



# Unannounced Care Inspection Report 4 December 2018



## Knockmoyle Lodge

**Type of Service: Nursing Home (NH)**  
**Address: 29 Knockmoyle Road, Omagh, BT79 7TB**  
**Tel No: 02882247931**  
**Inspector: Jane Laird**

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

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 35 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Knockmoyle Lodge Ltd  <b>Responsible Individual(s):</b> Mrs Linda Florence Beckett	<b>Registered Manager:</b> Alison Sweeney
<b>Person in charge at the time of inspection:</b> Mr Peter Meenagh, acting manager	<b>Date manager registered:</b> 22 May 2018
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia. MP (E) – Mental disorder excluding learning disability or dementia – over 65 years for one named patient	<b>Number of registered places:</b> 35  The home is also approved to provide care on a daily basis for one person. There shall be a maximum of one named resident receiving residential care.

### 4.0 Inspection summary

An unannounced inspection took place on 4 December 2018 from 09.47 to 17.55.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Knockmoyle Lodge which provides both nursing and residential care.

There have been some changes to management in the home since the last inspection with the deployment of Mr Meenagh in the acting manager position.

Evidence of good practice was found in relation to staffing arrangements, care delivery, staff recruitment and induction. Good working relationships were maintained and patients' opinions were sought and valued. Patients were treated with dignity and privacy was maintained.

An area for improvement was identified under regulation in relation to compliance with Control of Substances Hazardous to Health (COSHH) Legislation. Areas for improvement were identified under care standards in relation to ensuring fluid targets are on daily recording charts, noise management with specific reference to the alarm at the main entrance and robust quality assurance audits.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Peter Meenagh, acting manager 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 26 April 2018

There were no further actions required to be taken following the most recent 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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with eight patients, two patient representatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the acting manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients 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.

A poster informing visitors to the home that an inspection was being conducted was displayed at the main entrance of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff from week commencing 26 November and 3 December 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- Public Liability Insurance Certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 the most recent inspection dated 26 April 2018

The most recent inspection of Knockmoyle Lodge was an unannounced care inspection. No areas for improvement were identified.

### 6.2 Review of areas for improvement from the last care inspection dated 26 April 2018

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

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The acting manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 26 November to 9 December 2018 evidenced that the planned staffing levels

were adhered to on most occasions. Where gaps were identified due to staff sickness there was arrangements in place by management to cover the shift with staff from within the group. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that they felt supported by the acting manager and that they worked well together as a team. Comments included, "always feel listened to". We also sought staff opinion on staffing via the online survey. There were no staff comments received post inspection at the time of issuing this report.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Knockmoyle Lodge. We also sought the opinion of patients on staffing via questionnaires. There were no patient comments received post inspection at the time of issuing this report.

Two relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. There were no relatives comments received post inspection at the time of issuing this report.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care assistants with the Northern Ireland Social Care Council (NISCC). However, it was identified that there was no management oversight to validate the accuracy of the checks that were being carried out. This was discussed with the acting manager who agreed to implement management oversight immediately.

We discussed the provision of mandatory training with staff and reviewed staff training records. 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 patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the acting manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. There was a nominated Adult Safeguarding Champion and Appointed Person for the home which was displayed on the notice board at reception within the home.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and informed the care planning process. Some shortfalls in record keeping were identified and these are discussed in section 6.5.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. We reviewed records relating to post fall management. There was some inconsistency in the records examined where it was identified that on two occasions central nervous system (CNS) observations had not been recorded following an unwitnessed fall. Another accident was recorded and there was no evidence that the next of kin or the care manager had been notified. We discussed our findings with the acting manager who provided an assurance that the records would be improved as required. This is further discussed in 6.7.

It was positive to note that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm and comfortable throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

Despite staff training having been delivered to staff on infection prevention and control (IPC), there were some areas where this was not fully embedded into practice. Identified patient equipment inadequately cleaned after use, inappropriate storage of patient wheelchairs in sluice rooms and no schedule for the laundering of hoist slings. This was discussed with the acting manager and an assurance was provided that these areas would be addressed with staff and measures taken to prevent reoccurrence. This is discussed further in 6.7.

We noted that the door to sluice rooms were unlocked with chemicals easily accessible inside two of the identified sluice rooms. Given the categories of care supported by the home this issue was discussed with the acting manager in respect of the management of risk and an area for improvement was identified under regulation.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment and induction.

### **Areas for improvement**

An area for improvement was identified under regulation in relation to compliance with Control of Substances Hazardous to Health (COSHH) Legislation.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We reviewed the management of nutrition, patients’ weight, management of infections and wound care. A daily record had been maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dietitians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained, however, it was identified that there was no fluid target within the daily fluid intake chart. This was discussed with the acting manager and identified as an area for improvement under care standards.

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. One patient’s records identified that the patient was at risk of pressure damage. The patient was nursed on a pressure relieving mattress but there was no care plan in place. This was discussed with the acting manager who agreed to implement a care plan immediately.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager, the acting manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate and there was evidence of regular communication with representatives within the care records.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to, team work and communication between residents, staff and other key stakeholders.

**Areas for improvement**

An area for improvement was identified under care standards in relation to the fluid target intake for patients recorded on daily fluid charts.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 09.47 hours and were greeted by staff who were helpful and attentive. Patients were seated mainly within one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

On entering the home it was identified that there was a loud level of noise from the door alarm for the duration that the door was kept open. During the inspection it was further identified that the noise could be heard throughout the remainder of the building when the main door was open. A relative shared their concerns about the loud noise and the possible effects that this could have on patients with dementia. This was discussed with the acting manager who advised that this is to alert staff that the front door has been opened. Consideration for the patients living within the home and the impact that this may have on their well-being was discussed. This was identified as an area for improvement under care standards.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed on the notice board evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. The patient's key workers were identified within the rooms. Patients/representatives/staff spoken with were complimentary in respect of the home's environment.

We observed the serving of the lunchtime meal. Meal service was evidenced to be well managed with lunch commencing at 12.45 hours. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. The menu was on display within the dining room and provided patients with a choice of meals.

Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required and a range of drinks were offered to patients. Patients appeared to enjoy the mealtime experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“With appreciation for all you have done.”  
 “Thank you from the bottom of our hearts for the wonderful service you provide.”

Consultation with 11 patients individually, and with others in small groups, confirmed that living in Knockmoyle Lodge was a positive experience.

Patient comments:

“I like it here.”  
 “Great staff here.”  
 “I’m doing the best.”  
 “I like the food.”

Representative’s comments:

Two relatives spoken with did not raise any concerns regarding staff or staffing levels. One relative raised concerns about the door alarm at the entrance of the home as previously discussed and this was shared with the acting manager.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

**Areas for improvement**

An area for improvement was identified under care standards in relation to the noise level of the alarm on the main entrance door.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Complaints procedures were displayed in patients' bedrooms.

Discussion with the acting 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 accidents/incidents and IPC practices, however, a discussion was held with the acting manager regarding the quality of the audit outcomes considering that there were several areas of improvement identified within compliance with IPC and the recording of Central Nervous System (CNS) observations following unwitnessed falls as detailed in 6.4. This was identified as an area for improvement under Care Standards.

Discussion with the acting manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the report were available for patients, their representatives, staff and trust representatives.

Discussion with staff confirmed that there were good working relationships in the home and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships. The home has good management structures established and whilst there are some areas identified for improvement, we are assured that the management team will embrace the improvements required.

### Areas for improvement

An area for improvement was identified under care standards in relation to strengthening the governance of audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Peter Meenagh, acting manager, and Linda Beckett, regional manager 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 further 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **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 Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All staff are being retrained in COSHH legislation to ensure all chemicals are stored appropriately. Infection Control audits are in place and reviewed on a regular basis. Senior nurse will ensure Chemicals are securely stored in keeping with the COSHH legislation. Reinforcing the importance of using PPI , High Standard IPC and appropriate standards of decontaminating patients equipment.</p>

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that daily fluid target is recorded on the patient's fluid chart to ensure that nutritional needs are met in line with current best practice guidance.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> All fluid charts have the daily minimum fluid intake written in red biro at the top of the fluid balance chart as advised by the patients GP/ Dietitian in order to ensure each patients nutritional needs are met.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 43 (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall review the alarm noise levels of the main entrance door, to ensure that the noise is not too obtrusive for patients' quality of life.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> The maintenance contractor and Focus Team have been spoken to to review the current noise level of the main entrance door and Nurse call bell system.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <ul style="list-style-type: none"> <li>• Environmental audits should be sufficiently robust to ensure that any IPC deficits are appropriately identified and actioned</li> <li>• Governance audits in respect of post fall management should be improved to ensure all observations of potential head injury are maintained as required.</li> </ul> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Environmental audits are in place and are reviewed on a daily basis in order to effectively identify any IPC deficits.</p> <p>CNS observations have been commenced on patients who have had a unwitnessed fall. To ensure staff are adhering to the falls management policy to effectively manage a potential head injury. Governance audits are improved and are reviewed on a daily basis. Staff are being educated on the appropriate management of a suspected head injury.</p>

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



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care