



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Rocky Acres (1647)

Date of Inspection: 12 December 2014

Inspector's Name: Alice McTavish

Inspection No: IN017581

**The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

1.0 General information

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| Name of home: | Rocky Acres |
| Address: | 8 Portavogie Road Ballyhalbert BT22 1BU |
| Telephone number: | 0284275 8715 |
| Email address: | rockyacresrh@aol.com |
| Registered Organisation/ Registered Provider: | Margaret Cully Jean Cully |
| Registered Manager: | Margaret Cully |
| Person in charge of the home at the time of inspection: | Margaret Cully |
| Categories of care: | RC- DE, RC-I |
| Number of registered places: | 13 |
| Number of residents accommodated on day of Inspection: | 12 |
| Scale of charges (per week): | Trust rate plus £20 per week third party fee |
| Date and type of previous inspection: | Secondary Unannounced Inspection 28 May 2014 |
| Date and time of inspection: | Primary Announced Inspection 12 December 2014 9.50am – 4.55pm |
| Name of Inspector: | Alice McTavish |

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered providers
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff and visitors
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection the inspector spoke to the following:

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| Residents | 7 |
| Staff | 2 |
| Relatives | 3 |
| Visiting Professionals | 0 |

Questionnaires were provided prior to the inspection to staff to seek their views regarding the service.

| Issued To | Number issued | Number returned |
|-----------|---------------|-----------------|
| Staff | 15 | 9 |

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| Guidance - Compliance Statements | | |
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| Compliance statement | Definition | Resulting Action in Inspection Report |
| 0 - Not applicable | | A reason must be clearly stated in the assessment contained within the inspection report. |
| 1 - Unlikely to become compliant | | A reason must be clearly stated in the assessment contained within the inspection report. |
| 2 - Not compliant | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report. |
| 3 - Moving towards compliance | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report. |
| 4 - Substantially Compliant | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report. |
| 5 - Compliant | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

7.0 Profile of Service

Rocky Acres residential care home is situated outside the village of Ballyhalbert on the Ards peninsula of Co. Down. The residential home is owned and operated by Ms Margaret Cully and Ms Jean Cully. Ms Margaret Cully is manager of the home and has been registered manager since 1988.

Rocky Acres is a single storey building and accommodation for residents is provided single and double rooms, each with a wash hand basin. A number of communal sanitary facilities are available throughout the home. Communal lounge and dining areas are provided along with catering, laundry services and staff offices. There is pleasant outside patio and garden space overlooking the sea and there is car parking to the front of the building.

The home is registered to provide care for a maximum of thirteen persons under the following categories of care:

Residential care

| | |
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| I | Old age not falling into any other category |
| DE | Dementia |

8.0 Summary of Inspection

This primary announced care inspection of Rocky Acres was undertaken by Alice McTavish on 12 December 2014 between the hours of 9.50am and 4.55pm. Ms Margaret Cully, manager, Ms Jean Cully and deputy manager Ms Maureen Pue were available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that the requirements and recommendations had been addressed within the timescales specified by RQIA. The detail of the actions taken by Ms Margaret Cully can be viewed in the section following this summary.

Prior to the inspection, in April 2014, Ms Margaret Cully completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Ms Margaret Cully in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff and relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment. Staff questionnaires were received and examined after the date of inspection.

Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs.

Staff who met with the inspector demonstrated that they had knowledge and understanding of individual resident's assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff members were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team. A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care.

The evidence gathered through the inspection process concluded that Rocky Acres was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided.

The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. Activities are provided by care staff. A selection of materials and resources was available for use during activity sessions. Appropriate records were maintained.

The evidence gathered through the inspection process concluded that Rocky Acres was compliant with this standard.

Resident, representatives and staff consultation

During the course of the inspection the inspector met with residents, representatives and staff. Questionnaires were also completed and returned by staff after the date of inspection.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident

representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives and staff are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff members were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information relating to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements and one recommendation were made as a result of the primary announced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, registered manager, deputy manager, registered providers and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 28 May 2014

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|---|---|---|--------------------------------------|
| 1 | Regulation 20 (3) | <p><u>Competency and capability assessments</u></p> <p>The registered manager is required to undertake competency and capability assessments of staff who is given responsibility of being in charge of the home for any period of time in her absence.</p> <p>This requirement had been reiterated for a second time. If not addressed enforcement action by RQIA may take place.</p> | Discussion with the registered manager and examination of documentation confirmed that competency and capability assessments of staff who are given responsibility of being in charge of the home for any period of time in the absence of the manager had been undertaken. | Compliant |
| 2 | Regulation 21 Schedule 2.3.7 Standard 19.2 | <p><u>Staff applications</u></p> <p>Immediate improvement is required before any further appointments to the home is made to ensure full compliance with Regulation 21 and Standard 19.2</p> <p>All of the listed factors should be cross referenced with any application form received ensuring two written references are received.</p> | Discussion with the registered manager and examination of documentation confirmed that the application form has been updated in line with the requirement. There have been no new staffing appointments. The registered manager is now fully aware of the necessity to obtain Access NI clearance prior to any new appointment. | Compliant |

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| | | <p>Where shortfall is noted this should be discussed at interview with responses recorded and records retained.</p> <p>Examination of one new employment record retained showed that this requirement has not been fully addressed. Matters requiring attention included;</p> <ul style="list-style-type: none"> • The application form in use does not request a record of full employment history • Physical and mental health assessment not applicable to Rocky Acres as this was based on another named home. • Access NI clearance was not obtained prior to appointment. (the home accepted an Access NI clearance for an additional post held by the applicant. Appropriate action has been taken by the home to address this matter). | | |
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| 3 | Regulation 19 (2) Sch 4. 7. | <p><u>Staff Duty Roster</u></p> <p>Improvement in the recording of the staff duty roster is required to ensure this record reflects all staff employed and actual shift hours worked each day.</p> <p>Additionally the duty roster should reflect the named senior care staff member. Days off, annual or other leave taken should be recorded alongside an indication of who is in charge of the home when the manager or deputy manager is off duty.</p> | <p>Discussion with the registered manager and examination of documentation confirmed that the staff duty roster now reflects all staff employed and actual shift hours worked each day and the names senior care staff member. Days off, annual or other leave taken are now recorded alongside an indication of who is in charge of the home when the manager or deputy manager is off duty.</p> | Compliant |
| 4 | Regulation 27 (2) (c) Regulation 13 (7) | <p><u>Environment</u></p> <p>Areas requiring attention included:</p> <ul style="list-style-type: none"> • The hoist seat in the bathroom requires attention as the enamel coating on the arms were peeling and the under seat in poor state of repair. • The raised toilet frame in this bathroom was observed to be rusted at the joints presenting as a possible risk of cross contamination of infection | <p>An inspection of the premises confirmed that the bath seat has been refurbished, the toilet frame has been replaced, no cloth towels are present in bathrooms and laundry items are stored in an appropriate place.</p> | Compliant |

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| | | <ul style="list-style-type: none"> • A cloth hand towel was on the rail in the bathroom indicating communal use. This presents as a risk of cross contamination of infection. • A plastic basket positioned in the bath contained clothes for washing. This should be stored in an appropriate storage place for unclean laundry. | | |
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| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|--|---|--|--------------------------------------|
| 1 | Standard 11.4 | <p><u>Review report</u></p> <p>Ensure the resident / representative views are reflected within pre care management review reports (section 1) and that these are signed by the resident /representative and a copy retained in the home.</p> | <p>Discussion with the registered manager and examination of documentation confirmed that the pre care management review report has been adapted and the resident / representative views are reflected within reports. All subsequent reports are signed by the resident / representative and a copy retained in the home.</p> | Compliant |
| 2 | Standard 16.1 | <p><u>Training – Challenging behaviour</u></p> <p>Staff training in challenging behaviour is recommended.</p> | <p>Discussion with the registered manager confirmed that staff training in challenging behaviour has been arranged.</p> | Compliant |
| 3 | <p>Additional matters (1.1 &1.5)</p> <p>RQIA Guidance on Staffing within Residential Care Homes.</p> | <p><u>Care staff duties</u></p> <p>Staff undertaking duties not related to care should cease and arrangement made for these duties to be undertaken by domestic /housekeeper.</p> <p>The manager explained that an additional staff member had been employed each am to undertake kitchen duties and housekeeping including laundry.</p> <p>The designated hours for both of these posts fell well short of what is required for the home.</p> | <p>Discussion with the registered manager and examination of documentation confirmed that kitchen and housekeeping duties are now undertaken by designated staff. The current resident occupancy is within RQIA staffing guidelines. Named ancillary staff and shift worked are recorded in the staff duty roster. Staff undertaking household/ kitchen duties wear different coloured tabards to distinguish these staff members from care staff.</p> | Complaint |

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| | | <p>In accordance with RQIA Staffing guidelines the following is recommended for the home; Domestic hours – 49.4 hpw Catering – 32.5 hpw.</p> <p>Named ancillary staff and shift worked to be recorded in the staff duty roster.</p> <p>It is recommended that staff undertaking household/ kitchen duties were different coloured uniform from care staff.</p> | | |
| 4 | <p>Additional matters (1.9) Fire safety</p> | <p><u>Fire Safety</u></p> <p>The registered manager must ensure that recommendations made in the fire risk assessment are recorded in the “action taken” section of the assessment.</p> | <p>Discussion with the registered manager and examination of documentation confirmed that recommendations made in the fire risk assessment are recorded in the “action taken” section of the assessment.</p> | <p>Compliant</p> |
| 5 | <p>Standard 5.2 &5.3</p> | <p><u>Care records</u></p> <p>The registered manager must ensure that each resident’s care record evidence of life history, previous life style and personal values. Review of all care records is necessary with details recorded, in consultation with the resident or representative.</p> | <p>Discussion with the registered manager and examination of documentation confirmed that each resident’s care record evidence of life history, previous life style and personal values.</p> | <p>Compliant</p> |

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| | | Completion of personal data in some care records is also necessary. | | |
| 6 | RQIA Staffing Guidance for Residential Care Homes. (Ref 8.1 of report) | <u>Staffing</u> The registered manager must ensure that a senior care staff member is on duty each shift. and that this is reflected within the staff duty roster | Discussion with the registered manager and examination of documentation confirmed that a senior care staff member is on duty each shift and that this is reflected within the staff duty roster. | Compliant |
| 7 | Standard 12. | <u>High Tea</u> It was recommended that this evening meal is served in the dining room where residents can relax, socialise and have ease of access to condiments, use cutlery and have direct access to fluids as desired. | Discussion with the registered manager and with residents and visitors and observation by the inspector confirmed that the evening meal is now served in the dining room. | Compliant |
| 8 | Standard 23.3 | <u>Staff annual mandatory training</u> Review of the provision of staff annual mandatory training is recommended with the development of a training programme for 2014 to ensure mandatory training requirements are met. | Discussion with the registered manager and examination of documentation confirmed that a review of the provision of staff annual mandatory training has been undertaken and a training programme has been developed to ensure mandatory training requirements are met. | Compliant |

10.0 Inspection Findings

| STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication. | |
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| Criterion Assessed: | COMPLIANCE LEVEL |
| 10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents. | |
| Provider’s Self-Assessment | |
| Staff do have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Their responses and interventions promote positive outcomes for the residents. | Compliant |
| Inspection Findings: | |
| <p>The home had a ‘Responding to Residents Behaviour Policy’ dated December 2014 in place. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge in September 2013 which included a human rights approach. Further training is scheduled for March 2015.</p> <p>A review of four residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed. Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> | Compliant |

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| <p>A review of the returned staff questionnaires identified that staff have had ongoing training in care practices.</p> | |
| <p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Provider’s Self-Assessment</p> | |
| <p>When a resident's behaviour is uncharacteristic and causes concern, our staff seek to understand the reason for this behaviour and take necessary action. They report the matter to either the Registered Manager or the person in charge of the home at the time, write up the notes and then the situation is monitored. Where necessary contact is made with relevant professionals and services and where appropriate, the resident's representative.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>The ‘Responding to Residents Behaviour Policy’ included the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives and RQIA. . Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff members were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Four care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussions with visitors confirmed that they had been informed appropriately.</p> | <p>Compliant</p> |

| STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication. | |
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| Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used. | COMPLIANCE LEVEL |
| Provider's Self-Assessment | |
| When a resident needs a consistent approach or response from staff, this is detailed in the Resident's Care Plan. Where appropriate and with the Resident's consent, the Resident's representative is informed of the approach or response to be used. | Compliant |
| Inspection Findings: | |
| A review of four care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager. | Complaint |

| <p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p> | <p>COMPLIANCE LEVEL</p> |
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| <p>Provider’s Self-Assessment</p> | |
| <p>If and when a Resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the Resident’s Care Plan.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p> | <p>Not applicable</p> |

| STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication. | |
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| Criterion Assessed: | COMPLIANCE LEVEL |
| 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support. | |
| Provider’s Self-Assessment | |
| If and when a behaviour management programme is in place for any Resident, staff are provided with the necessary training, guidance and support. | Compliant |
| Inspection Findings: | |
| A review of staff training records evidenced that staff had received training in behaviours which challenge and that further training is scheduled for early 2015. Dementia training is provided on an informal and ongoing basis by the deputy manager who is trained in the delivery of training to staff. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision and staff meetings. Staff felt that, should they be required to implement a behaviour management programme, they would be equipped to do so. | Compliant |

| <p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p> | <p>COMPLIANCE LEVEL</p> |
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| <p>Provider’s Self-Assessment</p> | |
| <p>When any incident is managed outside the scope of a Resident’s Care Plan, this is recorded and reported if and when appropriate, to the Resident’s representative and to the relevant professionals or services. Where necessary, this would be followed by a multi-disciplinary review of the Resident’s Care Plan</p> | <p>Compliant</p> |
| <p>Inspection Findings: A review of the accident and incident records from July 2014 to December 2014 and discussions with staff identified that no incidents had occurred outside of the scope of a resident’s care plan. A review of four care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. Visitors and staff confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p> | <p>Complaint</p> |

| STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication. | |
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| Criterion Assessed: | COMPLIANCE LEVEL |
| 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used. | |
| Provider’s Self-Assessment | |
| Restraint will only be used as a last resort by appropriately trained staff to protect the Resident or other persons when other less restrictive strategies have been unsuccessful. Records will be kept of all instances when restraint is used. | Compliant |
| Inspection Findings: | |
| <p>Discussions with staff and visitors, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</p> <p>Whilst restraint is not employed within Rocky Acres, some forms of restrictions are used. These include a locked entrance door and the use of pressure alarm mat for some residents to alert staff if the resident should attempt to rise unassisted from the bed or chair. Some residents retain mental capacity to make informed choices regarding their care and several residents prefer to use the pressure alarm mats. It is recommended that the Trust should be requested to complete an assessment of the use of pressure alarm mats for any resident who does not have capacity to consent to the use of pressure alarm mats.</p> <p>Residents confirmed during discussions that they were aware of decisions that affected their care and they had given their consent to the limitations.</p> <p>A review of the home’s Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are described.</p> | Substantially compliant |

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| PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Compliant |

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| INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Compliant |

| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | |
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| Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents. | COMPLIANCE LEVEL |
| Provider’s Self-Assessment | |
| Our programme of activities and events provides positive outcomes for Residents and is based on the interests and identified needs of the Residents. | Compliant |
| Inspection Findings: | |
| The home had a policy dated March 2013 on the provision of activities. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home. | Complaint |

| Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events. | COMPLIANCE LEVEL |
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| Provider's Self-Assessment | |
| The programme provided includes activities that are enjoyable, age and culturally appropriate, purposeful and take into account the Residents' spiritual needs. It promotes healthy living and is flexible so that we can respond to the Residents' changing needs, special occasions and interests and facilitates social inclusion in community events. | Compliant |
| Inspection Findings: | |
| Examination of the programme of activities identified that social activities are organised on a daily basis. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis. | Complaint |

| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | |
|--|-------------------------|
| Criterion Assessed: | COMPLIANCE LEVEL |
| 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities. | |
| Provider’s Self-Assessment | |
| Residents including those Residents who generally stay in their rooms are always given the opportunity to contribute suggestions and to be involved in what should be included in the programme of activities. | Compliant |
| Inspection Findings: | |
| A review of the record of activities provided and discussions with residents, including one resident who generally stayed in their room, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, one to one discussions with staff and care management review meetings. | Complaint |

| <p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p> | <p>COMPLIANCE LEVEL</p> |
|---|--------------------------------|
| <p>Provider’s Self-Assessment</p> | |
| <p>The programme of activities has been displayed in a suitable format and in</p> | <p>Substantially compliant</p> |
| <p>Inspection Findings: On the day of the inspection the programme of activities was on display on the notice board in the dining area. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussions with residents confirmed that they were aware of what activities were planned. The programme of activities was presented in an appropriate large print format to meet the residents’ needs.</p> | <p>Complaint</p> |

| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | |
|--|-------------------------|
| Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others. | COMPLIANCE LEVEL |
| Provider’s Self-Assessment | |
| Through the provision of equipment, materials and aids and from the support of staff (and representatives if they are present), Residents are enabled to participate in the activities programme. | Substantially compliant |
| Inspection Findings: | |
| Activities are provided for on a daily basis by care staff. Care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included arts and crafts materials, board and floor games, newspapers and magazines, DVDs and CDs, quizzes, puzzles, musical instruments. There was confirmation from the registered manager that a budget for the provision of activities was in place. | Compliant |

| <p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p> | <p>COMPLIANCE LEVEL</p> |
|--|--------------------------------|
| <p>Provider’s Self-Assessment</p> | |
| <p>The duration of each activity and the dairly timetable takes into account the needs and abilities of the Residents who are participating.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>The registered manager, care staff and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents’ abilities and the possible impact this could have on their participation in activities.</p> | <p>Complaint</p> |

| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | |
|---|-------------------------|
| Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so. | COMPLIANCE LEVEL |
| Provider’s Self-Assessment If and where an activity is provided by a person contracted in to do so by the home, the Registered Manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so. | Compliant |
| Inspection Findings: The registered manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion. | Not applicable |

| <p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p> | <p>COMPLIANCE LEVEL</p> |
|---|--------------------------------|
| <p>Provider’s Self-Assessment Where and should an activity be provided by a person contracted in to do so by the home, staff inform them about any changed needs of the Residents prior to the activity commencing and there is a system in place to receive timely feedback.</p> | <p>Substantially compliant</p> |
| <p>Inspection Findings: The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.</p> | <p>Not applicable</p> |

| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | |
|--|-------------------------|
| Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate. | COMPLIANCE LEVEL |
| Provider’s Self-Assessment | |
| A record is kept in a large diary, of all activities that take place, the person leading the activity and the names of Residents who participate | Substantially compliant |
| Inspection Findings: | |
| A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. There was evidence that appropriate consents were in place in regard to photography and other forms of media. | Complaint |
| Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs. | COMPLIANCE LEVEL |
| Provider’s Self-Assessment | |
| The programme of activities is reviewed on a regular basis at least twice yearly so that the changing needs of the Residents are met. | Substantially compliant |
| Inspection Findings: | |
| A review of the programme of activities identified that it had last been reviewed in October 2014. The records also identified that the programme had been reviewed at least twice yearly. The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents. | Compliant |

| | |
|--|--|
| <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p> | |
|--|--|

| | |
|---|-------------------------|
| PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Substantially compliant |

| | |
|--|-------------------------|
| INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Compliant |

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with seven residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "The care is excellent and the food is delicious. The staff are all very helpful. I'm very happy here."
- "The food here is great and there's plenty of it. The staff are great and they're always about and available to help."
- "It's great here."
- "The care here is excellent"
- "They are very good to me here."
- "I couldn't complain. They look after me here very well. I couldn't ask for anything more."
- "I'm all right here."

11.2 Relatives/representative consultation

Three relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "I couldn't fault the care here. The staff are so kind, they are always around and nothing is too much trouble for them. They have got to know (my relative) so well and are always on the lookout for any signs of illness and they deal with it immediately. We are always advised of any changes. (My relative) is always involved in things going on here. We visit very often and have never seen anything that would give us cause for concern."
- "I couldn't find fault, the care in Rocky Acres is second to none. The staff have been fantastic, they are always available and they look after (my relative) so well. They have also looked after me, as finding a care home for (my relative) has not been easy, but they have worked wonders with (my relative) who now keeps in very good health."

11.3 Staff consultation/Questionnaires

The inspector spoke with two staff of different grades and nine staff members completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to residents' behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- "The staff team take a great interest in the wellbeing and welfare of the residents; the residents are almost like family to us."
- "Working here is like a home from home. The residents are happy to be in a homely environment, they seem to get along well and there are no disagreements. They are very well looked after, the rooms are very comfortable and the food is lovely."

11.4 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff members were observed to be interacting appropriately with residents in a respectful, polite, warm and supportive manner. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.5 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.6 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that no complaints were received; discussion with the registered manager and deputy manager confirmed that any complaint would be investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation would be sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.7 Environment

The inspector viewed the home accompanied by Ms Margaret Cully and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be good standard.

11.8 Guardianship Information/Resident Dependency

Returned information was reviewed and no issues were identified. Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

11.9 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

On the day of inspection the home's most recent fire safety risk assessment dated 25 November 2014 was not available to review as the report had not been finalised. The report was forwarded to the inspector on 17 December 2014. Discussion with the deputy manager later confirmed that the recommendations made as a result of this assessment were in process of being actioned.

A review of the fire safety records evidenced that fire training had been provided to staff on 4 November 2014. The records also identified that an evacuation had been undertaken on 25 November 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.10 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Ms Margaret Cully. Ms Cully confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Margaret Cully, Ms Jean Cully and Ms Maureen Pue as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. 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.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Announced Care Inspection

Rocky Acres

12 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Margaret Cully, Ms Jean Cully and Mrs Maureen Pue either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. 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.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

| No. | Minimum Standard Reference | Recommendations | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------------|---|------------------------|--|-----------------|
| 1 | 10.7 | <p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <ul style="list-style-type: none"> Reference to this is made in that the Trust should be requested to complete an assessment of the use of the pressure alarm mats for any resident who does not have capacity to consent to the use of pressure alarm mats. | One | <p>Restraint would as always be a last resort - and if this is ever needed records of such will be written up.</p> <p>Where there appears to be a need for pressure mats we have approached our Care Managers to do an assessment and will continue to do so in the future</p> | 30 January 2015 |

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to care.team@rqia.org.uk

| | |
|---|----------------|
| NAME OF REGISTERED MANAGER COMPLETING QIP | Margaret Cully |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | Maureen Pue |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|------------------|
| Response assessed by inspector as acceptable | Yes | Alice McTavish | 19 February 2015 |
| Further information requested from provider | | | |