

Inspection Report

8 July 2021



Rocky Acres

Type of service: Residential (RC)
Address: 8 Portavogie Road, Ballyhalbert, BT22 1BU
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Rocky Acres Registered Persons: Ms Margaret Cully & Ms Jean Cully	Registered Manager: Ms Margaret Cully Date registered: 1 April 2005
Person in charge at the time of inspection: Ms Margaret Cully Manager 11.30 am – 12.20 pm Ms Caroline Jennings Administrator 12.20 pm – 6.05 pm	Number of registered places: 13 (mild to moderate dementia) for 2 named individuals – RC--DE
Categories of care: Residential Care (RC) DE – Dementia. I – Old age not falling within any other category.	Number of residents accommodated in the residential care home on the day of this inspection: 11
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 13 persons. Residents have access to the communal lounge, the dining room, the garden and the patio area.	

2.0 Inspection summary

An unannounced inspection took place on 8 July 2021 at 11:30 am to 6:05 pm by the care inspector.

The inspection assessed progress with the areas for improvement identified in the home 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 care delivery and maintaining good working relationships.

Two new areas for improvement have been identified in relation to care records and regarding the external maintenance of the premises.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to residents by staff in an unhurried, relaxed manner.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents, a relative and staff are included in the main body of this report.

The findings of this inspection provided RQIA with assurance that care delivery and service provision within Rocky Acres was safe, effective, compassionate and that the home is well led. Addressing the areas for improvement will further enhance the quality of care and service in the home.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Caroline Jennings administrator, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with four residents individually, small groups of residents in the dining room and lounge and two staff. Residents told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection we received one completed questionnaire from a relative, who indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. The following comment was recorded;

“Everyone is so friendly and caring and our Mother is so happy.”

No questionnaires were received from staff within the timescale specified.

A record of compliments received about the home was kept and shared with the staff team. This is good practice. Some of the comments recorded included:

“Thank you all so much for all the care and attention given to Mum.”

“Thank you from the bottom of our hearts for all the love and kindness shown to Mum.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 9 February 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 35 Stated: First time	The registered person shall ensure that infection prevention and control issues regarding notices displayed throughout the home are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Observation of notices displayed in the home evidenced that they had been laminated and could be wiped clean in order to minimise the risk and spread of infection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was a robust system in place to ensure staff were recruited correctly to prepare them to work with residents and to protect residents as much as possible. Records reviewed evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

There were systems in place to ensure staff were trained and supported to do their job. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. For example, staff received regular training in a range of subjects including adult safeguarding, moving and handling, first aid, infection prevention and control and fire safety.

Staff said there was good team work and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this. The manager's hours, and the capacity in which these were worked, were clearly recorded.

A staff member spoken with said: "I've worked at Rocky Acres for many years. All's good and I've no concerns at all."

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

A resident spoken with said: "I'm well and have no issues. The staff are nice."

In summary, assurances were provided that staffing arrangements in the home were safe and staff conducted their duties in a professional and caring manner.

5.2.2 Care Delivery and Record Keeping

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Review of two residents' care records regarding mobility and weight evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

However, care plans for the use of an alarm mat for two residents were unavailable to view. In order that patients feel respected, included and involved in their care, it is important where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation. An area for improvement was identified.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records reviewed were well documented and it was noted that records checked showed residents' weight had remained stable.

Review of nine residents' records in relation to them being offered regular showers/baths evidenced they were well maintained.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the Dietician.

The annual care review completed by a resident's care manager from the local Trust, was reviewed regarding their placement in the home. No concern or issues were identified by any party who participated in the care review.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner and offered personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the dining experience for residents in the dining room and noted that this meal time provided residents with an opportunity to socialise together. Staff had made an effort to ensure residents were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. There was a variety of drinks available. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids for those on specialised diets and how to provide personalised care to residents who needed varying degrees of assistance with eating and drinking. Staff assisted residents in an unhurried manner. Residents said that they enjoyed lunch.

A resident spoken with said: "Everything's the best. They're all very good – all the staff. We get the best of food. This is home from home and I'm very happy and content here."

In summary, no concerns were identified regarding the resident dining experience and care delivery. However, the quality of care records regarding the use of alarm mats will be further improved through compliance with the area for improvement highlighted.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the external and internal environment of the home and noted that the home was comfortably warm, fresh smelling and clean throughout.

It was noted that the external laundry facility was in need of redecoration. This will include the provision of an easily cleaned floor and wall surfaces to meet current infection control best practice. An area for improvement has been made regarding this.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Review of a selection of records for June and July 2021, evidenced that the daily cleaning schedule had been completed to assure the quality of care and services in relation to infection prevention and control measures.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records, observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

The findings of the inspection provided assurance that there were effective systems in place regarding the management of infection. However, the maintenance of the premises regarding the external laundry facilities will be further improved through compliance with the area for improvement highlighted.

5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear, food and drink options and if they wished to attend planned activities. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend most of the time in their room and staff were observed supporting residents to make these choices.

The manager advised that residents' views were important regarding all matters that affect them in relation to the quality of services and the facilities provided by the home. Residents are invited to a monthly meeting with management and staff. Minutes for residents' meetings held on 1 June 2021 and 2 July 2021 were reviewed. All residents advised they were happy with the food served and indicated a high level of satisfaction with all aspects of care provided by staff in the home.

Discussion with staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents told us that they were aware of the activities provided in the home and that they were offered the choice of whether to join in or not. Residents advised that they often declined to take part in daily activities as they like to plan their own time. Review of the residents' activity book from 4 July 2021 to 7 July 2021 evidenced that a range of activities had been provided for residents such as the colourful painting of stones and shells currently on display in the home, armchair aerobics and listening to a church service on the radio.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of residents.

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Ms Margaret Cully has been the manager of this home since 1 April 2005. The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

Review of records confirmed that a process was in place and regularly reviewed by the manager to monitor the registration status of care staff registration with the Northern Ireland Social Care Council (NISCC).

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The administrator, Caroline Jennings, was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

The manager confirmed staff were aware of deprivation of liberty safeguards (DoLS) and restrictive practices and that all staff had completed DoLS level 2 training. Staff were aware of how to ensure that, if restrictive practices could not be avoided, best interest decisions were made safely for all residents but particularly those who were unable to make their own decisions. Staff knew where to access information regarding DoLS and demonstrated their knowledge of what constituted a restrictive practice. Staff told us they were confident that they could report concerns about resident's safety and poor practice.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The administrator advised that staff meetings were held on a regular basis and the next meeting has been scheduled for July 2021.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The administrator advised no complaints had been raised since the last care inspection and that systems were in place to ensure that complaints were managed appropriately.

There were systems were in place to monitor the quality of care delivery and service provision within the home; these were used by the management team to help drive improvement in the home.

6.0 Conclusion

Residents looked well cared for and were seen to be content and settled in the home. Staff treated residents with respect and kindness and were observed to be attentive to residents who were unable to verbally express their needs. The home was clean, tidy, comfortably warm with no malodour.

Residents were seen to express their right to make choices throughout the day and staff were observed to ensure residents' dignity and privacy were maintained.

The manager was not available for the full inspection and nominated Ms Caroline Jennings, administrator, to receive inspection feedback at the end of the inspection on her behalf. The outcome of this inspection concluded that one existing area for improvement has been met and two new areas for improvement have been identified. Ms Jennings advised that she would discuss the inspection findings with the manager.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe, effective care in a caring and compassionate manner; and that the service is well led by the manager.

Thank you to the residents, a relative and staff for their assistance and input during the inspection.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Caroline Jennings, administrator, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall ensure that a care plan and risk assessment is in place for the use of an alarm mat for two identified residents. Ref: 5.2.2 Response by registered person detailing the actions taken: Care plans have now been reviewed and updated.
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: 20 September 2021	The registered person shall ensure that the premises are well maintained and remain suitable for their stated purpose. This relates specifically to the external laundry room. Ref: 5.2.3 Response by registered person detailing the actions taken: Immediate attention was given to the laundry room. Extensive work is being undertaken to include a new roof as well as interior refurbishment.

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



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