

# Unannounced Care Inspection Report 11 January 2018



## Rocky Acres

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

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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 living with dementia.

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced care inspection took place on 11 January 2018 from 10:05 to 16:20.

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 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, the home's environment, communication between residents, staff and other key stakeholders, listening to and valuing residents, quality improvement and maintaining good working relationships.

Two areas requiring improvement were identified. These related to records and to staff meetings.

Residents said that they enjoyed living in the home and that they were treated very well by staff. Residents' representatives described the standard of care as being excellent.

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	2

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**

No further actions were required to be taken following the most recent inspection on 18 July 2017.

#### **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 and notifiable events received since the previous care inspection.

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

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. The registered manager was provided with details of how staff could complete electronic questionnaires and return these to RQIA. Seven questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Care files of five residents
- The home's Statement of Purpose and Residents' Guide
- Complaints and compliments records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures manual

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 18 July 2017

The most recent inspection of the home was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 18 July 2017

There were no areas for improvements made as a result of the last care inspection.

## 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 registered manager advised that the staffing levels for the home 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. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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. Completed induction records were not examined on this occasion as they were reviewed at previous care inspections and found to be satisfactory.

In discussion with staff they advised that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. Advice was provided that such schedules should be updated to include the designations of staff and that the deputy manager should be included in the schedules.

The deputy 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. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

A review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the deputy manager established that no staff had been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

The deputy manager advised that enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment and that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body; records were retained of the dates of renewal of registration.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and 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.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures 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.

The deputy manager advised that no adult safeguarding issues had arisen since the last care inspection; 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 deputy manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered and deputy managers identified that the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge during a previous care inspection confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The deputy manager confirmed there were restrictive practices employed within the home, notably keypad entry systems on external doors, wheelchair lap belts and pressure alarm mats for some residents. Discussion with the deputy manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The deputy manager confirmed there were risk management policy and procedures in place in relation to safety in the home. Discussion with the deputy manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were

appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc. The deputy manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

A 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 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 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 deputy 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 29 November 2017; the deputy manager advised that all recommendations were either already addressed or in the process of being addressed.

A review of staff training records confirmed that staff completed fire safety training twice annually. There was a system in place to record staff attendance at fire drills in order to ensure that all staff attended a drill at least annually. Records were retained of staff who participated in fire drills and any learning outcomes.

Fire safety records identified that fire doors and means of escape were checked daily on each staff shift, fire alarm systems were tested weekly, emergency lighting was checked monthly fire-fighting equipment was serviced annually. All systems and equipment were regularly maintained. Individual residents had completed Personal Emergency Evacuation Plans (PEEPs) in place.

Seven completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents and their representatives were as follows:

- “Rocky Acres is an excellent home. The quality of the care and the attention to residents’ needs is just class. We are blessed to have such a place in our community.”
- “Rocky Acres is extremely well run. All staff provide excellent care to everyone.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, infection prevention and control, 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 registered manager and the deputy 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 data protection.

A review of the care records of five residents confirmed that these were largely 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. It was noted, however, that some care records did not have all areas of the care plans completed, that some care plans had not been recently reviewed and that not all care plans had been signed by the resident or their representative. Action was required to ensure compliance with the standards in relation to care records. The deputy manager agreed that regular audits would be reintroduced to support sustained improvement in this area.

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. Advice was provided about seeking specialist guidance regarding swallowing for one identified resident whose care needs was changing. The deputy manager confirmed after the inspection that this had been actioned.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. 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 the individual preferences and choices of residents and how these were met in the home.

The deputy manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals.

The deputy 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 deputy manager advised that regular residents' meetings did not take place; the majority of residents had difficulty with hearing and were not able to actively participate. Instead, staff ensured that residents were consulted with about their choices of clothing, meals and activities. The deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home. A review of the minutes of staff meetings identified that such meetings had not been held recently. Action was required to ensure compliance with the standards in regard to the frequency of staff meetings.

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.

Seven completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### **Areas of good practice**

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

### **Areas for improvement**

Two areas for improvement were identified during the inspection. These related to care records and to staff meetings.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	2

## 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.**

The deputy manager 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/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, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. Advice was provided in regard to how the management of distressed reactions for one identified resident could be more fully described in the care records.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. 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, residents were consulted daily about their choices for clothing, meals and activities. Residents were also encouraged and supported to actively participate in the annual reviews of their care in the home.

The deputy manager, residents and their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives 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 describe how residents' confidentiality was protected.

The deputy manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner and that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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 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.

Residents spoken with during the inspection made the following comments:

- "I'm very happy living here. The food is really good and they treat me very well."
- "This is a great place and I couldn't be happier."

- “I couldn’t complain about a single thing. I get lots of visitors. I know I am better off living here than I was at home, for the staff are always about and I know that I am safe. I like the company of the other people here. The care is second to none.”
- “The home is kept very clean and comfortable and I feel that the staff are well trained. They are very attentive and the care is good. The staff know how I like to be helped with things and they treat me and all of the other residents very well.”
- “I feel very safe here. I lived in another home before I came here and the food was always served cold – that doesn’t happen here! They treat me very well and I love living here.”

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

- “We are delighted with the care provided in Rocky Acres. My (relative) is very happy here. She has always said that she loves living here. The food is great and the home is kept lovely and warm and clean. The staff are lovely and they keep us informed of any changes in my (relative’s) care. We come in to visit at all times of the day and we always see plenty of staff around. We are always made to feel welcome. If we had any concerns, we would know to go to the manager or any of the staff. Rocky Acres is fabulous!”
- “The care is excellent and the staff are so helpful and attentive. They treat (my relative) not as part of their work, but as part of her family. I am delighted with the care here.”

Seven completed questionnaires were returned to RQIA from residents and residents’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

**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 registered and deputy managers 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 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 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 on display in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

The deputy manager advised that no complaints had been received since the last care inspection. A review of documentation confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints would include 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 deputy manager advised that if complaints were to be more regularly received, an audit of complaints would be used to identify trends and to enhance service provision.

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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, stroke awareness.

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, who is also the registered manager, identified that she had understanding of her 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 employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered providers responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. 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 and discussion with staff established that they were knowledgeable regarding this. The registered and deputy managers confirmed that staff could also access line management to raise concerns and that they would 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.

Seven completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> 30 March 2018	The registered person shall ensure the following – <ul style="list-style-type: none"> <li>• all areas of the care plans are completed</li> <li>• care plans are regularly reviewed and updated</li> <li>• care plans are signed by the resident or their representative</li> </ul> Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> All areas of care plans completed, Deputy Manager auditing this every month and care plans now signed.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 25.8  <b>Stated:</b> First time  <b>To be completed by:</b> 30 March 2018	The registered person shall ensure that staff meetings are held regularly and at least quarterly.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> Regular staff meetings are being organised.

*\*Please ensure this document is completed in full and returned via Web Portal\**



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

**Tel** 028 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**🐦** @RQIANews