lovely homely atmosphere here and the staff treat residents and residents' families like extensions of their own families. I know if there was anything amiss, the manager and staff would address it immediately."
- "We are delighted with the care our (relative) gets here; we find the staff are tremendous – they have got to know my (relative's) wee ways so well and they can work very well with her. She is very happy here."

A staff member provided the following comments:

- "I just love working here, it's like one big family. If I had to have a family member placed into care, it would definitely be Rocky Acres for I would have full confidence in the staff here being able to care for anyone – I would trust any staff member to look after my family."

Six completed questionnaires were returned to RQIA from service users, staff and relatives. Respondents described the "is care compassionate" domain as excellent.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The registered manager also confirmed that the health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. The home rarely received complaints; the registered manager confirmed that should complaints be received more often, an audit of complaints would be used to identify trends and to enhance service provision.

There was an accident/incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. One of the registered providers is also the registered manager. Discussion with the registered providers identified that they had understanding of their role and responsibilities under the legislation.

The registered manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed. Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered providers respond to regulatory matters in a timely manner.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Six completed questionnaires were returned to RQIA from staff. Respondents described the "is the service well led" domain as excellent.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Margaret Cully, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Recommendations	
Recommendation 1 Ref: Standard 25.6 Stated: First time To be completed by: 30 August 2016	The registered provider should ensure that the staff duty rota is adjusted to clearly indicate the person in charge of the home on each working shift.
	Response by registered provider detailing the actions taken: The staff rota now indicates each staff members' role along with the person in charge.
Recommendation 2 Ref: Standard 21.1 Stated: First time To be completed by: 31 October 2016	The registered provider should ensure the following: <ul style="list-style-type: none"> • the policy and procedures on adult safeguarding are reviewed to reflect latest regional guidance and implemented appropriately • the IPC policy and procedures is reviewed and updated
	Response by registered provider detailing the actions taken: Both policies have been reviewed
Recommendation 3 Ref: Standard 21.1 Stated: First time To be completed by: 31 October 2016	The registered provider should ensure that a policy is developed on consent to examination, treatment and care.
	Response by registered provider detailing the actions taken: The policy on 'Consent' is in the process of being developed at present

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews