

Announced Follow Up Care Inspection Report 1 February 2018



Knockagh Rise

Type of Service: Nursing Home (NH)
Address: 236 Upper Road, Greenisland, BT38 8RP
Tel No: 028 9085 5930
Inspector: Lyn Buckley

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing and residential care for up to 29 persons.

3.0 Service details

Organisation/Registered Provider: Knockagh Rise Ltd Responsible Individual(s): Malcolm James Wilson	Registered Manager: See box below
Person in charge at the time of inspection: Diane Brown - acting manager	Date manager registered: Diane Brown – acting manager. No application to register submitted.
Categories of care: Nursing Home (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. Residential Care (RC) 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 registered places: 29 comprising: 23 – NH- I, PH and PH(E) 6 – RC – I, PH and PH(E)

4.0 Inspection summary

A short notice announced inspection took place on 1 February 2018 from 10:00 to 17:15 hours. Ms Frances McCluskey, lay assessor, accompanied the inspector on the inspection from 10:00 to 13:30 hours.

The inspection focus was to assess progress with the areas for improvement identified during and since the last care inspection.

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.

The term 'patient' is used to describe those living in Knockagh Rise which provides both nursing and residential care.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There were examples of good practice found throughout the inspection in relation to management of staffing levels, engagement with staff, patients and relatives and care delivery.

An area for improvement under regulation was identified in relation to notifiable events.

Areas for improvement under the standards were identified in relation to management of falls, care planning and record keeping.

The findings of this report will provide the homewith 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	3

*Indicates one area for improvement stated for a second time

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Diane Brown, manager and James Wilson, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 25 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector and lay assessor met with nine patients, three staff and one patient's relative. Questionnaires were also left in the home to obtain feedback from relatives and staff were invited to complete an online staff survey.

A poster informing visitors to the home that an inspection was being conducted was displayed in the foyer of the home.

The following records were examined during the inspection:

- duty rotas for nursing and care staff from 15 January to 4 February 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- a sample of incident and accident records from 1 August 2017
- one staff recruitment and induction file
- staff supervision and appraisal planners
- a sample of governance audits
- complaints record
- three patient care records
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last careinspection 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 chargeat the conclusion of theinspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 January 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 25 July 2017

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 13 (1) Stated: Second time	<p>The registered person shall ensure that governance audits are undertaken on a regular basis to promote and make proper provision for the nursing, health and welfare of patients.</p>	Met
	<p>Action taken as confirmed during the inspection: From a review of a sample of governance records it was evidenced that systems and processes were in place to monitor the delivery of care and services within the home and to promote improvement. Audits were completed regularly and any actions identified were addressed.</p> <p>Visits undertaken on behalf of the responsible person by an external consultant, in accordance with Regulation 29, also evidenced review of the governance arrangements and actions taken to address any actions identified.</p>	
Area for improvement 2 Ref: Regulation 20 (1) (a) Stated: First time	<p>The registered person shall ensure that the registration status of nursing and care staff is checked on a regular basis and where 'lapses' in registration are identified these are appropriately managed.</p> <p>Confirmation shall be provided to RQIA, by email, that all nursing staff are on the live NMC register and that all care staff are on the live NISCC register or applying for registration.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of records evidenced that a robust system and process was in place to monitor the registration status of nursing and care staff.</p>	

	The manager was aware of the requirement to register care staff with NISCC if they were not already registered at the commencement of their employment.	
Area for improvement 3 Ref: Regulation 19(2) Schedule 4 (12) (a) and (b) Stated: First time	The registered person shall ensure that accident/incidents records are available for inspection.	Met
	Action taken as confirmed during the inspection: Accident/incidents records were available for inspection. Records from 1 August 2017 were reviewed.	
Area for improvement 4 Ref: Regulation 30 Stated: First time To be completed by: Immediate action required.	The registered person shall ensure that RQIA are notified in accordance with Regulation 30. Refer to Provider Guidance available on our web site: www.rqia.org.uk	Not Met
	Action taken as confirmed during the inspection: Review of accident/incident records from 1 August 2017 evidenced that at least two accidents resulted in nursing staff consulting medical staff. RQIA had not been notified. Therefore this area for improvement is stated for a second time. The manager was advised regarding RQIA's enforcement procedures and that a further breach of this regulation may result in enhanced enforcement action.	
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015		Validation of compliance
Area for improvement 1 Ref: Standard 39 Stated: First time	The registered person shall ensure that training records are maintained in accordance with Standard 39 and that records can identify accurately the level of staff attendance at mandatory and other training required for their role and function in the home.	Met
	Action taken as confirmed during the inspection: Review of training records evidenced that this area for improvement had been met. The manager was advised to ensure records	

	evidenced the attendance at training of management/registered persons, and support staff such as the hairdresser, maintenance person and activity therapist.	
Area for improvement 2 Ref: Standard 35.13 Stated: First time	The registered person shall ensure that regular staff meetings, supervision and appraisals are conducted, and records maintained, in accordance with care standards.	Met
	Action taken as confirmed during the inspection: Review of records and discussion with staff evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Standard 35.3 Stated: First time	The registered person shall ensure that information maintained in accordance with Schedule 3 (3) of The Nursing Homes regulations (Northern Ireland) 2005, within a register, is accurate.	Met
	Action taken as confirmed during the inspection: Review of the record evidenced that this area for improvement had been met.	

6.3 Inspection findings

Management arrangements

Since the previous care inspection there has been a change in the management arrangements for the home. RQIA were notified of the changes as required. An application to register the manager with RQIA has not yet been received. Advice regarding this process and the requirement to register in accordance with legislation was provided to both the manager and the responsible individual.

Staff and patients spoken with expressed their confidence in the new manager. For example, patients said they were “very pleased” with the manager and saw her “walk around each day”. Staff said that morale in the home had improved and that the manager was “approachable and supportive.”

The manager confirmed they were supported in their role by a deputy nurse manager, the responsible individual and an external consultant.

Review of the duty rotas for nursing and care staff evidenced that the planned staffing levels were adhered to. The manager confirmed that staffing levels were monitored to ensure the needs of patients were met. The manager also worked as a nurse in charge of the shift as

indicated on the duty rotas reviewed. However, in a three week period only 12 hours were recorded as management hours. This was concerning and details of the arrangements were discussed with the manager and responsible individual. It was acknowledged that management hours should be dedicated/protected and to enable this the recruitment of nurses was ongoing. The manager also confirmed that management hours had been raised as an action within the monthly quality monitoring visits. While RQIA acknowledged the difficulties in recruiting nursing staff it was agreed that the manager's hours would be kept under review and efforts made to ensure management hours were increased to maintain and improve on the governance arrangements evidenced during this inspection. The manager's hours will continue to be reviewed during subsequent care inspections.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Management of falls.

Review of accidents records and patient care records evidenced that when a patient sustained a fall nursing staff carried out the appropriate observations and recorded the action they took at the time of the fall. However, the risk assessment for falls and the associated care plan were not reviewed at the time of the fall and a post falls analysis was not completed. Details of the specific inspection findings were discussed with the manager who agreed to review the management of falls in accordance with best practice guidance. An area for improvement under the standard was made.

Areas for improvement

An area for improvement under the standards was made in relation to the management of falls.

	Regulations	Standards
Total number of areas for improvement	0	1

Record Keeping

Review of three patient care records evidenced that assessment of needs and risks were completed and reviewed regularly. Assessment informed the care planning process and care plans were generally reviewed as required. Daily evaluations evidenced that nursing staff reviewed the effectiveness of the care delivered.

Review of one patient's nutritional intake chart evidenced that nursing staff did not record the patient's daily intake or that they had reviewed the patient's nutritional intake at regular intervals. Details were discussed with the manager and an area for improvement, under the standards, was made.

Review of two patients' care records regarding pressure area care evidenced care was delivered and evaluated daily. However, the associated care plan did not specify how often the patient had to be repositioned or the setting for their therapy mattress. An area for improvement under the standards was made.

Areas for improvement

Areas for improvement under the standards were made in relation to record keeping and care planning.

	Regulations	Standards
Total number of areas for improvement	0	2

Consultation and Feedback

Patients able to communicate their feelings stated that they enjoyed living in Knockagh Lodge and that their needs were met by staff who were helpful and kind. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments made by patients included:

- “Happy with everything...”
- “Staff are excellent, very attentive”
- “Nursing home and staff are wonderful”
- “Staff look after us very well.”

We spoke with one relative during this inspection. The relative was concerned about their loved one but did not wish to ‘bother staff’. We approached staff with the relative’s permission and they provided immediate support to the patient. Ten questionnaires for relatives were issued; none were returned within the timescale for inclusion in this report.

We also spoke with three staff. There were no concerns raised. As stated previously staff commented positively regarding the changes in management arrangements. A poster inviting staff to complete an online survey was provided. At the time of writing this report none had been completed.

Any comments received from patients, relatives and staff after the issuing of this report will be shared with the manager for their information and action as required.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Diane Brown, manager, and James Wilson, responsible individual, 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 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 DHSSPS 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 providers 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 30</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that RQIA are notified in accordance with Regulation 30.</p> <p>Refer to Provider Guidance available on our web site: www.rqia.org.uk</p> <p>Ref: Section 6.2</p>
	<p>Response by registered person detailing the actions taken: .All trained staff have been informed verbally and in written form that if a doctor is contacted following an accident, a notification to the RQIA should be completed.Also informed that all head injuries or suspected head injuries are notifiable events.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes 2015

<p>Area for improvement 1</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall review the management of falls to ensure that falls risk assessments ad associated care plans accurately reflect the needs of patients and are reviewed post fall.</p> <p>The management of falls and falls prevention practices should reflect DHSSPS Care Standards for Nursing Homes and regional best practice guidance.</p> <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: All staff nurses have been informed both verbally and in written form that a new post falls review form and body map should be completed in conjunction with the accident form.Care plans and risk assessments should also be updated following an accident.The falls/accidents policy has been amended accordingly.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p> <p>To be completed by:Immediate action required.</p>	<p>The registered person shall ensure that nursing staff accurately record the named patient's daily nutritional intake and that they have reviewed the intake at regular intervals.</p> <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: All staff have been informed verbally and in written form regarding the importance of accurate recording of nutritional requirements.Daily fluid allowances have been calculated for all individuals and are recorded on nutrition records and care plans.A system of a monthly review is in place.The nurse in charge will review and sign nutritional records daily and address any deficit regarding targeted amounts.Supervision</p>

	training with all staff is ongoing.
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that, as required, patient care plans are specific regarding how often a patient is to be repositioned and the setting for any therapy mattresses/cushions in use, if required.</p> <p>Ref: Section 6.3</p>
<p>To be completed by: 28 February 2018</p>	<p>Response by registered person detailing the actions taken: All staff nurses have been reminded that individual care plans regarding repositioning and pressure relief should include the type of mattress, pressure relieving equipment, body weight settings of specialised mattresses for individuals and how often an individual should have position changes. An ongoing system of review is in place.</p>



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