

Unannounced Care Inspection Report 9 February 2021



Rocky Acres

Type of Service: Residential Care Home (RCH)
Address: 8 Portavogie Road, Ballyhalbert, BT22 1BU
Tel No: 028 4275 8715
Inspector: Linda Parkes

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 13 residents.

3.0 Service details

Organisation/Registered Provider: Rocky Acres Responsible Individual(s): Margaret Cully Jean Cully	Registered Manager and date registered: Margaret Cully – 1 April 2005
Person in charge at the time of inspection: Margaret Cully	Number of registered places: 13 RC-DE (mild to moderate dementia) for 2 named individuals
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential home on the day of this inspection: 11

4.0 Inspection summary

An unannounced inspection took place on 9 February 2021 from 12.50 to 17.35 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- the environment/infection prevention and control
- staffing and care delivery
- residents' records
- governance and management.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

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

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with four residents individually, small groups of residents in the lounge and dining room, three staff, the manager and the administrator. Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with "Tell us cards" which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses were received within the timescale specified.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas for the period 1 February 2021 to 14 February 2021
- staff training records
- a selection of quality assurance audits
- compliments records
- residents' activity record book
- two residents' monthly weight records
- two residents' care records
- RQIA registration certificate.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 26 September 2019.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

Upon arrival to the home the inspector had a temperature and symptom check. The manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all residents in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounge, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.

It was noted that a new bin was required in an identified bathroom of the home, as the bin opening mechanism was faulty causing the lid not to open. This was discussed with the administrator who advised she would address the matter. Correspondence received on 26 February 2021 from the administrator advised that the bin has been replaced.

Two pull cords in an identified bathroom were seen to be uncovered and could not be easily cleaned in order to adhere to infection prevention and control best practice. This was discussed with the administrator who advised she would address the matter. Correspondence received on 26 February 2021 from the administrator advised that this matter has been actioned.

Information displayed on the residents' notice board in the home evidenced that it was not laminated and could not be wiped clean in order to adhere to infection prevention and control (IPC) best practice. This was discussed with the manager and an area for improvement was identified.

We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

6.2.2 Staffing and care delivery

A review of the staff duty rota from 1 February 2021 to 14 February 2021 evidenced that the planned staffing levels were adhered to. No concerns regarding staffing levels were raised by residents in the home.

Observation of the delivery of care evidenced that residents' needs were met in a timely and caring manner.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Rocky Acres. We also sought the opinion of residents and their representatives on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Cards of thanks were received by the home. One comment recorded included:

"Thank you again for all your help and kindness, it has meant a lot to me."

We observed the serving of the lunchtime meal in the dining room. The food appeared nutritious and appetising and staff wore aprons when serving or assisting with meals. Residents able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes.

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. Review of residents' activity records from 22 December 2020 to 9 February 2021 evidenced that they were well recorded and that residents had participated in a variety of activities to include armchair exercises, watching movies and listening to music. Residents were observed in the dining area with staff, enjoying an afternoon of painting and drawing. Staff advised that residents often declined to take part in daily activities as they have individual pursuits and like to plan their own time.

Four residents spoken with commented:

"I'm well looked after and everyone is kind. The food here is lovely."

"All's ok. I've no concerns."

"What I like about this place is it's clean and the food's good. The staff are friendly and nice and I don't miss home at all. I like knitting and I'm working on a scarf for a family member."

"I have no concerns and like to be independent and do my own thing. I enjoy crocheting blankets and send them to countries overseas."

Discussion with the manager evidenced that care staff were required to attend a handover meeting at the beginning of each shift that provides information regarding each resident's condition and any changes noted. She advised that there was effective teamwork and that staff members know their role, function and responsibilities.

The manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

6.2.3 Resident records

Review of two residents' care records regarding nutrition and personal care 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.

Two residents' monthly weight records were reviewed for 29 January 2021. The administrator advised that the residents' previous weight records for 2020 had been archived and that a system was in place to monitor patients' weight loss and weight gain.

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.

6.2.4 Governance and management

Since the last inspection there has been no change in management arrangements. 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.

The administrator confirmed that a process was in place to monitor the registration status of care staff registration with the Northern Ireland Social Care Council (NISCC). Records observed for 9 February 2021 evidenced this.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans.

We reviewed accidents/incidents records from 26 January 2020 to 10 January 2021 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

The administrator advised that systems were in place to ensure that complaints were managed appropriately and that no complaints had been raised recently.

We discussed the provision of mandatory training. Staff advised that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Review of staff training records for 2020 evidenced that staff had attended training regarding first aid, infection prevention and control (IPC) and fire safety.

Residents and staff spoken with confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Two staff members commented:

"It's the best job and I love it here. We're like a wee family."

“I’ve worked here for a long time and it’s important to me that the residents are treated with dignity and respect.”

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of personal protective equipment (PPE), in relation to the cleanliness of the environment and the personalisation of the residents’ bedrooms. Good practice was found regarding risk management and communication between residents and staff.

Areas for improvement

An area of improvement was identified regarding infection prevention and control (IPC) to ensure that notices displayed in the home are laminated.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and regarding the use of Personal Protective Equipment. Measures had been put in place in relation to Infection Prevention and Control, to keep residents, staff and visitors safe in order to adhere to the Department of health and the Public Health Agency guidelines.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret Cully, manager, and Caroline Jennings, administrator as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 35 Stated: First time To be completed: Immediate action required	<p>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.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: I am very happy with my recent inspection report. At Rocky Acres we endeavour to deliver the best care and service to our residents. Safety and high standards of care is paramount. May I confirm I have undertaken the above recommendations. Any notices on the notice board will be displayed for a short period of time before being destroyed. Notices will be laminated in line with IPC requirements. Can I take this opportunity to thank Linda Parkes for our inspection report. As our new inspector, we found Linda very friendly as well as approachable. Linda was thorough during her inspection and gave feedback in detail. Linda's very friendly manner, allowed staff and residents to speak to her openly-something which I always feel is very important. After a very difficult few months, it is nice to be able to commend staff for maintaining high standards of care, which is evidenced through the report.</p> <p>Margaret Cully- Registered Manager</p>

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



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