



The Regulation and
Quality Improvement
Authority

Rocky Acres
RQIA ID: 1647
8 Portavogie Road
Ballyhalbert
BT22 1BU

Inspector: Alice McTavish
Inspection ID: IN021687

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**Unannounced Care Inspection
of
Rocky Acres**

28 April 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 28 April 2015 from 10.00 to 14.00. On the day of the inspection we found that the home was delivering safe, effective and compassionate care. We identified areas for improvement and these are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Rocky Acres	Registered Manager: Mrs Margaret Cully
Person in Charge of the Home at the Time of Inspection: Mrs Margaret Cully	Date Manager Registered: 2005
Categories of Care: RC-DE, RC-I	Number of Registered Places: 13
Number of Residents Accommodated on Day of Inspection: 13	Weekly Tariff at Time of Inspection: £470 plus £20 third party fee

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish.

Theme: Residents Receive Individual Continence Management and Support.

4. Methods/Process

Prior to inspection we analysed the following records: returned Quality Improvement Plan, notifications of accidents and incidents.

We met with eleven residents, one member of care staff, the registered manager and one resident's representative.

We inspected four care records, complaints and compliment records, policies and procedures relating to dying and death and to continence management and the accidents and incidents register.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced care inspection dated 12 December 2014. The completed QIP was returned to RQIA and was approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 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. <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. 	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the care review records confirmed that the Trust completed assessment of the use of pressure alarm mats.	

5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

Is Care Safe? (Quality of Life)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

We reviewed residents' care records and could confirm that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans were appropriately signed.

We noted that care plans contained limited details of the residents' wishes regarding any specific arrangements at the time of his or her death. In our discussions with the registered manager she confirmed to us that further details were in the process of being sought. Care plans noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records. An Advanced Care Plan had been completed by the General Practitioner for one resident and was present in the resident's file

Is Care Effective? (Quality of Management)

We noted that the home had a policy and procedure in place for dying and death of a resident. The policy and procedures referenced the current best practice guidance. In our discussion with the registered manager we noted that staff members were scheduled to receive training relating to death and bereavement in the near future.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is Care Compassionate? (Quality of Care)

Staff members we interviewed indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner.

A staff member described how the staff team worked closely with the GP and district nurses to provide end of life care to a resident who had recently died within the home. The staff member advised us that the family had been able to spend time with the resident before the death occurred and were supported after the death. The staff member also described how other residents had been informed of the death in a sensitive manner. Staff members were able to articulate the values that underpin care within the home as they related to dying and death of a resident. This was to be commended.

In our discussions with the registered manager she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The registered manager confirmed with us that the deceased resident's belongings are handled with care and their representative is consulted about the removal of the belongings. The registered manager also confirmed that there is a flexible approach regarding the arrangements to remove belongings from the room of the deceased resident.

We inspected a sample of compliment letters and cards. We found that many had been sent to the home by relatives of deceased residents in praise and gratitude for the compassion and kindness shown to the resident during illness and at death.

Areas for Improvement

There were no areas of improvement identified with the standard inspected. Overall, this standard was assessed to be safe, effective and compassionate.

Number of Requirements	0	Number of Recommendations:	0
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5.4 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

Staff members had received training in continence management. The staff members we interviewed were able to demonstrate knowledge and understanding of continence care.

We reviewed residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the system of referral to community District Nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and discussion with the registered manager we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is Care Effective? (Quality of Management)

The home had written policies and procedures relating to continence management and staff had received appropriate training. We reviewed the care records and noted that continence needs were documented and that infection control measures were considered. The care records detailed where guidance and advice could be sought from the community specialist nurse, when or if required.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

Is Care Compassionate? (Quality of Care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. In our discussion with residents they related that staff members provide assistance with continence care in a sensitive and caring manner.

In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence. Staff members were able to describe how care is delivered in a compassionate manner and to articulate those values that underpin care within the home as they related to continence management and support.

Areas for Improvement

There were no areas of improvement identified with the theme inspected. Overall, this theme was assessed to be safe, effective and compassionate.

Number of Requirements	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Residents' views

We met with eleven residents in the home on the day of inspection. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "I'm very happy here. The care is very good and the staff treat me very well. There's plenty of staff about so if I need anything, day or night, they come to me quickly. They know all my needs and look after me very well."

5.5.2 Relatives' / Visitors' views

We met with one relative who indicated satisfaction with the home environment. They commented positively on the quality of care provided to residents.

5.5.3 Staff views

We spoke with one staff member who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- "The staff are second to none when it comes to caring for the residents and they are very kind to relatives and to residents' friends."

5.5.4 Staffing

At the time of inspection the following staff members were on duty:

1 manager

2 care assistants (who provide mixed domestic and laundry duties)

1 cook

Two care assistants were scheduled to be on duty later in the day. Two care assistants were scheduled to be on overnight waking duty. We noted no concerns in relation to staffing levels.

5.5.5 Environment

The home was found to be clean and tidy. Décor and furnishings were of a good standard.

5.5.6 Care practices

In our discreet observations of care practices we evidenced residents were being treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

Areas for Improvement

There were no areas of improvement identified with these additional areas examined.

Number of Requirements	0	Number of Recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Margaret Cully	Date Completed	01.06.15
Registered Person		Date Approved	
RQIA Inspector Assessing Response	Alice McTavish	Date Approved	2 July 2015

Please provide any additional comments or observations you may wish to make below:

We are all very happy with the report and would like to thank Alice for being so supportive.

Please complete in full and returned to RQIA at care.team@rqia.org.uk from the authorised email address