



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

Inspector: **Raymond Sayers**  
Inspection ID: **IN021407**

**Knockmoyle Lodge**  
RQIA ID: **1208**  
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**Announced Estates Inspection**  
**of**  
**Knockmoyle Lodge Nursing home**

**21 April 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
Tel: **028 9051 7500** Fax: **028 9051 7501** Web: **www.rqia.org.uk**

## 1. Summary of Inspection

An announced estates inspection took place on 21 April 2015 from 10.10 to 13.30. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes 2015.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those issues detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action was not initiated as a result of the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	3

The details of the QIP within this report were discussed with the Mr Ciaran Donaghy (Maintenance Manager/Janitor) as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mrs Bernadette Kiernan O`Donnell	<b>Registered Manager:</b> Ms Lovelle Datay (Acting Manager)
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms Lovelle Datay	<b>Date Manager Registered:</b> 07 May 2014
<b>Categories of Care:</b> NH-DE,NH-MP(E) & RC-DE	<b>Number of Registered Places:</b> 35
<b>Number of Patients &amp; Residents Accommodated on Day of Inspection:</b> 33	<b>Weekly Tariff at Time of Inspection:</b> <i>as per Trust contract</i>

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

### Standard 44: Premises and Grounds

### Standard 47: Safe and Healthy working Practices

### Standard 48: Fire safety

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: previous RQIA Estates inspection Quality Improvement Plan (QIP) and registered manager QIP response.

During the inspection the inspector met with Mr Ciaran Donaghy (Maintenance Manager/Janitor) and Ms Lovelle Datay (Acting Manager).

The following records were examined during the inspection:

- Fire detection and alarm system BS5839 inspection certificates;
- Emergency lighting BS5266 inspection certificates;
- Fire Extinguisher maintenance inspection certificate;
- Health Technical Memorandum 84 (HTM 84) fire risk assessment;
- Thermostatic Mixing Valve maintenance certificate;
- Legionella risk assessment;
- Electrical Installation periodic inspection report; BS7671 certificate;
- Portable appliance maintenance test certificate (PAT);
- Gas appliances and pipeline "gas safe engineer" annual report;

- Lifting Operations & Lifting Equipment (LOLER) thorough examination reports for patient hoist equipment;
- Local Exhaust Ventilation (LEV) maintenance certificate;
- Emergency Generator provision protocols;
- Space heating boiler maintenance certificate;
- Environmental Health inspection report.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection (IN017440) dated 23 September 2014. The completed QIP was returned and approved by the pharmacy inspector on 3 November 2014.

### 5.2 Review of Requirements and Recommendations from *the last* Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  Ref: Regulation 27.(2)(b)	Repair hairdresser salon sink/vanity unit melamine edging.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Repairs completed.	
<b>Requirement 2</b>  Ref: Regulation 27.(2)(b)	Repair smoker room extract ventilation fan.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Repairs completed	
<b>Requirement 3</b>  Ref: Regulation 27.(2)(b)	Assess exterior courtyard brick pavior surfaces, remove and reset paviers to eliminate trip hazards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Repairs completed.	
<b>Requirement 4</b>  Ref: Regulation 27.(4)(d)(i)	Install a smoke detector in sluice room containing an electrical distribution board and upgrade door to FD30S fire/smoke resistance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Detector installed and door upgraded.	

<b>Requirement 5</b>  <b>Ref:</b> Regulation 27.(4)(d)(i)	Verify that a staff fire evacuation drill has been completed, recording staff present and relevant details of action taken.  <b>Action taken as confirmed during the inspection:</b> Fire safety awareness training completed; last fire drills completed 1 November 2014 and 29 March 2015.	<b>Met</b>
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 35	Develop and record a legionella risk assessment compliant with L8 HSE Approved Code of Practice and Guidance  <b>Action taken as confirmed during the inspection:</b> A legionella risk assessment document was presented for review during the inspection.	<b>Met</b>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 35	Install a separate wash hand basin in sluice rooms in accordance with infection control protocols; implement good practice management controls to eliminate potential infection risk prior to any improvement works.  <b>Action taken as confirmed during the inspection:</b> Wash basin installed in sluice room.	<b>Met</b>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 35	Assess kitchen flooring, implement repair works where deemed necessary to ensure floor surfaces are free from potential health risks.  <b>Action taken as confirmed during the inspection:</b> Flooring repairs completed.	<b>Met</b>

### 5.3 Standard 44: Premises and Grounds

#### Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

#### Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

#### Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

#### Areas for Improvement

External courtyard path surfaces are uneven at some locations.

Glazing strips on external doors and windows are weathered and have lost protective surface finish.

A number of bedroom and corridor doors have sustained damage to decorative finishes as a result of impact with wheelchairs and hoists.

A WC support stand had sustained surface corrosion on lower support legs.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>1</b>
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### 5.4 Standard 47: Safe and Healthy Working Practices

#### Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

**Is Care Effective? (Quality of Management)**

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

**Is Care Compassionate? (Quality of Care)**

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

**Areas for Improvement**

A new gas boiler had been installed in the laundry room, supplying hot water to the kitchen only; no carbon monoxide detector was installed adjacent the boiler. Legionella prevention control measures are implemented in the home. A legionella prevention risk assessment was available for examination; the risk assessment focussed on the controls implemented and did not display hazard analysis/evaluation.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>1</b>
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**5.5 Standard 48: Fire Safety****Is Care Safe? (Quality of Life)**

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

**Is Care Effective? (Quality of Management)**

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

## Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

### Areas for Improvement

A number of bedroom fire doors did not have smoke integral intumescent/smoke brush seals installed.

The information detail recorded for fire drill practices did not provide a full record of each fire drill event; details should include date, time, names of staff present, location of fire, summary of event and feedback from staff discussion.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 5.6 Additional Areas Examined

The last fire risk assessment review was completed on 9 June 2014 by a fire risk assessor accredited for completing fire risk assessments in nursing and residential care homes.

The hoisting appliances were last subjected to Lifting Operations and Lifting Equipment Regulations (LOLER) thorough examination on 27 March 2015.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Ciaran Donaghy as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Nursing Homes Regulations (Northern Ireland) 2005.



## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27.(2)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 21 July 2015</p>	<p>Complete a survey of all path surfaces in external courtyard; prioritise remedial/improvement works to eliminate/reduce the risk of patient slips/falls.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulations 14.(2)(a),(b) &amp; (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 June 2015</p>	<p>Provide additional details including assessment and evaluation of legionella hazard risks, in accordance with HSE "Five steps to risk assessment".</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulations 27.(4)(c), (d)(i) &amp; (iii)</p> <p><b>Stated:</b> First/Second/Third time</p> <p><b>To be Completed by:</b> 04 August 2015</p>	<p>Complete an action plan for planned prioritised improvement programme to provide all bedroom corridor and fire hazard rooms with FD30S protection.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 04 August 2015</p>	<p>Continue with the periodic planned redecoration programme for interior &amp; exterior decorated surfaces, reviewing and the prioritising the decoration schedule on a three monthly basis.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>

<b>Recommendation 2</b> <b>Ref:</b> Standard 44.8 <b>Stated:</b> First time <b>To be Completed by:</b> 30 June 2015	Install a carbon monoxide detection sensor adjacent the new gas boiler situated in the laundry. <hr/> <b>Response by Registered Manager Detailing the Actions Taken:</b>		
<b>Recommendation 3</b> <b>Ref:</b> Standard 48.8 <b>Stated:</b> First time <b>To be Completed by:</b> 30 June 2015	Record a summary of all fire drill events; include names of staff present, date, time, location of fire, details of all actions taken, staff feed-back and staff queries. <hr/> <b>Response by Registered Manager Detailing the Actions Taken:</b>		
<b>Registered Manager Completing QIP</b>		<b>Date Completed</b>	
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**

Please provide any additional comments or observations you may wish to make below:



A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)