

Inspection Report

3 May 2023



Knockmoyle Lodge

Type of service: Nursing

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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	Registered Manager: Mrs Sharon Margaret Colhoun
Responsible Individual: Mrs Linda Florence Beckett	Date registered: 30 January 2020
Person in charge at the time of inspection: Mrs Sharon Margaret Colhoun	Number of registered places: 35
Categories of care: Nursing Home (NH) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 28
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 3 May 2023, from 9.40am to 5.40pm 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.

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.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

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 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 manager 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 "I like it here", "Getting well cared for", "The staff are all lovely here" and "Lovely place". There were no questionnaires received from patients or relatives.

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: "Good staff morale". There was no feedback from the staff online survey.

Two relatives were consulted with during the inspection; they commented positively about the care provided, communication, the manager and the staff. Comments included: "More than happy with the care my is receiving". "The staff are friendly and welcoming", "They can't do enough for you" and "We are all very happy as a family with the care my is receiving".

Comments received during the inspection were shared with the manager

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 4 May 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: Second time	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. 	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager during and following the inspection evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 27 (2) (b) (c) (d) (t) Stated: Second time	The registered person shall ensure that the environmental issues identified during this inspection are addressed. With specific reference to: <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. 	Partially Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced that wardrobes had not been secured to bedroom walls and floor tiles within the main dining room had not been repaired/replaced following the previous care inspection. This was discussed with the manager who agreed to have these areas reviewed as a matter of urgency. This	

	information was shared with the estates inspector for RQIA and an area for improvement has been stated for a third time.	
Area for improvement 3 Ref: Regulation 21 (1) (a) (b) Stated: First time	<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>Action taken as confirmed during the inspection: Review of two staff recruitment and induction files evidenced that a number of relevant checks were not in place prior to an offer of employment being made. Details were discussed with the manager and an area for improvement has been stated for a second time.</p>	Not Met
Area for improvement 4 Ref: Regulation 14 (2) (a) Stated: First time	<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>Action taken as confirmed during the inspection: A number of unnecessary risks were identified which had the potential to impact on the health and safety of patients. For example; denture cleaning tablets, razors, and chemicals were not securely stored; an electrical cupboard did not have a suitable locking system and building equipment was easily accessible to patients within an outdoor courtyard with uneven surfaces, bricks and debris from the recent works that had been commenced.</p> <p>Whilst RQIA acknowledge that some of these issues were addressed during the inspection, the importance of ensuring that all areas of the home are hazard free was discussed with the manager and an area for improvement has been stated for a second time.</p>	Not Met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 28 Stated: First time	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.	Carried forward to the next inspection

	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	<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 during and following the inspection evidenced that this area for improvement had been met.</p>	Met
Area for improvement 3 Ref: Standard 23.2 Stated: Second time	<p>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.</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 4 Ref: Standard 4 and 6.14 Stated: First time	<p>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.</p> <p>Action taken as confirmed during the inspection: Review of care practices and discussion with the manager evidenced that this area for improvement had been met.</p>	Met
Area for improvement 5 Ref: Standard 18 and 35 Stated: First time	<p>The registered person shall ensure the following in regard to the management of restrictive practices:</p> <ul style="list-style-type: none"> • record of consent/best interest discussion is available within patients care file • 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. 	Met

	Action taken as confirmed during the inspection: Review of relevant care records and discussion with the manager during and following the inspection evidenced that this area for improvement had been met.	
Area for improvement 6 Ref: Standard 44.10 Stated: First time	The registered person shall ensure that procedures are implemented for the safe use of all bedrails in accordance with health and safety regulations. This shall include: <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. 	Partially Met
	Action taken as confirmed during the inspection: Bedrails were not securely fitted on two identified patient's beds. This was discussed with the manager who advised that safety checks on bedrails are carried out weekly by nursing staff. The effectiveness of these checks were discussed with the manager and an area for improvement has been stated for a second time.	
Area for improvement 7 Ref: Standard 29 Stated: First time	The registered person shall ensure that a record is maintained for the use of thickening agents to fluids by care assistants	Met
	Action taken as confirmed during the inspection: Review of relevant governance records and discussion with the manager during and following the inspection evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training both online and face to face to enable them to carry out their roles and responsibilities effectively.

Whilst appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC), information regarding the registration status of one care assistant was not available. This was discussed with the manager and following the inspection, verbal confirmation was received from the manager that relevant action had been taken to address this.

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 satisfactory to meet the needs of the patients.

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 a sample of staff competency and capability assessments for the nurse in charge in the absence of the manager and found these to be completed.

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.

Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. This is good practice.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of repositioning records found that these were mostly well maintained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport.

Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

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 management team who agreed to have them amended. Following the inspection, the manager provided 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 and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean and comfortable with the majority of patients' bedrooms personalised with items important to them. A number of walls were scuffed within bedrooms and identified communal areas. This was discussed with the manager who confirmed that the personalisation of patients' bedrooms was ongoing and that a schedule of painting was due to commence within bedrooms and communal areas.

The manager advised at the commencement of the inspection that a number of refurbishment works were being completed within the home to enhance the overall space and décor of the home. This included the removal of a wall between a toilet and shower room, the removal of a bathroom suite and the use of a bedroom to store equipment during these refurbishment works taking place. RQIA had not been notified of these changes prior to the works commencing and an area for improvement was identified to ensure that going forward any proposed changes to the home are discussed with RQIA prior to the works commencing.

In addition to the above refurbishment works, the bath had been removed resulting in there being no bath available within the home. This was discussed with the manager and an area for improvement was identified.

Surface damage was evident to a number of over bed tables throughout the home. The manager confirmed that several tables had been replaced since the last inspection and provided written confirmation that new over bed tables had been purchased following this inspection.

Corridors and fire exits were clear from clutter and obstruction. One fire door was not closing fully. This was discussed with the manager and following the inspection written confirmation was received that the door had been suitably repaired.

The door to the treatment room was observed to be unlocked and therefore the contents were easily accessible to anyone in the home. Prescribed food supplements were accessible within

a communal lounge and prescribed topical creams were unsecure within two patients bedrooms; one of which had reached its expiry date. This information was shared with the pharmacy inspector for RQIA and an area for improvement was identified.

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

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 were afforded the choice and opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

The activity coordinator was very enthusiastic in her role and an activity schedule was on display within the home. During the inspection the activity coordinator and one of the patient's visited the local garden centre followed by the planting of plants on the grounds of the home. Other patients participated in the pot planting of flowers.

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

5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. Staff spoke positively about the manager and said that she was very approachable and supportive.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Whilst these audits were being completed, they did not fully capture the deficits identified during the inspection as detailed within section 5.1 and throughout this report. Details were discussed with the manager and an area for improvement was identified.

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	5*	5*

* The total number of areas for improvement includes one regulation stated for a third time and two regulations and one standard that have been stated for a second time. One standard 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, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (b) (c) (d) (t) Stated: Third time To be completed by: 3 July 2023	<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. <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Schedule for securing wardrobes has been commenced Flooring specialist has viewed diningroom to assess for sealant to be used in interim await feedback on same</p>
Area for improvement 2 Ref: Regulation 21 (1) (a) (b) Stated: Second time To be completed by: With immediate effect	<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: 5.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A new check list has been commenced by HR to ensure all relevant areas are in place prior to commencing employment</p>
Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: Second time To be completed by: With immediate effect	<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: 5.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>all areas of the identified in 5.1 have been actioned and appropriate measures put in place to ensure the home is free from hazards</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall review the storage arrangements for medicines to ensure they are stored safely and securely as per the manufacturers' instructions and safely disposed of at expiry.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>The used tube of out of date cream from 1 patients toiletries bag was disposed of on day of inspection. Creams are stored in individual labelled bags and then in a plastic lidded container for each section, these are stored in locked clinical room. Spot checks of drawers have now been added to SCA daily walk around sheet to reduce risk of same reoccurring. Supplements are now stored in locked room treatment until use. Risk assessments are in place for razors and continue to be updated on changes.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall review the governance and management systems to ensure effective managerial oversight of the day to day services provided in the home.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>All maintenance issues noted on audits will be actioned in a timely manner as specific maintenance staff allow and signed off in new section of maintenance book. Management will have an overall insight into the day to day services and ensure governance and systems are in place.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection (18 February 2022)</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> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 44.10</p> <p>Stated: Second 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"> any deficits identified with a bedrail are addressed without delay bedrail safety checks are monitored by management on a regular basis. <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Bedrails risk assessment has now had monthly updated recommenced, and audit system has added physical checks on spot check basis. Weekly checks continued and all staff levels has completed bed rail safety training.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Files have been relocated in a locked cupboard until Maintenance have assessed the area of shelving that holds patients notes and a possible resolution of the fitting of doors to this unit. This will be put on maintenance list for attention.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44.11</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that any proposed changes to the use of any area, the use of any room or the layout of the premises are notified to RQIA in writing for consideration prior to any changes taking place.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: RQIA will be notified of any changes in the future prior to commencing works.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 44.13 E24</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a bath is installed within the home.</p> <p>Ref: 5.2.3</p>

To be completed by: 3 July 2023	Response by registered person detailing the actions taken: All patients have bath / shower preference recorded and at present we do not have any patients who prefer a shower or medically have an assessed need. We will continue to work closely with companies to source and receive options with time scales for the fitment of an appropriate bath.
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