

Unannounced Care Inspection Report 7 December 2016



Rocky Acres

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Rocky Acres Residential Home took place on 7 December 2016 from 09.50 to 15.35.

A lay assessor, Mrs Frances McCluskey, was present during the inspection. Comments provided to the lay inspector are included within the report.

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

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training and appraisal, adult safeguarding and infection prevention and control.

No requirements or recommendations were made in relation to this domain.

Is care effective?

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

A requirement was made in relation to the completion of care plans for residents after admission to the home. A recommendation was made in relation to individual agreements.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

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	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Margaret Cully, registered manager, by telephone 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 19 July 2016.

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: Rosemary Fitzsimmons, senior care assistant	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 we analysed the following records: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the lay assessor and inspector met with six residents. The inspector met with three care staff, one resident's representative and three visiting professionals

The following records were examined during the inspection:

- Staff duty rota
- Staff annual appraisal schedules
- Staff training schedule/records
- Care records of four residents
- Minutes of recent staff meetings
- Complaints and compliments records
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Fire safety risk assessment
- Fire drill records
- Individual written agreement

- Programme of activities
- Policies and procedures manual

A total of 10 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. One questionnaire was returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 30 September 2016

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 19 July 2016

Last care inspection recommendations		Validation of compliance
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.	Met
	Action taken as confirmed during the inspection: Inspection of the staff duty rota identified that the name of the person in charge of the home on each working shift was clearly indicated.	
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 	Met
	Action taken as confirmed during the inspection: Inspection of policy documents confirmed that these were satisfactorily 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.	Met
	Action taken as confirmed during the inspection: Inspection of the policy document confirmed that this had been developed.	

4.3 Is care safe?

The person in charge 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, a resident's representative and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Completed staff induction records were reviewed during the last care inspection. Discussion with staff during this inspection evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided.

The registered manager and staff had confirmed at the last care inspection 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. These were reviewed during the last inspection and were found to be satisfactory.

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

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager confirmed that there were plans in place to identify a safeguarding champion within the home.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) 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 staff confirmed that there had been no adult safeguarding issues raised since the last care inspection. Staff confirmed that all suspected, alleged or actual incidents of abuse would 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 registered manager confirmed in a telephone discussion that 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.

Staff in the home confirmed that some restrictive practices were employed within the home, notably keypad entry systems at the front and back doors and pressure alarm mats for some residents. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. 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.

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 registered 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 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.

Some areas of the environment, however, were found to be in need of attention. The cabinet surfaces at sinks in two identified bedrooms were worn and the wardrobe in one bedroom was not secured to the wall, hence posing a potential risk of toppling. This was discussed with the registered manager who reported that there were plans in place to replace the built in furniture in residents' bedrooms. The registered manager also gave a verbal undertaking to have the wardrobe secured to the wall immediately. Written confirmation was later received that this had been done. It was also noted that the bin in one bathroom did not have a cover. The registered manager later confirmed that this was replaced with a lidded bin.

The home had an up to date fire risk assessment in place dated 3 November 2016. The registered manager confirmed that all recommendations were in the process of being appropriately addressed. All other fire safety arrangements were reviewed during the last care inspection and were found to be satisfactory. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Some comments provided to the lay assessor from residents included:

- “The girls are wonderful, I couldn’t do without them. Anything I want, they get for me.”
- “The staff do everything for us, help us to get dressed, make our meals, everything we want.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

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

A review of the care records of six residents identified that four of 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 assessments and risk assessments (e.g. nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. The care records of two residents, however, did not contain completed care plans. This was later discussed with the registered manager who confirmed that the care plans had since been completed. A requirement was made that care plans must be completed for residents after admission to the home.

The care records 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. Records were stored safely and securely in line with data protection.

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 the individual care needs and preferences of residents.

An individual agreement setting out the terms of residency was in place and appropriately signed. It was noted, however, that such individual agreements were not up to date. A recommendation was made in this regard.

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. 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.

Some comments provided to the lay assessor from residents included:

- “Excellent. Yes, sometimes I do not want to eat, but they (staff) give me hot milk or a bit of toast.”
- “Staff are excellent. I am surrounded by women!”
- “It’s like your own home here. Anything I want, they get for me, any time, day or night.”

Areas for improvement

Two areas for improvement were identified. A requirement was made in relation to the completion of care plans for residents after admission to the home. A recommendation was made in relation to keeping individual agreements up to date.

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

The person in charge confirmed 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.

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

The person in charge, residents and a representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, a representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity; staff were able to demonstrate how residents’ confidentiality was protected.

The person in charge and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and visiting professionals confirmed that residents' views and opinions were taken into account in all matters affecting them, also 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.

Although the majority of residents in the home had reduced hearing and it was not always possible for residents to actively participate in residents' meetings, staff approached residents individually or in small groups to obtain their views and opinions on the care and services provided by the home. This also gave opportunity for staff to keep residents informed of any changes which might be occurring in the home. Residents also had opportunity to comment on the services provided by the home during annual care reviews.

At the last care inspection it was established that 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. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, and a representative, 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.

Some comments provided to the lay assessor from residents included:

- "I don't have a lot of visitors, but sometimes the minister will call to see me."
- "The minister calls on a regular basis."
- "The care in here is excellent. The staff are exceptionally kind and caring and they ensure that everyone is treated equally well."

A resident's representative spoken with during the inspection made the following comment:

- "The care is absolutely brilliant. The staff let me know about my (relative's) care and they are very good to her. I couldn't ask for more."

Visiting professionals spoken with during the inspection made the following comments:

- "I really like this home. The staff are very good to the residents and there is a lovely atmosphere. The staff know the residents very well; they are very attentive to the care needs of residents and they maintain good communication with our service. All the residents appear to be very happy here."
- "The care here is excellent. The staff look after the residents like they are their own families. They always let us know if there are any changes and they keep good records. If we ask staff to carry out any specific care, they follow our recommendations closely. I have absolutely no concerns about Rocky Acres."
- "We love to come here, for the care given to the residents is so good. It is the sort of place where I would like to live in future."

One completed questionnaire was returned to RQIA. The respondent described their level of satisfaction with this aspect of care as very satisfied and the following comment was provided:

- “Absolutely first class attention.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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 needs of residents were met in accordance with the home’s Statement of Purpose.

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.

During the last care inspection it was established that 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 the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

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. Discussion with the registered provider/s identified that they had understanding of their role and responsibilities under the legislation.

The registered manager confirmed that the management and control of operations within the home was 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 governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered providers responded to regulatory matters in a timely manner.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Some comments provided to the lay assessor from residents included:

- “The two sisters (the registered manager and the cook) are there with us every day.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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 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 to be 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 via the web portal 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.

Quality Improvement Plan

Statutory requirements

Requirement 1 Ref: Regulation 16 (1) Stated: First time To be completed by: 1 January 2017	The registered provider must ensure that care plans are completed for residents after admission to the home. Response by registered provider detailing the actions taken: Completed
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Recommendations

Recommendation 1 Ref: Standard 4.6 Stated: First time To be completed by: 31 March 2017	The registered provider should ensure that arrangements are in place for individual agreements to be kept up to date and appropriately signed. Response by registered provider detailing the actions taken: Updated and awaiting signatures
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