



Unannounced Care Inspection Report 8-13 August 2019



Knockmoyle Lodge

Type of Service: Nursing Home

Address: 29 Knockmoyle Road, Omagh, BT79 7TB

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 35 patients with a diagnosis of dementia.

3.0 Service details

<p>Organisation/Registered Provider: Knockmoyle Lodge Ltd</p> <p>Responsible Individual: Linda Florence Beckett</p>	<p>Registered Manager and date registered: Peter Meenagh – acting manager</p>
<p>Person in charge at the time of inspection: Pauline Travers, Registered Nurse 08.15 – 10.05 on 8 August 2019 Peter Meenagh, Acting Manager 10.05 – 18.55 on 8 August 2019 Carolanne Byrne, Registered Nurse 07.00 – 08.00 13 August 2019 Michael Briones, Registered Nurse 08.00 – 14.30 hours 13 August 2019</p>	<p>Number of registered places: 35</p> <p>The home is also approved to provide care on a day basis for 1 person.</p>
<p>Categories of care: Nursing Home (NH) DE – Dementia.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 34</p>

4.0 Inspection summary

This is a report of a combined inspection which includes details of two care inspections, a medicine management and an estates inspection.

An unannounced care inspection was conducted on 8 August 2019 from 08.15 hours to 18.55 hours to assess progress on the areas for improvement identified at the last care inspection on 4 December 2018. Serious concerns were identified in relation to the health and welfare of patients, fire safety, risk management, staffing arrangements, infection prevention and control (IPC) and the overall governance and management arrangements in the home. These deficits had the potential to impact on the health, safety and well-being of patients and quality of care delivered in the home and as a result, there were several referrals made to the Adult Safeguarding Team of the Western Health and Social Care Trust (WHSCT).

As a consequence of our concerns an unannounced medicines management and premises inspection was undertaken on 9 August 2019. During the medicines management inspection serious concerns were identified in relation to medicine management in the home. The premises inspection identified a number of issues requiring additional clarification by the registered person.

Urgent contact was made to the Western Health and social care Trust (WHSCT) who provided assurances that enhanced monitoring of Knockmoyle Lodge in respect of care and medicine management would commence immediately and would continue until further consideration was made regarding the action to be taken by RQIA.

A further care inspection was undertaken on 13 August 2019 to ensure that patients were safe in the home and to re-assess the effectiveness of improvements in governance arrangements. As a consequence of our findings, following the inspections the responsible individual was invited to attend a meeting in RQIA on 16 August 2019, with the intention of issuing failure to comply notices in regards to the management and governance arrangements, the health and welfare of patients, the management of infection prevention and control and the management of medicines. A further meeting was also scheduled in regards to a notice of proposal to impose conditions on the registration of the home.

The enforcement meetings were attended by Linda Beckett, Responsible Individual, Sharon Colhoun, Leigh Ornsby, Human Resource Manager and Carolanne Byrne, Registered Nurse and proposed Acting Manager. At the meeting the home's representatives submitted a very detailed and comprehensive action plan. RQIA received assurances that robust action had been taken in some areas and that the governance and management arrangements had been comprehensively reviewed and improved. However, at the time of the meetings the management team were unable to give assurance that the arrangement established would be able to be sustained and improvements assured. Four failure to comply notices were issued under The Nursing Homes Regulations (Northern Ireland) 2005 under Regulation 13 (1) (a) and (b) Health and Welfare of patients, Regulation 13 (4) Medicine management, Regulation 20 (1) (a) (c) and (i) staffing arrangements and Regulation 10 (1) in relation to governance were issued.

It was agreed at the meeting that the home would voluntarily not admit any new patients until compliance was achieved with the Failure to Comply Notices, the Regulation 29 reports would be submitted to RQIA on a fortnightly basis and stable management arrangements are implemented. Given the voluntarily actions taken RQIA decided not to serve a Notice of Proposal at this time. Further details of areas for improvement identified during the inspection are included within the main body of this report and formed part of the failure to comply notices issued on 20 August 2019.

The premises inspection was completed on 9 August 2019 between 10.00 and 14.00 hours, and was conducted at the request of the care inspector to provide an evaluation of estates related concerns noted during the care inspection process. A number of estates management records were not available for examination during the inspection, and were submitted by e-mail on 15 August 2019.

Areas for improvement identified during the inspection are included within the main body of this report & Quality Improvement Plan.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	*1

*The total number of areas for improvement includes one standard which has been stated for a second time.

Other areas for improvement include one regulation and one standard that were not fully met and have been subsumed into the Failure to comply notices.

Details of the Quality Improvement Plan (QIP) were discussed with Peter Meenagh, Manager, Linda Beckett, Responsible Person as part of the inspection process. The timescales for completion commence from the date of inspection.

Four failure to comply notices under Regulation 13 (1) (a) and (b) Regulation 13 (4), Regulation 20 (1) (a) (c) and (i) and Regulation 10 (1) were issued.

FTC Ref: FTC000075 with respect to Regulation 13 (1) (a) and (b)

FTC Ref: FTC000076 with respect to Regulation 10 (1)

FTC Ref: FTC000077 with respect to Regulation 13 (4)

FTC Ref: FTC000078 with respect to Regulation 20 (1) (a) (c) and (i)

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 4 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 4 December 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including care, estates and pharmacy issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 29 July 2019 to 11 August 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- six patient care records
- registered nurse competency and capability assessments
- staff supervision and appraisal matrix
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports from June 2019
- RQIA registration certificate

The following records/areas were reviewed during the medicines management inspection (under Section 5.0)

- personal medication records, medicine administration records
- management of medicines on admission and medication changes
- management of controlled drugs
- care planning in relation to distressed reactions, pain and thickening agents
- medicine management audits
- storage of medicines
- stock control

The following records/areas were reviewed during the premises inspection (under Section 5.0)

- fire risk assessment
- fire detection & alarm system BS5839 competent person inspection/test
- fire detection & alarm system weekly user control test
- emergency lighting system BS5266 competent person inspection/test
- firefighting equipment annual test, and building user monthly inspections
- legionella risk assessment
- chlorination certificate for hot/cold water storage & distribution systems
- electrical installation BS7671 periodic inspection report for the electrical installation
- portable appliance testing of electrical appliances
- lifting operations and lifting equipment regulations (LOLER) certificates for patient hoists
- gas safe register inspection reports for kitchen & laundry gas appliances
- space heating (oil) boiler service
- emergency generator maintenance & test

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

There were no areas of improvement identified at the last medicines management inspection on 28 November 2017.

Areas for improvement from the last premises inspection		
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) Stated: First time	Complete a survey of all path surfaces in external courtyard; prioritise remedial/improvement works to eliminate/reduce the risk of patient slips/falls.	Met
	Action taken as confirmed during the inspection: Improvement works completed.	
Area for improvement 2 Ref: Regulation 27 (2) (b) (c) Stated: First time	Provide additional details including assessment and evaluation of legionella hazard risks, in accordance with HSE "Five steps to risk assessment".	Met
	Risk assessment completed & controls implemented. Action taken as confirmed during the inspection:	
Area for improvement 3 Ref: Regulation 27 (4) (c), (d)(i) &(iii) Stated: First time	Complete an action plan for planned prioritised improvement programme to provide all bedroom corridor and fire hazard rooms with FD30S protection.	Met
	Action taken as confirmed during the inspection: Improvement works completed.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44.1 Stated: First time	Continue with the periodic planned redecoration programme for interior & exterior decorated surfaces, reviewing and prioritising the decoration schedule on a three monthly basis.	Met
	Action taken as confirmed during the inspection: Redecoration works had been implemented.	
Area for improvement 2 Ref: Standard 44.8 Stated: First time	Install a carbon monoxide detection sensor adjacent the new gas boiler situated in the laundry.	Met
	Action taken as confirmed during the inspection: Detection sensor installed.	
Area for improvement 3 Ref: Standard 48.8 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Records in place.	

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.	Not met
	Action taken as confirmed during the inspection: The inspector observed chemicals that were easily accessible to patients throughout the home during the inspection 8 August 2019.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1	The registered person shall ensure that daily fluid target is recorded on the patient's fluid	Met

Ref: Standard 12 Stated: First time	chart to ensure that nutritional needs are met in line with current best practice guidance.	
	Action taken as confirmed during the inspection: The inspector reviewed a sample of supplementary charts which evidenced that daily fluid targets were recorded on the charts.	
Area for improvement 2 Ref: Standard 43 (5) Stated: First time	The registered person shall review the alarm noise levels of the main entrance door, to ensure that the noise is not too obtrusive for patients' quality of life.	Not met
	Action taken as confirmed during the inspection: The inspector confirmed that the noise level of the alarm at the main entrance had not been adjusted.	
Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. <ul style="list-style-type: none"> • Environmental audits should be sufficiently robust to ensure that any IPC deficits are appropriately identified and actioned • Governance audits in respect of post fall management should be improved to ensure all observations of potential head injury are maintained as required. 	Not met
	Action taken as confirmed during the inspection: The inspector reviewed the audits available during the inspection which failed to identify the deficits that were evident during inspection and were not robust in driving the necessary improvements.	

6.2 Inspection findings

6.2.1 Staffing

We arrived in the home at 08.15 hours on 8 August 2019 and were greeted by the registered nurse in charge. Staff were friendly and welcoming and displayed a caring and compassionate nature. One patient was observed to be sleeping in an armchair at reception and a further 11 patients

were seated within the dining room beside the reception area having breakfast. Other patients were mainly in their bedroom and staff were attending to their needs.

On entering the dining room there was one care assistant supervising the 11 patients whilst also assisting with eating and drinking and maintaining a patient's safety who was at risk of falls. The care assistant was unable to assist another patient to the toilet on their request as there was no other staff available to supervise the dining room. The inspector further identified that there were two medicine trolleys within the dining room that were unlocked and both doors to the trolleys were fully open. One patient was asleep with their head resting on the table and three patients who were seated around the table in wheelchairs were also asleep. The registered nurse in charge stated that most of the patients within the dining room have a history of rising early and some have broken sleep patterns resulting in them being tired following breakfast. On review of the patients care records there was no documentation regarding any of the patients' preference to rise early. This was discussed with the manager as an area for improvement and has been subsumed into the failure to comply notice.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. The manager had discussed their recent recruitment drive and that they were awaiting relevant checks before additional care assistants could commence employment.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. However, despite staff training having been delivered on infection prevention and control (IPC), it was evident that this had not been fully embedded into practice as there were several deficits identified within the management of IPC which are documented within the report. We further identified that training was required specifically in regards to record keeping, the use of restraint, wound care and post falls management which are discussed further within the report. This was discussed with the responsible person and director during the meeting at RQIA on 16 August 2019 who provided an assurance that these areas would be addressed with staff and measures taken to ensure relevant staff are competent in these areas. This has been subsumed into the failure to comply notice under Regulation 13 (1) (a) and (b).

The actions required to address the concerns identified above are part of the failure to comply notice issued to the nursing home on 20 August 2019 under Regulation 13 (1) (a) and (b), Regulation 20 (1) (a) (c) and (i) and Regulation 10 (1) of the Nursing Homes Regulations (Northern Ireland) 2005.

6.2.2 Environment

Concerns were identified in the management and storage of chemicals which posed a risk for patients. On review of the environment we identified the hair dressing room door open with chemicals easily accessible. Chemicals were also identified unsupervised within communal areas of the home and a spray bottle on the domestic trolley was labelled as bleach. Bleach should not be dispensed in a spray bottle due to the risks to staff. The importance of hazardous chemicals was discussed with the manager as an area for improvement at the previous care inspection on 4 December which has not been suitably addressed and has been subsumed into the failure to comply notice.

Food thickening agents, denture cleansing tablets, a razor and patients toiletries were also easily accessible to patients and again presented a potential risk to patients. This was discussed with the manager who agreed to review the current storage arrangements to ensure patient safety. This matter has been subsumed into the Failure to Comply notice.

A number of infection prevention and control deficits were identified in relation to the cleanliness of furniture/equipment within patients' bedrooms, bathrooms and lounges. The underneath of identified patient equipment evidenced that these had not been effectively cleaned following use. Equipment used by patients was also identified as torn/damaged and could not be effectively cleaned, including over bed tables, baths, and armchairs in identified lounges, identified mattresses, fallout mats, bedrail protectors and floor alarms. Dust was evident to high and low surfaces and bed linen was stained on several beds. We observed clean and unclean linen being transported within the same trolley with soiled incontinence pads in a black plastic bag tied onto the side of the trolley. Hand washing practices were limited across all grades of staff and the use of alcohol gel was not observed throughout the inspection.

Laundry facilities were poorly managed. One of the two laundry rooms used as an area for clean linen was cluttered and unclean with no clear system for keeping clean and unclean linen separate. There was no specific area for hand washing in either of the two laundry rooms and mop heads/buckets were unclean with cobwebs evident around the window frame. There were no hand paper towels in the dispenser and two mops were leaning over the sink, one with a red coloured mop head generally used for cleaning toilet areas and one with a green coloured mop head used for cleaning kitchen areas. Wooden shafts were being used for cleaning equipment and mop buckets were rusty throughout the home.

On 13 August 2019 we observed that deep cleaning had taken place throughout the home. Several items of damaged furniture had been removed and replacements arranged. There was an obvious improvement in staff knowledge in the management of IPC and the management of laundry services.

Multiple floor alarms were identified to be secured with tape causing a potential risk in regards to cleaning and the management of IPC. This was discussed with the manager and following the inspection new mats were ordered. Floor coverings in identified areas were damaged and therefore not able to be effectively cleaned. An action plan was submitted to RQIA prior to the meeting detailing the refurbishment plans for the home and the dates for proposed completion. This was discussed with the responsible individual and identified as an area for improvement.

A malodour was evident in identified patient bedrooms and on examination of the mattresses a number were found to be stained and not fit for purpose. These were immediately replaced during the inspection by the manager and a detailed review of all mattresses was scheduled to be undertaken.

We observed a linen store that was unlocked with an electrical cabinet inside and the door to the cabinet was open. This was brought to the immediate attention of the manager due to the potential risk to patients for urgent attention. An electrician was contacted and made the cabinet safe prior to the completion of the inspection.

The actions required to address the concerns identified are part of the failure to comply notice issued to the nursing home on 20 August 2019 under Regulation 13 (1) (a) and (b) and (i) and Regulation 10 (1) of the Nursing Homes Regulations (Northern Ireland) 2005.

6.2.3 Health and Welfare

We observed patients seated in the dining area during the morning for an excessive period before being transferred to one of the lounges. The manager must review the morning routines in the home to ensure that the patients' needs are appropriately assessed and met in a timely manner. The locking mechanism used to secure the dining room door must be urgently reviewed and should not be used in place of sufficient staffing levels. During the inspection on 13 August 2019 we observed the dining room door to be closed and identified that a keypad was being used for securing the dining room. We discussed this with the responsible person as a possible deprivation of patient's liberty and requested that the keypad is removed/disabled to ensure that patients' can move freely around the home. We further observed 20 patients seated within the dining room at 17.00 hours with only 18 spaces available around the tables. Four patients were seated in wheelchairs beside each other against a wall with over bed tables placed in front of them. This was discussed with the manager and director who agreed to review the dining room experience and discussed the refurbishment plans which were submitted prior to the meeting. Concerns were raised regarding the physical presentation of a number of identified patients. These were discussed with the manager who directed staff to address the matters immediately. We reviewed accident and incidents records which evidenced that head injury observations had not been consistently recorded as per guidelines. This was discussed with the manager and has been subsumed into a failure to comply notice.

On observation of the environment we identified that a number of patients had a combination of bed rails, fall out mats and floor alarms in use. However, on examination of identified patient care records it was unclear as to how the registered nurse had determined why the patient required all of the equipment that was in use. This was discussed with the responsible person who agreed to source training on the use of restrictive practice and has been subsumed into the Failure to Comply notice.

The inspection identified that two bedroom doors, the door leading from the smoking room to the outdoor enclosed garden and two doors leading to the conservatory were propped open. On examination of the bedroom doors it was identified that not all doors were fitted with fire closure devices. We further identified a fire exit that was blocked with two pressure relieving mattresses. The propping open of a fire door renders that door ineffective and raises a significant risk to the welfare of patients in the event of a fire. There was an improvement noted in the management of fire doors on 13 August 2019. During the meeting on 16 August 2019 the home's representative's submitted evidence that they had sourced a company to review the bedroom doors to install fire closure devices.

Patients spoken with indicated that they were happy living in Knockmoyle Lodge. Comments included:

- "I am very happy here"
- "I have no concerns"
- "I am doing ok"
- "I am doing very well"

We also sought the opinion of patients on staffing via questionnaires. There was no response in the time frame allocated.

The actions required to address the concerns identified are part of the failure to comply notice issued to the nursing home on 20 August 2019 under Regulation 13 (1) (a) and (b) and (i) and Regulation 10 (1) of the Nursing Homes Regulations (Northern Ireland) 2005.

6.2.4 Management of Medicines

Serious concerns involving the health, safety and well-being of patients were identified in relation to medicines management.

On the morning of 8 August 2019 at the commencement of the care inspection, the medicine trolleys were observed to be unlocked and unattended in the dining room where patients were having their breakfast. This poses a risk to patients who may then have access to a wide range of medicines which could harm them. The safe storage of medicines is included in the failure to comply notice.

Five patients had been without some of their prescribed medicines as they were not in stock, some for several days and others for up to two weeks. These omissions had the potential to affect the health and well-being of the patients. However, registered nurses had not reported the omissions to the prescribers for guidance or to the home manager and there was no evidence of the registered nurses taking action to obtain supplies of medicines. In addition, none of these incidents had been appropriately reported to the Trust or RQIA. Registered nurses have a responsibility to ensure that patients' medicines are available for administration at all times and to take the appropriate action if they are not. The availability of medicines is included in the failure to comply notice.

Four patients had not been administered one of their medicines as prescribed. The registered nurses had signed the record of administration; however, the audit completed showed that the medicine had not been administered. This included medicines prescribed for dementia, asthma and urinary retention. Registered nurses have a responsibility to ensure that medicines are administered as prescribed and to accurately complete the record of administration. The administration of medicines is included in the failure to comply notice.

Clear records of administration of medicines were not maintained. The medicine administration records indicated that the morning medicines had been administered at 09.30 when they had been administered between 07.00 and 12.30. If an accurate time of administration is not recorded some patients may not receive their medicines at appropriate intervals. This could result in, for example, pain relief being administered too soon leading to toxicity, or too late meaning that the patient may be in pain.

The codes used for the administration of medicines were not clear and on some occasions the same code was used to record different medicines. It was not always clear when medicines had been omitted. Clear and unambiguous administration records must be maintained. Medicine records are included in the failure to comply notice.

The controlled drugs record book had not been accurately completed, and stock counts on controlled drugs which had been completed for several days after the omission by registered nurses had not identified this issue. This shows that the checks completed on controlled drugs were not robust. The management of controlled drugs is included in the failure to comply notice.

There were no systems in place to audit the management and administration of medicines. The management of the home were not aware of any of the discrepancies noted during this inspection. Management of the home must have robust auditing systems in place for the management of medicines. The audits should identify and address any shortfalls. Auditing is included in the failure to comply notice.

The findings of this inspection indicate that further training and competency assessment of all staff involved in the management of medicines must be completed. All staff must be competent in completing the tasks that they are responsible for. Training and competency assessment is included in the failure to comply notice.

The actions required to address the concerns identified are part of the failure to comply notice issued to the nursing home on 20 August 2019 under Regulation 13 (4) of the Nursing Homes Regulations (Northern Ireland) 2005.

6.2.5 Record Keeping

Review of three patient care records evidenced that there were deficits within care plans to direct the care required. We reviewed the management of nutrition, patients' weight, management of infections and wound care. A daily record had been maintained to evidence the delivery of care which also failed to elaborate on the accurate delivery of care and events on a daily basis.

We reviewed a patient's care record in relation to wound care and identified that there were inconsistencies in relation to the care plans and not following professional recommendations specific to wound care prescribed by the tissue viability nurse (TVN). There were gaps within the date that the dressing was supposed to have been renewed and the actual review date. We advised that immediate action be taken to ensure that the wound was dressed appropriately and a care plan initiated to reflect the prescribed care required. We further identified through the records that there was a gap of three weeks between a dressing renewal where the evaluation records detailed that the wounds had deteriorated and required medical intervention and treatment. This was shared with the Adult Safeguarding Team of the Western Health and Social Care Trust (WHSCT) for further investigation. This was discussed with the manager and this area for improvement has been subsumed into a failure to comply notice.

On review of a sample of repositioning records there were gaps identified of up to eight hours within the charts where the patient had not been repositioned as per their care plan. There was no frequency of repositioning within recording charts and the care plans reviewed had a hand written entry of recommended frequency of repositioning that was not signed or dated and did not reflect the frequency recorded on the charts. The manager acknowledged the shortfalls in the documentation and agreed to review all patients care plans regarding pressure care and to communicate with relevant staff to ensure they document accurately the daily events within patients care records. This was subsumed into the failure to comply notice.

The actions required to address the concerns identified are part of the failure to comply notice issued to the nursing home on 20 August 2019 under Regulation 10 (1) of the Nursing Homes Regulations (Northern Ireland) 2005.

6.2.6 Management and governance arrangements

During a previous care inspection on 4 December 2018, a number of areas for improvement were identified. Despite assurances provided on the return of the quality improvement plan and the completion of the monthly monitoring visits, the governance and leadership in Knockmoyle Lodge has failed to make or sustain the required improvements.

Competency and capability assessment in respect of their ability to take charge of the home in the absence of the manager had not been completed since December 2017. Staff supervisions and annual appraisals had not been completed since June 2018. This was discussed during the meeting and a failure to comply notice was issued under Regulation 20 (1) (a) (c) and (i). Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by a quality governance manager. The report for July 2019 was not available. On review of the most recent report for June 2019 it was evident that the report did not identify any of the issues raised during the inspection. This was discussed with the manager and this area for improvement has been subsumed into the failure to comply notice and a copy of the quality monitoring reports are to be submitted on a fortnightly basis to RQIA until further notice.

There was evidence throughout the period of inspection to determine that there has been insufficient regard for the management of quality assurance audits in the home. This has the potential to place the health and welfare of the patients at risk. The failures in leadership also include the day to day management of the home, the deployment of staff to ensure that patient needs are met in an appropriate time and manner, and that risks to patients' health and welfare are identified and minimised where possible.

The home management arrangements were discussed at length throughout the inspection and an assurance was given by the responsible individual that appropriate actions would be taken immediately. Despite this assurance we needed to proceed to enforcement to ensure that improvements made would be sustained.

The actions required to address the concerns identified are part of the failure to comply notice issued to the nursing home on 20 August 2019 under Regulation 10 (1) of the Nursing Homes Regulations (Northern Ireland) 2005.

Assessment of premises

An electrical distribution board cabinet located in a linen store was not secured to prevent unauthorised access. A temporary fixing had been affixed and we are informed an electrician has installed a secure lock device on the cabinet.

The following records were submitted by e-mail on 15 August 2019:

- fire drill details
- staff fire safety awareness training details ref 15 May 2019
- kitchen cooker & laundry gas water boiler gas safe register engineer report dated 10 May 2019
- weekly fire alarm test activation
- planned shower head sterilisation dates

Areas for improvement

The following area was identified for improvement during the care inspection in relation to identified areas within the home requiring refurbishment.

The following areas were identified for improvement in relation to the premises inspection:

- shower head sterilisation records must be recorded in compliance with the legionella risk assessment & L8 Approved Code of Practice “The control of legionella bacteria in water systems”

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

The registered provider should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: 13 October 2019</p>	<p>The registered person shall implement the refurbishment plan to ensure that identified furniture/equipment and floor coverings in multiple areas throughout the home are repaired or replaced.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Plan has been implemented and currently new floors have been laid in areas discussed, windows have been ordered for diningroom area and front hall, new chairs and tables have been ordered, equipment in relation to IPC has been purchased and is currently being utilised</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14.(2)(a),(b)&(c)</p> <p>Stated: First time</p> <p>To be completed by: 11 October 2019</p>	<p>The registered person shall ensure that all shower heads and associated flexible hoses are sterilised at three monthly intervals in compliance with Approved Code of Practice L8 “The control of legionella bacteria in water systems”</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: There is currently a shower head plan in place whereby nightstaff have identified showerheads on a weekly basis so all showerheads are done monthly. This is signed of on monthly check by manager</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 43 (5)</p> <p>Stated: Second time</p> <p>To be completed by: 8 October 2019</p>	<p>The registered person shall review the alarm noise levels of the main entrance door, to ensure that the noise is not too obtrusive for patients' quality of life.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Noise levels have been reviewed and volume is now currently at an acceptable volume</p>
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