

Inspection Report

Name of Service: Knockmoyle Lodge

Provider: Knockmoyle Lodge Care Facility Ltd

Date of Inspection: 27 September 2024

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

1.0 Service information

Organisation/Registered Provider:	Knockmoyle Lodge Care Facility Ltd
Responsible Individual:	Mrs Linda Florence Beckett
Registered Manager:	Mrs Sharon Margaret Colhoun
Service Profile: This home is a registered nursing home which provides nursing care for up to 35 patients living with dementia. Patients have access to communal lounges, dining rooms and outdoor spaces.	

2.0 Inspection summary

An unannounced inspection took place on 27 September 2024 from 10.00am to 5.15pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 6 February 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. However, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; bedrail checks, pressure management assessments, hand hygiene during mealtimes and with keeping a record of visitors to the home.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. One area for improvement relating to the installation of a bath will be reviewed at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 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: "Staff are nice", "Food is good", "Can go out for a walk when I want" and, "It's great here".

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

Visitors spoke very positively in regard to the care delivery in the home. One told us that they felt the care was 'excellent' while another stated, "The care in the home is powerful; 110 percent. Patients are well cared for here".

We did not receive any questionnaire responses from patients and/or their visitors or any responses from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles. Handover sheets were shared with staff containing the pertinent patient details.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care. However, an area for improvement was made to ensure that the appropriate checks were made and evidenced on bedrails which can be adjusted and/or manually removed from beds.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs.

Patients confirmed that activities took place in the home. An activities planner was available for review. Activities included games, exercises, arts and crafts, bingo, pamper sessions, outdoor walks, trips to the market, coffee outings and cooking. There was a photo gallery displayed in the home of patients enjoying activities.

Patients spoken with told us they enjoyed living in the home and that staff were friendly. One patient told us, "Staff are very kind. They made me feel very welcome; made me feel this is my home". Another commented, "I really like the home and the surroundings". A relative told us, "The staff here are excellent; couldn't recommend the home better. Xxx is very settled here".

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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 and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Although, an area for improvement was identified in relation to the frequency that pressure management risk assessments were reviewed.

Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy and patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Some rooms did not have a lockable space. This was discussed with the manager for action.

On entry it was observed that a record of visitors to the home was not being maintained; the last recorded name was over seven days prior to the inspection date. This was discussed with the manager and identified as an area for improvement.

The manager confirmed that plans were in place for the installation of a new bath. This was also confirmed on the monthly monitoring report carried out on behalf of the provider. An area for improvement in this regard has been carried forward for review at the next inspection.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. However, an area for improvement was identified in relation to staffs' hand hygiene practice during mealtimes.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Sharon Colhoun has been the Registered Manager in this home since 30 January 2020. Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Sharon Colhoun, Registered 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 12 (2) (a)(b) Stated: First time To be completed by: With immediate effect (27 September 2024)	<p>The registered person shall ensure that the appropriate checks are completed and recorded when third party bedrails are in use.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: New weekly check list implemented, and index recorded for all beds and there bedrail types with clear instructions how to complete checks appropriately.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (27 September 2024)</p>	<p>The registered person shall ensure that a record is maintained of all visitors to the home.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Visitor book has been updated to include columns for signing in and signing out, posters done to make everyone aware and staff updated via communication books and meetings to ensure this is carried out.</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 44.13 E24</p> <p>Stated: First time</p> <p>To be completed by: 3 July 2023</p>	<p>The registered person shall ensure that a bath is installed within the home.</p> <p>Ref: 2.0</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>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2024</p>	<p>The registered person shall ensure that pressure management risk assessments are reviewed on a regular basis.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: staff updated at staff meeting and communication book to ensure braiden scale recorded monthly. Following inspection all care notes checked and audits will focus on this area over next few months to ensure compliance</p>
<p>Area for improvement 3</p> <p>Ref: Standard 46 Criteria (2)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (27 September 2024)</p>	<p>The registered person shall ensure compliance with good hand hygiene practices during mealtimes.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: all staff made aware at staff meetings, whatsapp groups and communication books regarding good hand hygiene at meal times. Spot checks and audits will be focused on this area to ensure high standards</p>

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