



# Unannounced Care Inspection Report

## 6 December 2018



## Rocky Acres

**Type of Service: Residential Care Home**  
**Address: 8 Portavogie Road, Ballyhalbert, BT22 1BU**  
**Tel No: 028 4275 8715**  
**Inspector: Alice McTavish and Marie-Claire Quinn**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 13 beds that provides care for older people and for people who have dementia.

### 3.0 Service details

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Rocky Acres<br><br><b>Responsible Individuals:</b><br>Margaret Cully and Jean Cully | <b>Registered Manager:</b><br>Margaret Cully   |
| <b>Person in charge at the time of inspection:</b><br>Margaret Cully  | <b>Date manager registered:</b><br>1 April 2005  |
| <b>Categories of care:</b><br>Residential Care (RC)<br>I - Old age not falling within any other category<br>DE – Dementia       | <b>Number of registered places:</b><br>13<br><br>RC-DE (mild to moderate dementia) for 2 named individuals |

### 4.0 Inspection summary

An unannounced care inspection took place on 6 December 2018 from 10.05 to 14.30.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, supervision and appraisal, care records, the culture and ethos of the home, governance arrangements and maintaining good working relationships.

No areas requiring improvement were identified.

Residents said that they enjoyed living in the home and that staff treated them with great kindness. Residents' representatives said that they were very happy with the care provided to their relatives.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

### 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

Details of the Quality Improvement Plan (QIP) were discussed with Margaret Cully, registered manager and Maureen Pue, deputy 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.

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 31 May 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and any written and verbal communication received since the previous care inspection.

During the inspection the inspectors met with the registered manager and the deputy manager, seven residents, two care staff, three residents' representatives and the home's administrator.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by residents, residents' representatives or staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule and training records
- Three residents' care files
- Complaints and compliments records
- Equipment maintenance records
- Annual Quality Review report
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 31 May 2018

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

### 6.2 Review of areas for improvement from the last care inspection dated 31 May 2018

| Areas for improvement from the last care inspection  |  |                          |
|--|--|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 |  | Validation of compliance |
| <b>Area for improvement 1</b><br><b>Ref:</b> Regulation 17.- (1)<br><b>Stated:</b> First time            | The registered person shall ensure that a Quality Review Report is prepared for the home on an annual basis.   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Discussion with the registered manager and inspection of the Quality Review Report confirmed that this had been actioned. |                          |

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The deputy manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the deputy manager 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.

The deputy manager advised that no staff were recruited since the previous inspection, therefore staff files were not reviewed on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy was reviewed during a previous care inspection and was found to be consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

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.

The deputy manager advised that no adult safeguarding issues had arisen since the last care inspection; staff remained aware that suspected, alleged or actual incidents of abuse were to be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The deputy manager advised there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home 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 individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The home was kept tidy, safe, suitable for and accessible to residents, staff and visitors and no hazards were evident. No malodours were detected in the home.

It was noted, however, that a commode and a toilet frame had small areas of rust on the legs and that the pull cords of blinds were not attached to the walls. The deputy manager gave an undertaking to have the commode and toilet frame replaced and advised that some maintenance work was planned for the near future and that suitable hooks would be provided for the pull cords in each bedroom. It was later confirmed that these areas had been addressed.

The home had an up to date fire risk assessment in place dated 1 November 2018 and no recommendations were made.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire safety records identified that the fire alarm system was tested weekly and that means of escape were checked daily. All equipment and systems were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents spoken with during the inspection made the following comments:

- “Rocky Acres is lovely and clean and my room is very comfortable. I have the call bell beside my bed and I can call the staff if I need anything, even during the night. The staff come to me straight away. They look in on me during the night to check that I’m well. If I need any help, the staff do it in a kind way.”
- “I certainly feel safe here. The staff are very attentive and they take great care of us all.”

Resident’ representatives spoken with during the inspection made the following comments:

- “We couldn’t have picked a better home for our (relative). It’s a home from home and the staff deserve a medal.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, risk management and the home’s environment.

### Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

## 6.5 Is care effective?

### **The right care, at the right time in the right place with the best outcome**

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

Records were stored safely and securely in line with General Data Protection Regulation (GDPR).

A review of the care records of three residents 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. Care needs assessment and risk assessments (e.g. falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Staff advised that none of the residents currently accommodated required a specialised diet and that training in the International Dysphagia Diet Standardisation Initiative (IDDSI) would be provided to staff in early 2019.

Inspectors observed the lunch time service. The dining room provided a pleasant space to take meals, the tables were attractively set and residents were assisted to take their meals in a supportive manner by staff. Where residents needed assistance from staff, this was done in a discreet way whilst still encouraging independence. Residents were provided with choices of meals and additional portions were given. There was a variety of drinks available. Residents were overheard to comment "that's gorgeous!" and "it's lovely". It was evident that the homely environment was enjoyed by residents and staff.

The deputy manager advised 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, residents' meetings, staff meetings and staff shift handovers. Staff confirmed that both staff meetings and residents' meetings were held.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home.

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.

Residents spoken with during the inspection made the following comments:

- “I get all the things that I like to eat. If I don’t fancy what is on the menu, I can always get something else. The food is lovely and we get plenty to eat and drink.”
- “I get everything I need. The food is exceptionally good and we all get plenty to eat and drink. I’m looking forward to the Christmas dinner!”

Resident’ representatives spoken with during the inspection made the following comments:

- “(Our relative) tells us she enjoys the food and the staff know her so well that they are able to tell us what she wants for Christmas! The staff know her inside out, her wee foibles and idiosyncrasies.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other interested parties.

**Areas for improvement**

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

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

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights, independence, dignity and how confidentiality was protected.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, where appropriate.

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; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

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, for example, residents were given hand massages by staff, they participated in floor and board games, quizzes and puzzles, arts and crafts, sing-alongs and gardening. Arrangements were in place for residents to maintain links with their friends, families and wider community; residents and staff described how a children's choir was to be in the home later that day.

Residents spoken with during the inspection made the following comments:

- "If you're not feeling great, the staff will talk to you and spend time with you to help cheer you up.....it's like a first class hotel, it's tip top. I have a lovely view from my room...the girls (staff) are all lovely and the food is great."
- "The girls are great. They treat me and all of the other residents very kindly and we can have a great laugh with them."
- "The staff are extremely kindly. They take great care of us all. Visitors are always made to feel welcome and are offered tea. This is like living in a big happy family."

Resident' representatives spoken with during the inspection made the following comments:

- "The staff are friendly, kind and helpful and they let us know about any changes in (our relative)."
- "Everything is good – the staff, the food, the level of care. It's absolutely superb, I couldn't ask for better. If (my relative) isn't well, the staff are on the ball and they call the doctor immediately. I would have no hesitation in recommending this home and you wouldn't get better food in a hotel. Coming here is the best thing that happened. My (relative) is so content and happy, I couldn't praise this place enough."

### **Areas of good practice**

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 taking account of the views of residents.

## Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The deputy manager outlined the management arrangements and governance systems in place within the home and described how the 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. The deputy manager advised that 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 Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home. RQIA's complaint poster was available and displayed in the home.

The deputy manager advised that no complaints had been received since the last care inspection. The home retained compliments received, for example, thank you letters and cards and there are systems in place to share these with staff.

Accidents, incidents and notifiable events were examined during the last care inspections. This area was not examined on this occasion.

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. Discussion with the responsible person, who is also the registered manager, confirmed that she had understanding of her role and responsibilities under the legislation. Staff in the home reported that the responsible individuals worked in the home and were closely involved in all aspects of the care provided to residents and the running of the home.

The registered manager described how the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered providers responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The deputy manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Residents spoken with during the inspection made the following comments:

- “The boss is the boss but she’s not bossy! I like that – it works well.”
- “The manager makes sure that everything runs smoothly. There’s always plenty of staff around to help us all and the staff always arrange for people to come in to sing for us or to keep us entertained. I have absolutely no complaints about Rocky Acres!”

Resident’ representatives spoken with during the inspection made the following comments:

- “Staff listen to any concerns we might have and take these on board. We haven’t any concerns, but if we did, we can go straight to the manager.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report



The **Regulation** and  
**Quality Improvement**  
Authority

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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care