

Inspection Report

19 September 2023



Knockmoyle Lodge

Type of service: Nursing Home
Address: 29 Knockmoyle Road, Omagh BT79 7TB
Telephone number: 02882247931

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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: Miss Carol Anne Byrne, Deputy Manager	Number of registered places: 35
Categories of care: Nursing Home (NH) DE – Dementia.	Number of residents accommodated in the residential care 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 19 September 2023, from 9.45 am to 4.30 pm by a care inspector.

The purpose of the inspection was to follow-up on progress with all areas for improvement identified in the home since the last care inspection on 3 May 2023 and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

During the care inspection a number of estates related issues were identified and therefore an unannounced focused estates inspection was conducted by an estates inspector on 25 September 2023, from 11 am to 11.45 am.

Patients told us that they felt well looked after. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team 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.

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 patients, relatives, staff or the commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

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 findings of the inspection were provided to the deputy manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I am very content here", "Great care", "The staff are all very pleasant" and "This is a great place". There were no completed questionnaires received from patients or relatives following the inspection.

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "I really enjoy working here" and a further staff member said: "Great teamwork and staff morale". There was no feedback from the staff online survey.

One relative was consulted with during the inspection; they commented positively about the care provided, communication and the staff. Comments included: "Very happy with (relatives) care", "The staff are friendly and welcoming" and "No concerns".

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 3 May 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (b) (c) (d) (t) Stated: Third time	The registered person shall ensure that the environmental issues identified during this inspection are addressed. With specific reference to: <ul style="list-style-type: none"> wardrobes to be secured to the wall floor tiles within the main dining room to be repaired/replaced. 	Met
	Action taken as confirmed during the inspection: Observation of the environment on 19 September 2023 evidenced that only two wardrobes had been secured to the wall and the dining room floors had not been repaired/replaced. During the estates inspection on 25 September 2023 most of the wardrobes had been secured and discussions held regarding the interim repair of the floor tiles whilst awaiting replacement. Following the inspection written confirmation was received from the management team that relevant action had been taken to address these issues confirming that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 21 (1) (a) (b) Stated: Second 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.	Not met

	<p>Action taken as confirmed during the inspection: Review of relevant documents and discussion with the deputy manager evidenced that this area for improvement had not been met and has been stated for a third time.</p> <p>This is discussed further in section 5.2.1.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: Second time</p>	<p>The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the deputy manager evidenced that this area for improvement had not been met and has been stated for a third time.</p> <p>This is discussed further in section 5.2.4.</p>	Not met
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the deputy manager evidenced that this area for improvement had not been met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.4.</p>	Not met
<p>Area for improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: Observation of the environment, review of relevant documents and discussion with the deputy manager evidenced that this area</p>	Partially met

	<p>for improvement had not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.5.</p>	
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	<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>	Carried forward to the next inspection
	<p>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.</p>	
Area for improvement 2 Ref: Standard 44.10 Stated: Second time	<p>The registered person shall ensure that procedures are implemented for the safe use of all bedrails in accordance with health and safety regulations.</p> <p>This shall include:</p> <ul style="list-style-type: none"> any deficits identified with a bedrail are addressed without delay bedrail safety checks are monitored by management on a regular basis. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment, review of relevant documents and discussion with the deputy manager evidenced that this area for improvement had been met.</p>	
Area for improvement 3 Ref: Standard 37 Stated: First time	<p>The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment and discussion with the deputy manager evidenced that this area for improvement had been met.</p>	

Area for improvement 4 Ref: Standard 44.11 Stated: First time	The registered person shall ensure that any proposed changes to the use of any area, the use of any room or the layout of the premises are notified to RQIA in writing for consideration prior to any changes taking place.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the deputy manager evidenced that this area for improvement had been met.	
Area for improvement 5 Ref: Standard 44.13 E24 Stated: First time	The registered person shall ensure that a bath is installed within the home.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the patients.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Review of two staff recruitment and induction files evidenced that a number of relevant checks were not in place prior to an offer of employment being made including the registration status of a care assistant with the Northern Ireland Social Care Council (NISCC). Details were discussed with the deputy manager and an area for improvement has been stated for a third time.

5.2.2 Care Delivery and Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. During the inspection patients were observed engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes.

Patients commented positively about the food provided within the home with comments such as: "(The) food is excellent" and "The food is great."

5.2.3 Care Records

Review of a sample of patient care records evidenced that care plans and risk assessments were reviewed on a regular basis. A small number of deficits were identified and discussed with the deputy manager who agreed to have them amended. Following the inspection, the management team provided written confirmation that all relevant care records had been amended. Therefore, an area for improvement was not required on this occasion.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from and consultations with any healthcare professional was also recorded.

5.2.4 Management of the Environment and Infection Prevention and Control

The home was warm, clean and comfortable with the majority of patients' bedrooms personalised with items important to them. A number of walls and woodwork were scuffed within bedrooms and door frames within identified corridors. This was discussed with the deputy manager and an area for improvement was identified.

A number of maintenance related issues were identified requiring repair/replacement. Details were discussed with the deputy manager and following the inspection written confirmation was received that relevant action had been taken to address these issues.

Review of a number of windows at the previous care inspection on 3 May 2023 identified that not all windows were fitted with tamper proof window restrictors and the manager agreed to have these reviewed. During the estates inspection on 25 September 2023 there was evidence that a sample of windows within a visitor's room had the relevant restrictors installed. This was discussed with the deputy manager and following the inspection written confirmation was received that restrictors had been ordered for all other relevant windows throughout the home.

A number of unnecessary risks were identified which had the potential to impact on the health and safety of patients. For example; denture cleaning tablets, razors, scissors and a thickening agent were not securely stored; and building equipment was easily accessible to patients within an outdoor courtyard with uneven surfaces, bricks and debris from ongoing works being completed. Whilst RQIA acknowledge that some of these issues were addressed during the inspection, the importance of ensuring that all areas of the home are hazard free was discussed with the deputy manager and an area for improvement has been stated for a third time.

The door to the treatment room was observed to be unlocked and therefore the contents were easily accessible to anyone in the home. A prescribed thickening agent was accessible within a communal lounge and unlabelled medicines/creams were unsecure within three patients' bedrooms; some of which had reached the expiry date. This information was shared with the pharmacy inspector for RQIA and an area for improvement has been stated for a second time.

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by the management team and records were kept.

Observation of staff practice evidenced that they were not consistently adhering to IPC best practice with a number of staff not bare below the elbow to enable effective hand hygiene. Incontinence pads were also observed outside of the packaging in a container on the floor of an identified shower room and inappropriate storage of a chair within a patient's en-suite. An area for improvement was identified.

5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. Staff spoke positively about the manager and said that she was very approachable and supportive.

Review of records relating to accidents/incidents evidenced that three notifiable events had not been submitted to RQIA; two of which were related to potential adult safeguarding issues. This was discussed with the deputy manager who agreed to have these submitted retrospectively and an area for improvement was identified.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Whilst these audits were being completed, they did not fully capture the deficits identified during the inspection as detailed within section 5.1 and throughout this report. Details were discussed with the deputy manager and an area for improvement has been stated for a second time.

The home was visited each month by a representative of the responsible individual 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 and available for review by patients, their representatives, the Trust and RQIA.

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	5*	4*

* The total number of areas for improvement includes two regulations stated for a third time, two regulations stated for a second time and two standards that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss 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 21 (1) (a) (b) Stated: Third time To be completed by: From the date of inspection	<p>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.</p> <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: We have included a new signature Sheet to include signature of Nurse Manager and HR to ensure sign off of new staff member before employment commences.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: Third time To be completed by: From the date of inspection	<p>The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.1 and 5.2.4</p> <p>Response by registered person detailing the actions taken: An additional check has been added to the daily checklist to include a check of the residents drawers, to ensure denture cleaning tabs , razors etc are not left in same. A keypad has now been placed on the wheelchair store to eliminate the risk of residents going through the store and out into the courtyard.</p>
Area for improvement 3 Ref: Regulation 13 (4) Stated: Second time To be completed by:	<p>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.</p> <p>Ref: 5.1 and 5.2.4</p>

From the date of inspection	<p>Response by registered person detailing the actions taken:</p> <p>The door to the treatment room has now been fixed and the keypad code has now been changed with access limited to nurses and senior carers only. The patients rooms identified had creams that were taken in by families and placed in drawers, the daily checklist of drawers will eliminate this.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection</p>	<p>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.</p> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>Following discussion on the day with the inspector a clear follow up plan and timeframe will now be included following audits to ensure progress is monitored.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that RQIA are notified without delay of any event in the home in accordance with Regulation 30.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>We will ensure all reports are sent to the RQIA within the required time frame. Discussions have taken place with staff to ensure the same.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection (18 February 2022)</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: 5.1</p> <p>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.</p>

Area for improvement 2 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: 5.2.1 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 3 Ref: Standard 44.1 Stated: First time To be completed by: 19 December 2023	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. Ref: 5.2.4 Response by registered person detailing the actions taken: A quarterly decorating plan is in place this ensures that identified areas that have been highlighted are completed every quarter.
Area for improvement 4 Ref: Standard 46 Stated: First time To be completed by: From the date of inspection	The registered person shall ensure that the IPC issues identified during the inspection are addressed. Ref: 5.2.4 Response by registered person detailing the actions taken: It has been resiterated to staff the importance of following IPC protocol.

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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