

# Inspection Report

18 February 2022



## Knockmoyle Lodge

Type of Service: Nursing Home  
Address: 29 Knockmoyle Road, Omagh, BT79 7TB  
Telephone Number: 028 8224 7931

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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> Knockmoyle Lodge  <b>Responsible Individual:</b> Mrs Linda Florence Beckett	<b>Registered Manager:</b> Mrs Sharon Colhoun  <b>Date registered:</b> 30 January 2020
<b>Person in charge at the time of inspection:</b> Ms Patrice Kennedy	<b>Number of registered places:</b> 35
<b>Categories of care:</b> Nursing (NH): DE – dementia	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 30
<b>Brief description of the accommodation/how the service operates:</b> This is a nursing home registered to provide nursing care for up to 35 persons.	

## 2.0 Inspection summary

An unannounced inspection took place on 18 February 2022, from 10.15am to 1.45pm. This was completed by a pharmacist inspector.

This inspection focused on medicines management within the home and also assessed progress with one area for improvement identified at the last inspection. Following discussion with the aligned care inspector, it was agreed that the remaining areas for improvement identified at the last care inspection would be followed up at the next care inspection.

The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Review of medicines management found that medicine records and medicine related care plans were well maintained. There were effective processes in place to ensure that staff were trained and competent to manage medicines. The majority of medicines were administered as prescribed. One area for improvement in relation to expanding the current medicines audit process, to include medicine overstock and limited shelf life medicines, was identified.

Whilst an area for improvement was identified, it was concluded that overall, with the exception of a small number of medicines, the patients were being administered their medicines as prescribed.

RQIA would like to thank the staff for their assistance throughout the 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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Staff views were also obtained.

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

To reduce footfall throughout the home, the inspector did not meet any patients. Patients were observed to be relaxing in bedrooms and communal lounges.

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

The inspector met with care and nursing staff including the nurse in charge. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient 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 the last inspection?

Areas for improvement from the last inspection on 27 April 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) (a) <b>Stated:</b> First time	The registered person shall ensure thickening agents and prescribed supplements are securely stored.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Thickening agents and prescribed supplements were securely stored in locked cupboards located in the treatment room.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.  With specific reference to: <ul style="list-style-type: none"> <li>• surface damage to identified armchairs, bedroom furniture, over bed tables and communal bath</li> <li>• light/emergency pull cords are covered</li> <li>• hand paper towel dispenser is installed in the laundry room and identified bedroom</li> <li>• pillows have a protective cover</li> <li>• hand paper towels are stored within dispensers</li> <li>• toilet brushes are air dried following use</li> <li>• the cover to the ironing board and iron roller are replaced.</li> </ul>	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (2) (b) (c) (d) (t)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• potential trip hazard from floor covering within identified area is repaired/replaced</li> <li>• bed sheets that are worn to be disposed of</li> <li>• wardrobes to be secured to the wall</li> <li>• mirror within an identified communal shower room</li> <li>• floor tiles within the main dining room to be repaired/replaced</li> <li>• malodour in identified bedrooms is investigated and resolved</li> <li>• pane of glass is replaced to identified window</li> <li>• damage to the wall and ceiling within identified areas are repaired.</li> </ul> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> <li>• fire doors are able to close effectively</li> <li>• pane of glass is replaced to identified fire exit door</li> <li>• fire doors are not held open.</li> </ul> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 39</p>	<p>The registered person shall ensure that MCA/DoLS training is completed by all staff and evidence of such training is maintained within the home.</p>	<p><b>Carried forward to the next inspection</b></p>

<b>Stated:</b> First time	<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 35 <b>Stated:</b> First time	The registered person shall ensure that a system is implemented to evidence that relevant registration checks have been completed on care assistants to ensure they are registered with NISCC. <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>Carried forward to the next inspection</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The registered persons must ensure that the nursing home, including all spaces, is only used for the purpose for which it is registered. A retrospective variation is to be submitted if the rooms identified are to remain permanently. <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>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?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may 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.

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

Personal medication records were in place for each patient. 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 or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct nurses on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If nurses record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed for three patients. Directions for use were clearly recorded on the personal medication records. Care plans directing the use of these medicines were in place for two of the three patients reviewed. The nurse in charge gave an assurance that this would be actioned following the inspection to ensure a care plan was in place for all patients prescribed medicines on a "when required" basis for the management of distressed reactions. Nurses knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain. The reason for and outcome of each administration was recorded.

The management of pain was discussed. Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place and reviewed regularly.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed for three patients. A speech and language assessment report and care plan was in place for each patient. Records of prescribing and administration which included the recommended consistency level were maintained.

### **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 patient'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 patients 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 patient could be easily located.

Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

### **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 patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. The records were found to have been fully and accurately completed. The records were filed once completed.

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 were recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

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.

The audits completed on the day of the inspection showed the majority of medicines had been administered as prescribed. However, it was identified that an eye drop preparation with a limited shelf life was in use past the 28 day expiry date stated by the manufacturer. This was highlighted to the nurse in charge on the day of inspection for immediate action.

Review of the medicine overstock cupboards identified a total of nine medicines which were past the stated expiry date. Whilst these medicines had not been administered to a patient, medicine overstock should be regularly reviewed to ensure obsolete and expired medicines are appropriately disposed of and records maintained.

A review of the medicine audits completed in the home indicated that these issues were not being identified and the audit process needs to be expanded. An area for improvement was identified.



#### **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.

Review of medicines for patients who had a recent hospital stay and were discharged back to this home, showed that hospital discharge letters had been received and a copy had been forwarded to the patients' GPs. The patients' personal medication records had been updated to reflect medication changes which had been initiated during the hospital stay. 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. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

As stated in Section 5.2.3, the current audit process in place did not identify the issues identified during the inspection and should be expanded.

#### **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 patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that they staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

## 6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with the Care Standards for Nursing Homes, 2015.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Patrice Kennedy, nurse in charge, 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 Nursing Home Regulations (Northern Ireland) 2005

#### Area for improvement 1

**Ref:** Regulation 13 (7)

**Stated:** First time

**To be completed by:**  
27 May 2021

The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.

With specific reference to:

- surface damage to identified armchairs, bedroom furniture, over bed tables and communal bath
- light/emergency pull cords are covered
- hand paper towel dispenser is installed in the laundry room and identified bedroom
- pillows have a protective cover
- hand paper towels are stored within dispensers
- toilet brushes are air dried following use
- the cover to the ironing board and iron roller are replaced.

**Action required to ensure compliance with this regulation 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:** Regulation 27 (2) (b) (c) (d) (t)

**Stated:** First time

**To be completed by:**  
27 May 2021

The registered person shall ensure that the environmental issues identified during this inspection are addressed.

With specific reference to:

- potential trip hazard from floor covering within identified area is repaired/replaced
- bed sheets that are worn to be disposed of
- wardrobes to be secured to the wall
- mirror within an identified communal shower room
- floor tiles within the main dining room to be repaired/replaced
- malodour in identified bedrooms is investigated and resolved
- pane of glass is replaced to identified window
- damage to the wall and ceiling within identified areas are repaired.

	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (27 April 2021)</p>	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> <li>• fire doors are able to close effectively</li> <li>• pane of glass is replaced to identified fire exit door</li> <li>• fire doors are not held open.</li> </ul>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<p><b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 May 2021</p>	<p>The registered person shall ensure that MCA/DoLS training is completed by all staff and evidence of such training is maintained within the home.</p>
	<p><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></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 May 2021</p>	<p>The registered person shall ensure that a system is implemented to evidence that relevant registration checks have been completed on care assistants to ensure they are registered with NISCC.</p>
	<p><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></p> <p>Ref: 5.1</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (27 April 2021)</p>	<p>The registered persons must ensure that the nursing home, including all spaces, is only used for the purpose for which it is registered.</p> <p>A retrospective variation is to be submitted if the rooms identified are to remain permanently.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection (18 February 2022)</p>	<p><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></p> <p>Ref: 5.1</p> <p>The registered person shall expand the current medicines audit process to ensure a system is in place to check that overstock medicines and medicines with a limited shelf-life have their expiry date checked and are replaced/disposed of as required.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Immediate action taken by checking all medication stock and disposing of same as per home policy. All out of date stock will be included in the monthly ordering of stock.</p>

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



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