

Inspection Report

4 May 2022



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 Responsible Individual: Mrs Linda Florence Beckett	Registered Manager: Mrs Sharon Margaret Colhoun Date registered: 30 January 2020
Person in charge at the time of inspection: Mr Michael Briones, Registered Nurse 9.35am – 11am Mrs Sharon Margaret Colhoun, Manager 11am – 2.15pm Mr Michael Briones, Registered Nurse 2.15pm – 5.20pm	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: 29
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 4 May 2022, from 9.35am to 5.20pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0. Four areas for improvement have been stated for a second time in relation to infection prevention and control (IPC), the environment, staff registration checks with the Northern Ireland Social Care Council (NISCC), and repositioning care records. One area for improvement in relation to medicines management has been carried forward for review at the next inspection.

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.

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 and 'Tell Us' cards 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 person in charge 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 "Very happy here", "The people are very friendly here", "Staff are all lovely" and "People are all great here".

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 love it here" and a further staff member said "We are like a family here". 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, the manager and the staff. Comments included "..... is well cared for. Always well presented". "Good communication from the home", "Clean and spotless home" and "Staff are very attentive".

One questionnaire was returned. It did not state if it was from a patient or a relative. The respondent was very satisfied with the overall service provision.

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 18 February 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: First time	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • surface damage to identified armchairs, bedroom furniture, over bed tables and communal bath • light/emergency pull cords are covered • hand paper towel dispenser is installed in the laundry room and identified bedroom • pillows have a protective cover • hand paper towels are stored within dispensers • toilet brushes are air dried following use • the cover to the ironing board and iron roller are replaced. 	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment and discussion with the manager evidenced that this area for improvement had not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.3.</p>	
Area for improvement 2 Ref: Regulation 27 (2) (b) (c) (d) (t) Stated: First time	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>With specific reference to:</p>	Partially Met

	<ul style="list-style-type: none"> • potential trip hazard from floor covering within identified area is repaired/replaced • bed sheets that are worn to be disposed of • wardrobes to be secured to the wall • mirror within an identified communal shower room • floor tiles within the main dining room to be repaired/replaced • malodour in identified bedrooms is investigated and resolved • pane of glass is replaced to identified window • damage to the wall and ceiling within identified areas are repaired. 	
	<p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.3</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p>	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> • fire doors are able to close effectively • pane of glass is replaced to identified fire exit door • fire doors are not held open. <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.</p>	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Standard 39</p>	<p>The registered person shall ensure that MCA/DoLS training is completed by all staff and evidence of such training is maintained within the home.</p>	Met

Stated: First time	Action taken as confirmed during the inspection: Review of relevant governance records and discussion with the manager evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 35 Stated: First time	<p>The registered person shall ensure that a system is implemented to evidence that relevant registration checks have been completed on care assistants to ensure they are registered with NISCC.</p> <p>Action taken as confirmed during the inspection: Review of relevant governance records and discussion with the 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 5.2.1.</p>	Not met
Area for improvement 3 Ref: Standard 44 Stated: First time	<p>The registered persons must ensure that the nursing home, including all spaces, is only used for the purpose for which it is registered.</p> <p>A retrospective variation is to be submitted if the rooms identified are to remain permanently.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.</p>	Met
Area for improvement 4 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure that moving and handling risk assessments are updated regularly and any amendments to care records are made in such a way that the original entry can be read.</p> <p>Action taken as confirmed during the inspection: Review of relevant care records and discussion with the manager evidenced that this area for improvement had been met.</p>	Met
Area for improvement 5 Ref: Standard 23.2 Stated: First time	The registered person shall ensure that where a patient has been assessed as requiring repositioning that this is recorded within their care plan and repositioning chart.	Partially met

	<p>Action taken as confirmed during the inspection: Review of relevant care records and discussion with the manager evidenced that this area for improvement had not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.2.</p>	
<p>Area for improvement 6 Ref: Standard 23.2 Stated: First time</p>	<p>The registered person shall ensure that where a wound has been assessed as requiring treatment, a care plan is implemented to include the dressing type and frequency of dressing renewal and is updated when necessary to reflect any changes.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of relevant care records and discussion with the manager evidenced that this area for improvement had been met.</p>	
<p>Area for improvement 7 Ref: Standard 28 Stated: First time</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>	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>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The Manager advised that a new eLearning system for staff mandatory training had recently been introduced to the home and was in the process of being completed by all staff. The training included a range of topics such as moving and handling, IPC, fire safety and adult safeguarding.

Review of the overall staff training statistics evidenced that they were below the desired percentage of staff having completed/updated their mandatory training. The Manager confirmed that relevant action had been taken to address this with ongoing monitoring from management to ensure full compliance.

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 generally satisfactory to meet the needs of the patients but that staffing levels can be affected with occasional short notice absenteeism. Staff said that they were aware of the homes recruitment drive and welcomed the addition of new employees to enhance the availability of cover during short notice absence.

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.

The inspector reviewed three staff competency and capability assessments for the nurse in charge in the absence of the Manager and found these to be completed.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC). However, as mentioned above in section 5.1 there was no evidence of managerial oversight of registration checks for care workers with NISCC and an area for improvement has been stated for a second time.

Review of a sample of employee recruitment records evidenced that references and a health declaration had not been obtained for one employee prior to commencing employment. Details were discussed with the Manager and an area for improvement was identified.

A record of staff supervision and appraisals was maintained by the Manager with staff names and the date that the supervision/appraisal had taken place.

5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated the patient's favourite music or television programme for those patients who were on bed rest.

Patients were generally well presented but it was noted that some patients' personal care needs, had not been fully attended to by staff. Review of two patients care records specific to personal care delivery evidenced that the documentation was not reflective of the care delivered. Details were discussed with the Manager who acknowledged that this was not good practice and agreed to communicate with relevant staff and to monitor going forward. This was identified as an area for improvement.

Patients who were less able to mobilise require special attention to their skin care. On review of repositioning records there were a number of dates missing on charts and not all charts contained the recommended frequency of repositioning as directed within the patients' care plan. This was discussed with the management team and an area for improvement has been stated for a second time.

Equipment such as bedrails can be considered to be restrictive. Review of one patients care records evidenced that the use of bedrails had not been documented within the patient's care plan. It was further identified that there was no written consent or consultation with the next of kin and care manager within the Commissioning Trust. Details were discussed with the Manager and an area for improvement was identified. Following the inspection the Manager provided written confirmation of the action taken to address this deficit.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Some patients were having lunch in the conservatory or in one of the lounges whilst others were seated in the main dining room. The Manager confirmed that patients could choose where they preferred to sit. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available. Patients told us they very much enjoyed the food provided in the home.

Review of three patient care records evidenced that the majority of care plans were person centred and reviewed regularly. A small number of deficits were identified and discussed with the registered nurse who agreed to have them amended. Following the inspection the Manager provide written confirmation that all relevant care records had been amended.

Whilst most care records were securely stored, supplementary care records were easily accessible within an area of the home. This was discussed with the Manager who acknowledged that these records must be secured and agreed to review the current storage arrangements to ensure that all records are held confidentially.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

The home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient and whilst most beds were neatly presented a number of beds were not well presented by staff. This was discussed with the Manager who agreed to communicate with relevant staff and to monitor during daily walk arounds going forward.

A discussion was held with the Manager from an IPC perspective regarding surface damage to a number of over bed tables and a communal bath and an area for improvement has been stated for a second time.

As mentioned above in section 5.1 in relation to the environment, wardrobes had not been secured to bedroom walls; floor tiles within the main dining room had not been repaired/replaced and a pane of glass for an identified window had not been replaced following the previous care inspection. This was discussed with the Manager and an area for improvement has been stated for a second time.

There was evidence that a number of areas throughout the home had recently been painted and identified en-suites refurbished. The garden and outdoor spaces were well maintained with areas for patients to sit and rest. The Manager confirmed that refurbishment works were ongoing to ensure the home is well maintained.

The inspector observed a bedrail which was not securely fitted to an identified patient's bed. This was brought to the attention of the nurse in charge who immediately adjusted the bedrail. The manager said that safety checks on bedrails are carried out weekly by care staff but acknowledged that bedrails should be checked on each occasion they are used and any deficits reported immediately. This was identified as an area for improvement.

Observation of the environment highlighted some areas in which prescribed food supplements and thickening agents were not securely stored; a toaster, hot tea flasks and food on a trolley were observed to be unsupervised within a lounge where patients were seated. The importance of ensuring that all areas of the home are hazard free was discussed with the management team and an area for improvement was identified.

Discussion with the nurse in charge and care staff regarding the use of prescribed thickening agents evidenced that care assistants were not recording when thickening agents were added to fluids. This was identified as an area for improvement.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

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 Manager and records were kept. The Manager also said that any issues observed regarding IPC measures or the use of PPE was immediately addressed.

Visiting and care partner arrangements were managed in line with the Department of Health and IPC guidance.

5.2.4 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.

Patients commented positively about the food provided within the home with comments such as; "Food is very good" and "The food is nice."

During the inspection patients were observed watching TV, resting or chatting to staff. Patients were seen to be content and settled in their surroundings and in their interactions with staff.

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The Manager said they felt well supported by the Responsible Individual.

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. For example, care records, environment, IPC and hand hygiene. Where deficits were identified the audit process included an action plan with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements had been made.

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 (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	4*	7*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sharon Margaret Colhoun, Registered Manager and Mr Michael Briones, Registered Nurse, 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 13 (7) Stated: Second time To be completed by: 4 July 2022	The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance. With specific reference to: <ul style="list-style-type: none"> • surface damage to identified over bed tables and communal bath. Ref: 5.1 and 5.2.3 Response by registered person detailing the actions taken: bed tables continually being replaced due to nature of the dementia clients. Supplier recontacted and is sourcing replacement types. staff will continue to include this in monthly

	<p>audits and show evidence of a plan.</p> <p>In relation to the communal bath, an architect has been involved and plans in place but we are having extreme difficulty sourcing products and a company to complete refurb. This will continue to be on our improvement plan.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (b) (c) (d) (t)</p> <p>Stated: Second time</p> <p>To be completed by: 4 July 2022</p>	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> wardrobes to be secured to the wall floor tiles within the main dining room to be repaired/replaced pane of glass is replaced to identified window. <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: Maintainance are aware of wardrobes and will be commenced asap. Window company aware of pane of glass and we are on their schdule but no date given. Floor tiles have been viewed by flooring specialist and he has given a few options to discuss.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 21 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<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: 5.2.1</p> <p>Response by registered person detailing the actions taken: HR aware of findings and check list in place.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Tea flasks , toaster etc now transferred to supervised area to reduce risks.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes	

(April 2015)	
Area for improvement 1 Ref: Standard 28 Stated: First time To be completed by: Ongoing from the date of inspection (18 February 2022)	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 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 35 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that a system is implemented to evidence that relevant registration checks have been completed on care assistants to ensure they are registered with NISCC. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: NISCC check sheet has now been implemented and is included in the monthly audits.
Area for improvement 3 Ref: Standard 23.2 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that where a patient has been assessed as requiring repositioning that this is recorded within their care plan and repositioning chart. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Staff meeting held post inspection and staff updated with findings. This area has been highlighted in monthly audit process also to focus on.
Area for improvement 4 Ref: Standard 4 and 6.14 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that patients' personal care needs are maintained and that all entries made by staff in patients' care records are reflective of the care delivered. Ref: 5.2.2
	Response by registered person detailing the actions taken: Staff meeting held post inspection and staff updated with findings. This area has been highlighted in monthly audit process also to focus on.
Area for improvement 5 Ref: Standard 18 and 35	The registered person shall ensure the following in regard to the management of restrictive practices: <ul style="list-style-type: none"> record of consent/best interest discussion is available within

<p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>patients care file</p> <ul style="list-style-type: none"> • a comprehensive care plan and risk assessment is implemented and kept under meaningful review • regular audits are completed by management on the use of restrictive practice to ensure that relevant documentation is in place. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: New audit focusing on bedrails has been implemented and all above areas highlighted. Staff also aware at CMR meetings to have this area discussed and recorded with all mdt present.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 44.10</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<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"> • a record of all safety checks on bedrails • the person completing bedrail safety checks are assessed as competent • any deficits identified with a bedrail are addressed without delay • a care plan and risk assessment is implemented for any patient requiring a bedrail with regular review to ensure it remains suitable • bedrail safety checks are monitored by management on a regular basis. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Manager has asked all staff to complete bedrail training on the training system and show competency. New audit sheet focusing on bedrails has been commenced.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a record is maintained for the use of thickening agents to fluids by care assistants.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Individual levels already recorded on all fluid charts but staff reminded to include the use of thickener with each documentation of fluids</p>

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