

Inspection Report

27 April 2023



Rocky Acres

Type of service: Residential (RC)

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| 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 Caroline Jennings (10am-1pm) Ms Margaret Cully (1pm-5pm) | 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: 12 |
| Brief description of the accommodation/how the service operates: The 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 27 April 2023, from 10:00am to 5:20pm by two care inspectors.

The inspection assessed progress with all areas for improvement identified in the home 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.

Residents, staff and visitors provided positive feedback about management and the delivery of care in Rocky Acres. Further detail on this is included in the main body of the report.

The two areas for improvement identified during the previous inspection were both met. No areas for improvement were identified at today's inspection.

The home environment was clean, neat and tidy and free from odour. Residents bedrooms were clutter free, personalised to each individual's preference.

Staffing arrangements were adequate with evidence of good team working and delegation of duties. The management team review staffing levels on an ongoing basis to ensure appropriate staffing is available to meet individuals assessed need.

Evidence of good practice was observed through care delivery, staff maintained dignity and respect of residents by offering support and listening to their needs.

Residents were observed to be well-presented. The environment was relaxed and homely, television, music and magazines were all available for residents. The lunchtime meal was a positive and relaxed experience for residents; meals were well-presented and appetising.

Staff were knowledgeable on resident's individual needs and were able to evidence their understanding of the Adult Safeguarding Policy and The Mental Capacity Act. Staff provided positive feedback about support from management.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' overall lived 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 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 the management team at the conclusion of the inspection

4.0 What people told us about the service

Residents, staff and visitors provided positive feedback about Rocky Acres. Residents who could make their wishes known reported staff to be “excellent” and “the food is lovely.” Residents spoken with advised they did not have any concerns regarding the care provided in Rocky Acres and advised they would feel able to voice these to the staff if they felt necessary.

Visitors spoke with high regard for both the care provided and the staff and management in Rocky Acres. One visitor reported staff are “brilliant”, providing positive feedback about flexibility around visiting, feeling this promoted a sense of openness and transparency in the care being delivered. One visitor reported “mum receives excellent care”, “I couldn’t ask for better.”

Staff and a visiting professional spoken with were extremely positive in the feedback provided about the management and care in Rocky Acres. Staff reported the management team to be “supportive” and “approachable”. One staff member commented, “it’s not like work, it’s like family.”

Questionnaires were received from residents, relatives and staff providing feedback on the service and management team. Residents/relatives replied that they were “very satisfied” regarding the care as safe, compassionate, effective and well led. Residents/relatives said:

“Owners and management are very approachable. Staff and residents agree it’s home from home.”

“Care is excellent and all staff go above and beyond to help residents on a daily basis.”

Staff completed the survey monkey and again staff reported to be very satisfied with the delivery of care for residents and the support received from management. Staff said:

“All residents are treated both with dignity and respect and I feel the home is managed extremely well and manager and owners are really easy to talk to.”

A record of compliments received about the home was kept and shared with the staff team, this is good practice. The folder held cards, letters and printed text messages which provided positive feedback. One compliment from a family member notes, “these young girls are dedicated to the work of the elderly.”

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 19 May 2022 | | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 27 Stated: First time | The registered person shall ensure that the general observation highlighted in the 'assessment of the premises', is undertaken in a timely manner. <ul style="list-style-type: none"> Replacement or repair of the flooring in the identified shower room. Ref: 5.2.3 | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 6 Stated: First time | 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. Ref: 5.2.2 | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Records confirmed, management has a system in place to ensure that staff were registered and maintained registration with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. A training matrix was in place which provided an overview of the training staff have attended and evidenced good attendance levels. Training attended included: infection prevention control (IPC), fire safety, food hygiene, first aid and moving and handling.

The management team confirmed, infection prevention control (IPC) training was held last week and all staff attended. The management team confirmed, training is also scheduled in the next two weeks for manual handling and Adult Safeguarding. This is being carried out face to face.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Evidence of this was noted through observation of the working relations and communication between staff and management in Rocky Acres.

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.

Staff were observed to attend to residents' needs in a timely, compassionate and caring manner. One staff member reported she has been working in the home for over 25 years. This staff member evidenced her knowledge on the Adult safeguarding policies and procedures, reporting she would feel confident in reporting any concerns to the management team.

We observed that call bells were within reach for residents to access. Residents needs were attended to promptly and respectfully. One resident spoken with reported, "the staff are lovely." Another resident commenting, "the staff are excellent", "I've no problem speaking to anyone about anything."

Relatives who were visiting provided positive feedback on the staff and the level of care their relative receives in Rocky Acres. One relative reported, "mum can't really get involved in activities but they (staff) are great with her."

Visiting professionals said "I have never had any problems with this care home."

5.2.2 Care Delivery and Record Keeping

Care delivery in Rocky Acres was observed to be compassionate, caring and person centred. Resident's presented as clean, neat and tidy, dressed appropriately for the time of year, with attention to detail and personal preferences being maintained. Residents were complimentary about the care and support they received from staff. Staff were observed interacting with residents in a respectful and dignified manner, supporting with moving and handling needs in accordance with individuals assessed need.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. Residents who had an alarm mat in place had a care plan and risk assessment to reflect this. It was established that safe systems were in place to manage this aspect of care.

Staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Review of accidents/incidents evidenced appropriate post falls analysis and onward liaison with residents General Practitioners (GPs) and seeking of medical support as appropriate.

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. The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and a meal they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising, portions were generous and condiments were available. There was a variety of drinks available. Residents were seated in a calm and organised manner, with the environment made comfortable, promoting a relaxed dining experience for residents. Residents who required assistance with meals were supported by staff, staff showed knowledge of individual's dietary requirements. Eating and drinking care records evidenced clear guidance for staff relating to resident's individual assessed need.

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.

When residents were admitted to Rocky Acres, care plans were developed within 24 hours of the admission. Care plans reviewed were reflective of individual assessed need, information corresponded with assessments and the delivery of care. Resident's care plans were person centred and clearly documented consultation with other healthcare professionals including, GP's, District Nurses and Social Worker's.

Supplementary documentation was reflective of the care being delivered. Repositioning charts were completed accurately evidencing staff's compliance with the appropriate repositioning regime. 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.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, neat and tidy and fresh smelling. Residents were comfortable in their surroundings.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Bedrooms were well maintained, paintwork in two areas of the home required repair. The management team confirmed there is a refurbishment plan ongoing and that painting was scheduled to include the two areas identified. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Communal dining and lounge areas were warm with 'homely' touches such as flowers, newspapers and magazines.

Communal bathrooms were clean, neat and tidy, fresh and organised.

The outdoor area was well maintained, with a summerhouse donated by a local organisation to the care home for use during the COVID 19 pandemic. This remains accessible for residents who can access this, weather permitting with the support from staff.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The corridors were bright and unobstructed. Staff were aware of their training in these areas and how to respond to any concerns or risks. The fire risk assessment was reviewed. Information confirming that the required actions had been implemented was received following the inspection.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided. Application of this training was evident through observation of practice in Rocky Acres. Staff were observed to be complying with appropriate hand hygiene measures, wearing the appropriate personal protective equipment during the mealtime experience and supporting residents to engage in hand hygiene measures.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. PPE was available with adequate hand sanitising stations located conveniently around the home.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents could have birthday parties with family/friends in their room or one of the lounges, partake in Church services, musical events and seasonal activities. Residents are consulted with daily to lead and guide the activities which are organised for them, for example armchair aerobics/making cards.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. Staff were placing posters for a games night which had been organised which was to include a tasting session relating to a television programme the residents were watching.

Records of daily activities delivered, including residents participation, were maintained. Staff spoken with were passionate about the development of activities to ensure they were person centred and inclusive for all resident's needs.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Margaret Cully has been the registered manager of this home since 1 April 2005. The certificate of registration issued by RQIA was appropriately displayed in the front foyer of the care home.

Discussion with the management team and review of the categories of care evidenced the care home was operating within the registered categories of care. The management team evidenced that if a resident was requiring an increased level of care, there was appropriate referrals to multi-disciplinary teams and decision making to ensure individuals needs were assessed by the appropriate professions.

There was a robust system of auditing in place to monitor the quality of care and other services provided to residents. Audits were completed across various aspects of care and services provided by the home. Audits included: mealtime matters, IPC, hand hygiene, restraint and accident/incidents.

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.

Residents and their relatives spoken with said that they knew how to report any concerns and said they were confident that the management team would take action if any concerns were identified.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. This was evident in discussions with staff.

There was 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. A review of the records of accidents and incidents found that these were managed correctly and reported appropriately.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Margaret Cully, Registered Manager and the management team as part of the inspection process and can be found in the main body of the report.



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