

# Inspection Report

19 May 2022



## Rocky Acres

**Type of service: Residential (RC)**  
**Address: 8 Portavogie Road, Ballyhalbert, BT22 1BU**  
**Telephone number: 028 4275 8715**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Rocky Acres  <b>Registered Persons:</b> Ms Margaret Cully & Ms Jean Cully	<b>Registered Manager:</b> Ms Margaret Cully  <b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Ms Margaret Cully	<b>Number of registered places:</b> 13  (mild to moderate dementia) for 2 named individuals – RC--DE
<b>Categories of care:</b> Residential Care (RC) DE – Dementia. I – Old age not falling within any other category.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 13
<b>Brief description of the accommodation/how the service operates:</b> 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 19 May 2022 at 10:30 am to 4:35 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 areas for improvement have been identified in relation to care records and regarding the 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 and staff are included in the main body of this report.

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 Margaret Cully, Manager and 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, a small group of residents in the dining room and two staff. Visitors were unavailable to consult with. 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 no questionnaires were received from residents, residents' representatives or staff within the timescale specified.

A staff member spoken with commented:

"I'm happy working here as we receive good support and good training to do our job. The manager is approachable and I would be confident that she would address any concerns immediately."

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"Thank you from the bottom of our hearts for all your love and kindness shown to Mum while she was in your care."

## 5.0 The inspection

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

The last inspection to Rocky Acres was undertaken on 26 July 2022 by a pharmacist inspector; no new areas for improvement were identified.

Two areas for improvement identified at a previous inspection were not reviewed during the inspection and have been carried forward for review at this inspection. Both are validated as met.

Areas for improvement from the last inspection on 26 July 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a selection of records evidenced that a care plan and risk assessment was in place for the use of an alarm mat for the two identified residents. This area for improvement as stated has been met.	

	<p>However, it was noted that a care plan was not in place for the use of an alarm mat for another resident.</p> <p>This is further discussed in section 5.2.2</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p>Observation of the external laundry room evidenced that this area for improvement has been met.</p>	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

A review of records confirmed that a process was in place to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff. Staff confirmed 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 2022 evidenced that staff had attended training regarding first aid, moving and handling, dementia awareness, infection prevention and control (IPC) and fire safety. Staff said they were looking forward to attending adult safeguarding training that has been arranged for June 2022. They also commented that they had an informative and beneficial experience when they visited the Dementia Training Bus. Staff described the use of sensory equipment to facilitate participants to virtually enter the potential world of someone living with Dementia, by allowing each participant to have their senses that we all take for granted, altered, highlighting the difficulties that someone with Dementia may have.

Staff said there was good team work and that they felt 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.

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.

Two residents spoken with said:

“I’m happy and settled and would like to spend the rest of my days here. The staff are attentive and very nice. The food is home cooked and very good. I’ve no issues at all but if I had I’d speak with the manager who is lovely or the staff as I know it would be resolved quickly.”

“The staff are lovely and the food is excellent. I’ve no concerns.”

### 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 care records regarding mobility, nutrition 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.

In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation. Review of a selection of records evidenced that care plans and risk assessments were in place for the use of an alarm mat for two identified residents. However, it was noted that a care plan was not in place for the use of an alarm mat for another resident. An area for improvement was identified.

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.

Review of residents’ supplementary care records in relation to personal hygiene evidenced that residents were offered a bath or shower on a regular basis.

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.

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 serving of the lunchtime meal 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 and singing along with staff to familiar songs, while the meal was being served.

A residents spoken with said:

"The food's always good and I enjoyed lunch. If there was something I would like that's not on the menu, they will get it for me."

### 5.2.3 Management of the Environment and Infection Prevention and Control

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

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.

The manager advised that the planned refurbishment of the home has commenced with new carpets being fitted in the corridors, reception area and the residents' lounge. Some residents said they preferred to spend time in their own room while others had been made comfortable in the dining area on a temporary basis, while the lounge carpet was being fitted. Residents were assisted back to the lounge at the end of the inspection and commented that the new carpet was very nice.

Review of the shower room evidenced a raised area in the floor, near the doorway, that could cause a possible trip hazard. This was discussed with the manager who advised that plans to complete the work would be arranged. An area for improvement was identified.

Correspondence from the administrator on 16 June 2022 advised that the bathroom floor requires extensive work and arrangements are in place to have the work completed.

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, staff and care partners 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 and Care Partner 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.

#### **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 and food and drink options. 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.

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. After lunch residents and staff were observed to enjoy making a photo collage.

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 patients.

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.



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, Ms 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.

Deprivation of liberty safeguards (DoLS) and restrictive practices were discussed. 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 told us they were confident that they could report concerns about resident's safety and poor practice.

Review of staff supervision and appraisal records evidenced that they had commenced for 2022. The manager advised they are ongoing and that arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

Discussion with the administrator 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 infection prevention and control (IPC) practices, including hand hygiene.

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

Discussion with the administrator and review of the annual Quality Assurance audit report evidenced that a robust governance system is operational in the home which assures the quality of services and care available in the home. Review of resident and relative consultation records showed no concerns. Compliments were recorded regarding the staff, food and care provided.

The administrator advised that staff and resident meetings were held on a regular basis. Minutes of these meetings were available.

The manager advised no complaints had been raised during 2022 and that systems were in place to ensure that complaints were managed appropriately.

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

## 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 Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	1

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27  <b>Stated:</b> First time  <b>To be completed by:</b> 29 July 2022	<p>The registered person shall ensure that the general observation highlighted in the 'assessment of the premises', is undertaken in a timely manner.</p> <ul style="list-style-type: none"> <li>Replacement or repair of the flooring in the identified shower room.</li> </ul> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Flooring is in progress, however we may not meet the completion date as it requires extensive work being carried out. Most tradesmen/contractors will be closed for the July fortnight. We will however aim to have it completed as soon as possible.</p> <p>Margaret Cully (Registered Manager)</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that a care plan and risk assessment is in place for the use of alarm mats for residents who require them.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b>            The use of alarm mats are now included in care plans.            Margaret Cully (Registered Manager)</p>

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



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