

Unannounced Enforcement Monitoring Care Inspection Report 17 October 2019



Knockmoyle Lodge

Type of Service: Nursing Home (NH)

**Address: 29 Knockmoyle Road,
Omagh, BT79 7TB**

Tel No: 028 8224 7931

Inspector: Jane Laird

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 nursing home registered to provide nursing care for up to 35 persons.

3.0 Service details

Organisation/Registered Provider: Knockmoyle Lodge Responsible Individual: Linda Florence Beckett	Registered Manager and date registered: Carol Anne Byrne – acting manager
Person in charge at the time of inspection: Carol Anne Byrne	Number of registered places: 35 The home is also approved to provide care on a day basis for 1 person.
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 29

4.0 Inspection summary

Failure to Comply (FTC) Notices under Regulation 13 (1) (a) and (b), Regulation 20 (1) (a) (c) and (i) and Regulation 10 (1) were issued on 20 August 2019 with the date of compliance to be achieved by 17 October 2019. An unannounced care inspection was conducted on 17 October 2019 from 08.30 hours to 14.30 hours.

The inspection sought to assess the level of compliance achieved in relation to the three FTC Notices. The areas identified for improvement and compliance with the regulations were in relation to the health and welfare of patients, staffing and governance arrangements within the home.

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

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

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

Evidence was available to validate compliance with the Failure to Comply Notices.

There was one new area for improvement identified as a result of this inspection in relation to the availability of wound care dressings.

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	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Carol Anne Byrne, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Further enforcement action did not result from the findings of this inspection.

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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- written and verbal communication received following the previous care inspection
- notifiable events since the previous care inspection
- the previous care inspection reports
- three Failure to Comply Notices.

The following records were examined during the inspection:

- staff training records
- duty rota for all staff from 30 September to 20 October 2019
- incident and accident records
- five patient care records
- two patient repositioning charts
- staff competency and capability assessments
- staff supervision and appraisal matrix
- a sample of governance audits/records
- maintenance records on the sterilisation of shower heads
- a sample of monthly monitoring reports for September 2019 and October 2019.

Areas for improvement identified at the last care and premises inspection were reviewed and assessment of compliance recorded as 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)

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 27 (2) (b) (c) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that a refurbishment plan had been implemented and work had commenced on the repair and/or replacement of identified furniture/equipment and floor coverings in multiple areas throughout the home.	
Area for improvement 2 Ref: Regulation 14.(2)(a),(b)&(c) Stated: First time	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".	Met
	Action taken as confirmed during the inspection: The inspector confirmed that a system had been implemented to ensure that all shower heads and associated flexible hoses are sterilised at three monthly intervals.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 (5) Stated: Second 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.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the alarm noise levels of the main entrance door had been reduced and is now more appropriate.	

6.2 Inspection findings

FTC Ref: FTC000075

Notice of Failure to Comply with Regulation 13 of The Nursing Homes Regulations (Northern Ireland) 2005

Regulation 13. –

*(1) The registered person shall ensure that the nursing home is conducted so as -
 (a) to promote and make proper provision for the nursing, health and welfare of patients;
 (b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.*

In relation to this notice the following actions were required to comply with this regulation:

- head injury observations are maintained on patients with a potential or actual head injury as per NICE guidelines
- all patients have up to date, assessment of needs and individualised care plans in place to direct staff in the delivery of wound care
- supplementary care records such as change of position records are reflective of care planning directions and are completed contemporaneously
- appropriate staff deployment is maintained to ensure patients' needs are met in a timely manner
- where patients chose to rise early a record of their lifestyle choice is recorded within the daily progress notes and care records
- patients receive care that is person centred and not to facilitate the daily operational systems within the home
- toiletries and chemicals hazardous to health are stored in a secure location
- food thickening agents are appropriately stored.

Evidence was available to validate compliance with the Failure to Comply Notice.

We reviewed accidents/incidents since the last care inspection which evidenced that falls were being managed in accordance with best practice guidelines and that relevant head injury observations and/or treatment was provided or sought.

A review of one patient's care records evidenced that care plans were in place to direct the provision of wound care and records were evaluated following each dressing intervention with recommendations from the tissue viability nurse specialist. However, it was identified that on one occasion the wound had not been dressed as per recommended frequency as there was no available dressings in stock. This was discussed with the manager who agreed to review their current system of communication to ensure that dressings are ordered in a timely manner and was identified as an area for improvement.

Supplementary charts specific to repositioning were reviewed for two patients who were assessed as being at risk of skin break down due to reduced mobility and incontinence. On review of the charts we identified that there was no recommended frequency of repositioning recorded to direct the staff. The care plans for both patients recommended a two to four hourly repositioning regime, however, on review of the charts there were several gaps evident in the

frequency of repositioning exceeding the four hours. We discussed this with the manager who provided evidence that the patient's continence care had been attended to on several occasions throughout the day which also included a record of the condition of the patient's skin. The manager acknowledged that staff did not record this as a change to the patient's position and agreed to carry out daily monitoring checks on all repositioning charts until satisfied that this has been embedded into practice. This will be reviewed at a future inspection.

On review of the duty rota and the staffing levels during the inspection it was evident that there was adequate staff deployed to ensure patients' needs were met in a timely manner.

Review of two patient care plans evidenced that where patients chose to rise early a record of their lifestyle choice was detailed within the daily progress notes and care records.

Systems had been reviewed following the previous care inspection to ensure that patients receive care that is person centred and not to facilitate the daily operational systems within the home. During the inspection there was good interaction between staff and the patients with a pleasant and relaxed atmosphere observed. This was commended by the inspector.

Toiletries and chemicals hazardous to health were securely stored throughout the inspection and food thickening agents were also appropriately stored.

FTC Ref: FTC000078

Notice of Failure to Comply with Regulation 20 of The Nursing Homes Regulations (Northern Ireland) 2005

Regulation 20.—(1)

The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –

- (a) ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients;*
- (c) ensure that the persons employed by the registered person to work at the nursing home receive –*
 - (i) appraisal, mandatory training and other training appropriate to the work they are to perform.*

In relation to this notice the following actions were required to comply with this regulation:

- staff are provided with training appropriate to their roles and responsibilities, in relation to the management/completion of patient care records, infection prevention and control (IPC), the use of restraint, medicine administration and wound care
- competency and capability assessments are completed with all registered nurses in respect of their ability to take charge of the home in the absence of the manager
- medicine competency assessment is completed with all registered nurses
- staff supervision is commenced with all staff in accordance with DHSSPS Care Standards for Nursing Homes 2015 with a record of dates completed
- annual appraisals are commenced for all staff with a record of dates completed.

Evidence was available to validate compliance with the Failure to Comply Notice.

Discussion with staff and review of the records evidenced that staff were knowledgeable regarding their roles and responsibilities. Training had been provided in relation to the management/completion of patient care records, IPC, medicine administration and wound care. Training on the use of restraint had been arranged detailing the proposed content and the date to be completed.

On review of the training records we evidenced that staff were provided with training relevant to their role and responsibilities in relation to the modification of fluids.

Competency and capability assessments had been completed with all registered nurses working within the home in respect of their ability to take charge of the home in the absence of the manager. The manager further stated that any registered nurse currently on leave or working on a when required basis will have their competency and capability assessment to take charge of the home completed before they commence any shifts.

Medicine competency had been completed with all registered nurses working within the home.

A staff supervision matrix had been implemented with dates for all staff to have their supervision carried out twice a year in accordance with DHSSPS Care Standards for Nursing Homes 2015.

Annual appraisals had been commenced for all staff with a record of the dates that it was completed and the date when next due.

FTC Ref: FTC000076

Notice of Failure to Comply with Regulation 10 of The Nursing Homes Regulations (Northern Ireland) 2005

Regulation 10. —

- (1) *The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.*

In relation to this notice the following actions were required to comply with this regulation:

- robust auditing systems are established in relation to care records, IPC, restraint, post falls, control of substances hazardous to health (COSHH), wound care and medicine administration
- a system is established for the management of competency and capability assessments for all registered nurses in respect of their ability to take charge of the home in the absence of the manager. This should include the date for next review
- a system is established for the management of medicine competency assessments for all registered nurses. This should include the date for next review
- a system is established for the management of all staff supervisions and should include when completed, frequency of review and proposed dates for future compliance
- a system is established for the management of staff annual appraisals with a record of dates completed and when next due

- staff are deployed in sufficient numbers to ensure that patient needs are met in an appropriate time and manner
- the keypad for securing the dining room is removed/disabled to ensure that patients can move freely around the home
- a copy of the quality monitoring reports completed in accordance with Reg 29 of the Nursing Homes, Regulations (Northern Ireland) 2005, is submitted on a fortnightly basis to RQIA until further notice.

Evidence was available to validate compliance with the Failure to Comply Notice.

There was evidence that robust auditing systems had been established in relation to care records, IPC, restraint, post falls, COSHH, wound care and medicine administration. During the inspection a number of equipment/furniture used by patients was identified as not being effectively cleaned after use. This was discussed with the manager and the identified areas were cleaned prior to the completion of the inspection. On review of the most recent IPC audits there was evidence that such deficits were being identified by management and action taken to address the issue. Care records were also being audited by management who had identified deficits where care plans were no longer relevant and required archiving. The manager agreed to continue auditing patient care records weekly until all records have been reviewed and amended accordingly. The manager also assured the inspector that they would continue to monitor the environment for any IPC deficits during daily walk arounds.

A system had been established for the management of competency and capability assessments for all registered nurses in respect of their ability to take charge of the home in the absence of the manager which included the date for next review.

The management of medicine competency assessments for all registered nurses had been reviewed and a system had been established which included the date for next review.

A system had been established for the management of all staff supervisions which included the date of completion, frequency of review and proposed dates for future compliance.

We reviewed the management of staff annual appraisals which evidenced that a system had been established with a record of dates completed and when next due.

Staff were observed to be deployed in sufficient numbers during the inspection to ensure that patient needs were met in an appropriate time and manner. A discussion with staff further validated that improvements have been made since the previous inspection providing them more quality time with the patients.

The keypad for securing the dining room door remained in place but was not being used during meal times as previously identified at the last care inspection. We discussed the use of the keypad with the manager who stated that patients can move freely around the home and are supervised when in the dining area due to the risk of entering the kitchen and/or a stairwell to the staff area. The manager further provided a risk assessment that had been carried out detailing that the door is only secured when the patients are not using the dining room and that if a patient wants to sit in the dining room then staff would accommodate this. The manager agreed to keep this under regular review to ensure that patients have continuous access to all areas of the home if they so choose to.

We reviewed the monthly monitoring reports for September 2019 and October 2019 which were submitted to RQIA on a fortnightly basis. The reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and contained clear, time-bound action plans, detailing all areas of improvement required. The completed Regulation 29 reports were then shared with the manager and the senior management team to ensure that the required improvements were made. A significant improvement in the recording of the reports had been made since the last care inspection and was commended by the inspector.

Areas for improvement

An area for improvement was identified during the inspection in relation to the availability of wound care dressings.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notices.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Carol Anne Byrne, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager 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	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that suitable arrangements are implemented to ensure that wound care dressings are in stock within the home at all times as per individual patients prescribed needs. Ref: 6.2 Response by registered person detailing the actions taken: GP CONTACTED AND EXTRA SUPPLYS ORDERED TO HOLD STOCK IN HOUSE TO ENSURE THAT THERE IS ADQUATE STOCK INCASE CLIENTS NEEDS CHANGE

**Please ensure this document is completed in full and returned via Web Portal*



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

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

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