

# Inspection Report

26 July 2021



## Rocky Acres

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

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

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

## 2.0 Inspection summary

An unannounced inspection took place on 26 July 2021, between 11.00am and 1.15pm by a pharmacist inspector. This inspection focused on medicines management within the home.

Robust arrangements were in place for the management of medicines. Audits completed during the inspection showed that residents were receiving their medicines as prescribed. Medicines were safely and securely stored and staff had the required training to ensure that they were competent to manage medicines.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

### **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 previous inspection findings, incidents and correspondence. To complete the inspection we reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines.

### **4.0 What people told us about the service**

Staff were warm and friendly and it was evident from their interactions that they knew the residents well.

We met with both registered persons. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

To reduce footfall within the home, we did not meet with any of the residents; this was done during the care inspection on 8 July 2021 and findings are included in that report.

Feedback methods included a staff poster and paper questionnaires which were provided to the registered manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

### **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 was completed on 8 July 2021 and the report from that inspection had not been issued at the time of this inspection. Therefore, the areas for improvement identified will be followed up by the care inspector at the next inspection.

<b>Areas for improvement from the last inspection on 8 July 2021</b>		
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<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>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 27 <b>Stated:</b> First time	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.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews and hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. The registered manager was reminded that in line with best practice, two members of staff should check and sign the personal medication records when they are written and updated to provide a double check that they are accurate.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required.

### **5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located.

We reviewed the disposal arrangements for medicines. Discontinued medicines were returned to the community pharmacy for disposal and records maintained.

### **5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on medicine administration records (MARs) when medicines are administered to a resident. A sample of these records was reviewed. The records were found to have been fully and accurately completed. However, details of the medicines had been recorded on self-adhesive labels and attached to the record. This is inappropriate and all medicines must be recorded directly onto the record in indelible ink. The registered manager gave an assurance by email on 3 August 2021 that this had been rectified and labels would no longer be used. The records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs are recorded in a controlled drug record book.

The management of warfarin was reviewed. Written confirmation of the warfarin regime was obtained and held on file for reference. A running stock balance was completed daily to ensure that should an error occur it would be easily identified. This is good practice.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

#### **5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

The management of medicines for one resident who had recently been admitted to the home from hospital was reviewed. The hospital discharge letter had been received and a copy had been forwarded to the resident's GP. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

#### **5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

There have been no medicine related incidents reported to RQIA. The audit system in place would help staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

#### **5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?**

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Training in the management of medicines had been provided for staff in February 2021 and competency had been assessed following the training.

## **6.0 Conclusion**

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

The outcome of this inspection concluded that no new areas for improvement were identified. We can conclude that the residents were being administered their medicines as prescribed by their GP and robust arrangements were in place for the management of medicines.

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

We would like to thank the residents and staff for their assistance throughout the inspection.

## 7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2*

\* the total number of areas for improvement includes two which are carried forward for review at the next inspection.

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

## Quality Improvement Plan

### Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)

#### Area for improvement 1

**Ref:** Standard 6

**Stated:** First time

**To be completed by:**  
Immediately from the date  
of inspection (8 July 2021)

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.

**Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**

Ref: 5.1

#### 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.

**Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**

Ref: 5.1





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