

Inspection Report

10 November 2022



Knockagh Rise

Type of service: Nursing Home
Address: 236 Upper Road, Greenisland, BT38 8RP
Telephone number: 028 9085 5930

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Knockagh Rise Ltd	Registered Manager: Ms Diane Brown
Responsible Individual: Mrs Ruth Elizabeth Logan	Date registered: 10 January 2020
Person in charge at the time of inspection: Ms Diane Brown	Number of registered places: 29
Categories of care: Nursing (NH): I - old age not falling within any other category PH - physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment - over 65 years	Number of patients accommodated in the nursing home on the day of this inspection: 24
Brief description of the accommodation/how the service operates: This is a nursing home registered to provide nursing care for up to 29 patients. Patients have access to a communal lounge, dining room and gardens on the ground floor. Patients' bedrooms are situated over three floors.	

2.0 Inspection summary

An unannounced inspection took place on 10 November 2022, from 10.30am to 3.40pm. This was completed by a pharmacist inspector and focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Following discussion with the aligned care inspector, it was agreed that with one exception for one area for improvement which was assessed as met, the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

Review of medicines management found that the majority of medicines were administered as prescribed. There were arrangements for auditing medicines and medicine records were well maintained. Arrangements were in place to ensure that staff were trained and competent in medicines management. Based on the inspection findings, four areas for improvement were identified in relation to the administration of a small number of medicines, verification of handwritten medicine administration records and some medicine related care plans. Areas for improvement are detailed in the Quality improvement Plan.

Whilst areas for improvement were identified, it was concluded that overall, with the exception of a small number of medicines, the patients were being administered their medicines as prescribed.

RQIA would like to thank the staff and management for their assistance throughout the inspection.

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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector also spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspector met with the nurses on duty, the deputy manager and the manager. Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well. Staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

The staff spoken with generally expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and that management were available to discuss any issues and concerns should they arise.

Feedback methods included a staff poster and paper questionnaires which were provided for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no responses had been received.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 15 March 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) (c) Stated: Third and final time	The registered person shall ensure that the record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: Second time	The registered person shall ensure that monthly care plan reviews and daily evaluations of care are meaningful; patients centred and include the oversight of supplementary care records.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Regulation 27 (4) (d) (iii) Stated: Second time	The registered person shall ensure that the corridors in the home are maintained free from any obstruction that would impede in the event of an evacuation of the home.	Met
	Action taken as confirmed during the inspection: The corridors were free of obstruction that would impede the evacuation of the home.	

Area for improvement 4 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that cleaning chemicals are stored securely in accordance with COSHH regulations.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that a falls policy for the home is developed and implemented within the home; a post falls protocol should also be in place to ensure all falls are managed in line with best practice guidance.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 6 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that supervision is provided to patients in accordance with SALT recommendations.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: Second time	The registered person shall review the deployment of staff throughout the home to ensure the number and ratio of staff on duty at all times to ensure the needs of patients are met particularly during the evening meal time.	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 46 Stated: Second time	The registered person shall ensure that the environmental and infection prevention and control issues identified during the inspection are addressed.	Carried forward

	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.	to the next inspection
Area for improvement 3 Ref: Standard 46 Stated: Second time	The registered person shall ensure that the IPC training in the use of PPE and hand hygiene is embedded into practice.	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 4 Ref: Standard 39 Stated: First time	The registered person shall ensure that all relevant staff complete training in relation to Deprivation of Liberty Safeguards and that such training is embedded into practice.	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 5 Ref: Standard 12 Stated: First time	The registered person shall ensure assistance is provided at meals in a timely manner.	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 6 Ref: Standard 23 Stated: First time	The registered person shall ensure that all supplementary repositioning charts are consistently completed in a contemporaneous and accurate manner.	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.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct nurses when it may be appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If nurses record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Directions for use were recorded on the personal medication records; and a care plan was in place for one of two records examined. The nurses knew how to recognise a change in a patient's behaviour and the factors that may be responsible. There had been no recent use of these medicines but nurses advised that the reason for and outcome of each administration would be recorded.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans were in place for some medicines prescribed to relieve pain but not others. This is important

when a patient is prescribed significant medication to relieve pain and care plans specific to the patient should be in place and reviewed regularly.

An area for improvement was identified in relation to care plans for the management of pain and distressed reactions.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed. A speech and language assessment report (SALT) and care plan were in place, however in one record reviewed these did not correlate. The most recent consistency level was not included on one personal medication records. It is essential that all records referring to prescribed consistency levels for thickened fluids match and reflect the most recent SALT instructions. An area for improvement was identified.

Care plans were in place when patients required insulin to manage their diabetes.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that each patient's medicines are available for administration as prescribed. It is important that medicines are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

The date of opening was recorded on the majority of medicines examined, however staff were reminded that the date of opening should be recorded on all medicines to facilitate audit and prevent their use after expiry. The manager agreed to remind staff of this expected practice.

Satisfactory arrangements were in place for the safe disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines was completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs. A sample of these records was reviewed. The records had mostly been completed in a satisfactory manner, however two members of staff should check and sign all handwritten MARs/additions to MARs to verify their accuracy. The correct dates were not always recorded on handwritten MARs. An area for improvement was identified.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The arrangements in place for the management of controlled drugs were examined. A second staff member had verified entries in the controlled drug record book and audits indicated that stock balances were correct. However, the second staff signature was occasionally omitted from records of reconciliation of these medicines at shift handover. The manager agreed to discuss this expected practice with staff following the inspection.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, discrepancies were observed in the administration of a small number of medicines. These medicines should be included in audit procedures. Medicines must be administered as prescribed, an area for improvement was identified.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for patients new to the home or returning from hospital. Written confirmation of the medicine regimes was obtained at or prior to admission and details shared with the GP/community pharmacy as necessary. The medicine records had been accurately completed. There was evidence that nurses had followed up any discrepancies in a timely manner to ensure that the correct medicines were available for administration.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

The types of incidents that should be reported and the medicine related incident which had been reported to RQIA since the last inspection were discussed. There was evidence that the incident had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

It was agreed that the audit system in place would be reviewed to include the areas for improvement in this report and to include an action plan to assess progress with areas highlighted for attention.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that they staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that nurses responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

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, 2015.

	Regulations	Standards
Total number of Areas for Improvement	7*	8*

* The total number of areas for improvement includes eleven which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Diane Brown, 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) (c) Stated: Third and final time To be completed by: With immediate effect (20 November 2020)	<p>The registered person shall ensure that the record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: Second time To be completed by: 1 November 2021	<p>The registered person shall ensure that monthly care plan reviews and daily evaluations of care are meaningful; patients centred and include the oversight of supplementary care records.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: With immediate effect (15 March 2022)	<p>The registered person shall ensure that cleaning chemicals are stored securely in accordance with COSHH regulations.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
Area for improvement 4 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: With immediate effect (15 March 2022)	<p>The registered person shall ensure that a falls policy for the home is developed and implemented within the home; a post falls protocol should also be in place to ensure all falls are managed in line with best practice guidance.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

Area for improvement 5 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: With immediate effect (15 March 2022)	<p>The registered person shall ensure that supervision is provided to patients in accordance with SALT recommendations.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
Area for improvement 6 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect (10 November 2022)	<p>The registered person shall ensure that all records referring to prescribed consistency levels for thickened fluids match and reflect the most recent SALT (speech and language therapy) instructions, to include personal medication records, care plans and staff handover/kitchen records.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All trained staff have been informed both verbally and in writing to complete all nutritional assessments to include any changes in their SALT recommendations in their Care Plans. Two new SALT files, complete November 2022, are available for both Care and Kitchen staff containing all recent SALT recommendations. Handover Sheet and menus have also been updated to include all SALT recommendations. SALT training has been booked for all Nurses, Care Staff and Kitchen Staff for 16th January 2023.</p>
Area for improvement 7 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect (10 November 2022)	<p>The registered person shall implement a robust audit to ensure that all medicines are administered as prescribed.</p> <p>Ref: 5.2.3 & 5.2.5</p> <p>Response by registered person detailing the actions taken: All trained staff made aware verbally and in writing of the importance of clear record keeping with regard to medications. Medications should be checked and signed by two nurses on the MAR sheets. The Manager will include this on her regular medication Audits.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 41 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall review the deployment of staff throughout the home to ensure the number and ratio of staff on duty at all times to ensure the needs of patients are met particularly during the evening meal time.</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>

(17 August 2021)	Ref: 5.1
Area for improvement 2	The registered person shall ensure that the environmental and infection prevention and control issues identified during the inspection are addressed.
Ref: Standard 46	
Stated: Second time	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.
To be completed by: With immediate effect (17 August 2021)	Ref: 5.1
Area for improvement 3	The registered person shall ensure that the IPC training in the use of PPE and hand hygiene is embedded into practice.
Ref: Standard 46	
Stated: Second time	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.
To be completed by: With immediate effect (17 August 2021)	Ref: 5.1
Area for improvement 4	The registered person shall ensure that all relevant staff complete training in relation to Deprivation of Liberty Safeguards and that such training is embedded into practice.
Ref: Standard 39	
Stated: First time	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.
To be completed by: 1 July 2022	Ref: 5.1
Area for improvement 5	The registered person shall ensure assistance is provided at meals in a timely manner.
Ref: Standard 12	
Stated: First time	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.
To be completed by: With immediate effect (15 March 2022)	Ref: 5.1
Area for improvement 6	The registered person shall ensure that all supplementary repositioning charts are consistently completed in a contemporaneous and accurate manner.
Ref: Standard 23	
Stated: First time	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.
To be completed by: With immediate effect (15 March 2022)	Ref: 5.1

<p>Area for improvement 7</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 10 December 2022</p>	<p>The registered person shall ensure that care plans specific to the patient should be in place and reviewed regularly for the management of medication prescribed for pain and distressed reactions.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All trained staff advised verbally and in written form that their individual care plans need to be updated to include the use of analgesia, bowel medication and medications for distressed reactions. These Care Plans should include - name of Medication, dose, frequency and effect and should also include individual outcomes of pain or distress. Care Plans will be audited monthly by Home Manager.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (10 November 2022)</p>	<p>The registered person shall ensure that two members of staff check and sign all handwritten medication administration records/additions to these records, to verify their accuracy and the date.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All trained staff have been notified both verbally and in writing of the importance of accurate recording and signing of medications by two members of staff. Controlled drug Audit Book to be signed by two members of staff at each handover and will be audited weekly by the Home manager.</p>

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



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