

Inspection Report

6 February 2024



Knockmoyle Lodge

Type of service: Nursing Home
Address: 29 Knockmoyle Road, Omagh BT79 7TB
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Knockmoyle Lodge Care Facility Ltd	Registered Manager: Mrs Sharon Margaret Colhoun
Responsible Individual: Mrs Linda Florence Beckett	Date registered: 30 January 2020
Person in charge at the time of inspection: Ms Carol Anne Byrne – Deputy Manager	Number of registered places: 35
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 32
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 35 patients. The home is a single storey building. Patients have access to communal lounges, a dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 6 February 2024 from 10.20am to 4.45pm by a care inspector.

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

Areas requiring improvement were identified and details can be found in the Quality Improvement Plan (QIP) at the end of this report.

Patients were happy living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The home was kept clean and tidy.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, 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 patients 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 deputy manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with patients, relatives and staff. Patients were observed interacting well with staff and spoke positively on the care that they received. Staff were confident that they worked well together and enjoyed working in the home and interacting with the patients. Relatives told us their loved one was always well presented, always clean and always well cared for.

There were no questionnaire responses received from patients or relatives and we received no feedback from the staff online survey.

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 September 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (a) (b) Stated: Third time	The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: Third time	The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: Second time	The registered person shall review the storage arrangements for medicines to ensure they are stored safely and securely as per the manufacturers' instructions and safely disposed of at expiry.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Regulation 10 (1) Stated: Second time	The registered person shall review the governance and management systems to ensure effective managerial oversight of the day to day services provided in the home.	Met

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Regulation 30 Stated: First time	The registered person shall ensure that RQIA are notified without delay of any event in the home in accordance with Regulation 30. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 28 Stated: First time	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 Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 2 Ref: Standard 44.13 E24 Stated: First time	The registered person shall ensure that a bath is installed within the home. 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.	Carried forward to the next inspection
Area for improvement 3 Ref: Standard 44.1 Stated: First time	The registered person shall ensure that the premises are decorated to an acceptable standard. With specific reference to patients' bedrooms and door frames within identified corridors. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met

Area for improvement 4 Ref: Standard 46	The registered person shall ensure that the IPC issues identified during the inspection are addressed.	Met
Stated: First time	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

Staff were observed to work well and communicate well with one another during the inspection. All staff felt that the teamwork in the home was good. They shared comments, such as, "Our team is amazing", and, "We are like a family here".

Prior to commencing employment, all of the necessary pre-employment checks had been completed and verified. A new checklist had been implemented and audited to ensure that all checks were completed. Newly employed staff completed an induction to their role where they were assigned to a mentor to assist them in becoming more familiar with the homes policies and procedures. The length of the induction was extended for those staff who required additional time to become accustomed with the procedures. Booklets were completed to capture all topics covered in the induction process.

Staff told us that there was enough staff on duty to meet the needs of the patients. The duty rota accurately recorded all staff working in the home and the designation in which they worked. Observations of staff practice and discussions with patients did not raise any concerns in relation to the staffing arrangements. Staff responded to requests for assistance promptly in a caring and compassionate manner.

There were systems in place to monitor staffs' compliance with mandatory training. A 2024 training planner was in use to identify upcoming training. Mandatory training was initially completed by staff prior to commencing work in the home. Training was completed online and face to face. Staff were trained on a range of topics including infection prevention and control (IPC), adult safeguarding, patient moving and handling and fire safety.

There was evidence of good communication between management and staff. Regular staff meetings were facilitated and minutes of the meetings were available for staff to read and update on the discussions had and decisions made. The manager could also communicate with staff through a social media platform which all staff were linked to.

5.2.2 Care Delivery and Record Keeping

Patients told us that they were happy living in the home. They complimented the staff, activities and the food provision. One told us, “The staff are very good; you get a laugh here”, and another commented, “We do different things during the day”.

Patients’ 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 patients’ needs. There was evidence of patient/next of kin involvement in the development of care plans. Newly admitted patient’s care records were audited to ensure completion.

Supplementary care records were completed to record care delivery such as personal care, repositioning, topical administrations, food and fluid intake and continence management. Personal care records were detailed and included specific detail of care delivered, such as, oral care, hearing aid checks, hair brushed, nails cleaned and/or glasses cleaned. Supplementary care records were checked each evening to ensure accurate completion.

Pressure care risk assessments were completed monthly. Where a risk of pressure damage was identified, a care plan was in place guiding staff in how to manage the risk. Where a patient required to be repositioned to maintain skin integrity, records of repositioning had been maintained well. Body maps had been recorded to identify the location of any skin defect and records were kept of any creams applied to patients’ skin. However, an area for improvement was identified to ensure that any wound in the home, which required a wound dressing, had a dressing regime recorded and any changes to the wound care was recorded.

Patients’ individual likes and preferences were reflected throughout the records. An evaluation of patients’ care was recorded after each shift and included how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

A random selection of patients’ bedrooms, communal rooms and storage spaces were examined during the inspection. Patients’ bedrooms were personalised with items important to them. The home was warm, clean and comfortable. There were no malodours in the home. Hand hygiene and a visitors’ sign in book was available at the entrance to the home. The doors to rooms containing potential hazards to patients had been locked to ensure patient safety.

There was evidence of recent refurbishment in the home. The home had their own Quality Environmental Improvement Plan which evidenced areas that they had identified for improvement and the actions taken in response. Four bedroom doors had been attractively decorated to look like home front doors. The manager confirmed plans to decorate all bedroom doors in the same manner. A large mural print had been positioned on a wall adjacent to the lounge.

Externally there was seating areas in the well maintained garden where patients could enjoy a multitude of plants or could sit by a pond located close by. There was an internal garden area which had been recently renovated with seating where patients could enjoy the plants, lighting and a waterfall.

Fire extinguishers were easily accessible. However, not all corridors and fire exits were clear of obstruction. This was discussed with the manager and identified as an area for improvement.

There were good stocks and supplies of personal protective equipment and hand hygiene products. Environmental and infection control audits had been conducted monthly. Hand hygiene practices were reviewed as part of this audit.

Some uncovered radiators in the home were very hot to the touch which could lead to the potential of an accidental burn should a patient fall against one. This was discussed with the manager and an assurance was provided after the inspection that all radiator thermostats had been turned down to a safer temperature while still maintaining heat in the home. This will be reviewed again at a subsequent inspection.

5.2.4 Management and Governance Arrangements

Since the last inspection there had been no change in the management arrangements. Mrs Sharon Colhoun has been the Registered Manager of the home since 30 January 2020. Discussion with staff confirmed that there were good working relationships between staff and the homes' management team. Staff confirmed that they found the manager to be 'very approachable' and 'would listen to any concerns'. In the absence of the manager, a nominated nurse in charge of the home was identified on the duty rota.

Staff told us that they were aware of how to raise any concerns or worries about patients' safety, care practices or the environment. Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Areas audited included patient care records, medicines management, accidents, IPC and staff training. Each month, a summary of the audit findings was drafted and shared with staff. This is good practice.

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

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

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1	2*

*The total number of areas for improvement includes one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Carol Anne Byrne, Deputy Manager, 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 Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (c) Stated: First time To be completed by: 7 February 2024	The registered person shall ensure that all fire exit routes are maintained clear of any obstructions at all times. Ref: 5.2.3
	Response by registered person detailing the actions taken: Fire exits are highlighted throughout the day by all levels of staff within the home to be vigilant of any obstructions
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 44.13 E24 Stated: First time To be completed by: 3 July 2023	The registered person shall ensure that a bath is installed within the home. Ref: 5.1
	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.
Area for improvement 2 Ref: Standard 23 Stated: First time To be completed by: 7 February 2024	The registered person shall ensure that any wound in the home, requiring a wound dressing, has a wound dressing regime recorded as part of the care plan. The wound care plan should be amended to reflect any changes to the wound care delivery. Ref: 5.2.2
	Response by registered person detailing the actions taken: Staff nurses meeting held and all nurses now aware to include wound dressing regime along with the careplan for any skin issue that requires a dressing

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