

Inspection Report

1 June 2023



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: 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: Wendy Turkington – Deputy Manager	Number of registered places: 29
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	Number of patients accommodated in the nursing 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 29 patients. Patients have access to a communal lounge, dining room and gardens on the ground floor. The patients' bedrooms are situated over three floors in the home.	

2.0 Inspection summary

An unannounced inspection took place on 1 June 2023, from 9.00 am to 7.15 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

RQIA were assured that compassionate care was being delivered in the home, however, concerns were identified in regard to the cleanliness of the environment; the domestic staffing provision for the home; and the number of repeated areas for improvement. The management team were invited to a meeting with RQIA on 12 June 2023 to discuss how the identified issues were to be addressed. An action plan was submitted to RQIA prior to this meeting and further discussion provided RQIA with adequate assurances of the actions the management team had taken, and planned to take, to ensure that the identified issues would be appropriately addressed.

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

Addressing the areas for improvement will further enhance the quality of care and services in the home.

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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with patients and staff. Patients were well presented in their appearance and appeared relaxed and comfortable in their surroundings. Patients told us that they were happy living in the home and said they felt well looked after by the staff who were

helpful and friendly. Comments from patients included; "I would recommend this place" and "Everything is magic". Staff felt that they worked well together and enjoyed engaging with the patients and relatives.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff with a link to an electronic questionnaire to be completed.

No completed questionnaires or responses to the staff survey were received following the inspection.

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 08 December 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	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.	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 (4) Stated: First time	The registered person shall implement a robust audit to ensure that all medicines are administered as prescribed.	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 13 (1) (a) (b) Stated: Second time	<p>The registered person shall ensure that supervision is provided to patients in accordance with SALT recommendations.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 4 Ref: Regulation 14 (2) (a) (c) Stated: Second time	<p>The registered person shall ensure that cleaning chemicals are stored securely in accordance with COSHH regulations.</p> <p>Action taken as confirmed during the inspection: Cleaning products were observed in several areas of the home including an unlocked sluice.</p> <p>This area for improvement is not met and is stated for a third time.</p>	
Area for improvement 5 Ref: Regulation 20 (1) (a) Stated: First time	<p>The registered person shall review the deployment of staff throughout the home to ensure that there are sufficient staff to meet the needs of patients in a timely manner. The provision and deployment of staff must take into consideration the dependency of patients and the layout of the building.</p> <p>A written record of these reviews including outcomes should be available for inspection.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 6 Ref: Regulation 20 (1) (c) (i) Stated: First time	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	

Area for improvement 7 Ref: Regulation 13 (7) Stated: First time	<p>The registered person shall ensure that staff remain bare below the elbow to allow for effective hand hygiene. This is stated in reference to the wearing of jewellery and nail varnish.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		
Area for Improvement 1 Ref: Standard 28 Stated: First time	<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>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>	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 29 Stated: First time	<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>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>	
Area for improvement 3 Ref: Standard 39 Stated: Second time	<p>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.</p> <p>Action taken as confirmed during the inspection: There was evidence that staff had been trained in Deprivation of Liberty Safeguards. However, discussion with staff did not provide the inspector assurance in regard to their knowledge or understanding of the Deprivation of Liberty Safeguards and its relevance to working in the nursing home setting.</p>	Not met

	Therefore, this area for improvement is not met and is stated for a third time.	
Area for improvement 4 Ref: Standard 23 Stated: Second time	<p>The registered person shall ensure that all supplementary repositioning charts are consistently completed in a contemporaneous and accurate manner.</p> <p>Action taken as confirmed during the inspection: Repositioning records did not accurately reflect patients prescribed repositioning schedule.</p> <p>Therefore, this area for improvement is not met and is stated for a third time.</p>	Not met
Area for improvement 5 Ref: Standard 4.1 Stated: First time	<p>The registered person shall ensure that an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. A detailed plan of care for each patient is generated from a comprehensive, holistic assessment and drawn up with each patient. The assessment is commenced on the day of admission and completed within 5 days of admission to the home.</p> <p>Action taken as confirmed during the inspection: Review of care records evidenced that care records had not been implemented timely after the admission of the patient.</p> <p>This area for improvement is not met and is stated for a second time.</p>	Not met
Area for improvement 6 Ref: Standard 46 Stated: First time	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during the inspection are addressed. This is stated in reference but not limited to the storage of toiletries in the patients en-suites, storage on toilet cisterns and the effective cleaning of commodes and raised toilet seats.</p>	Not met

	<p>Action taken as confirmed during the inspection:</p> <p>Deficits were identified in regard to the cleanliness of the environment and in the domestic staffing arrangements. This is further discussed in section 5.2.3</p> <p>This area for improvement has been subsumed into a new area for improvement under Regulation.</p>	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. Gaps were evident on the day of inspection in a number of training topics, however, the manager advised of planned training dates for the identified areas. Training was further discussed at the meeting with RQIA and was included in the home's action plan which included the dates of planned training. Following the meeting, an updated training matrix was received on 30 June 2023 which provided evidence of an improved staff compliance with their training requirements.

Training had been provided to staff on Deprivation of Liberty Safeguards (DoLs) however, discussion with staff did not provide assurance that they understood and were able to apply the knowledge gained from this training into practice. This was discussed at the meeting with RQIA. The management team advised that staff will be supported so that they understand the importance of DoLs in the nursing home setting and how to apply their knowledge into their daily practice. An area for improvement was stated for a third time.

There were systems in place 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). However, a number of newly appointed care staff had not registered with NISCC within the required timeframe. This was discussed with the manager for immediate action and an area for improvement was identified.

Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

The duty rotas accurately reflected the staff working in the home over a 24-hour period. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted. The duty rota evidenced gaps in the provision of daily domestic cleaning staff; on discussion with the manager the home was experiencing difficulty providing daily cover for this role due to staff sickness. The inspection of the environment evidenced that as a consequence of the inconsistent domestic staffing, the home was not sufficiently clean.

RQIA were advised at the meeting on 12 June 2023 that the home had recruited some temporary staff to fill the current staffing deficit. This is further discussed in section 5.2.3.

Staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

Staff said that they felt well supported in their role and found the manager to be accessible and very approachable. Staff spoke positively on the teamwork in the home.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

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.

Patients were well presented in their appearance and told us that they were happy living in the home.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner. The patients commented positively about the food.

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. A review of a selection of care records for newly admitted patients evidenced that all the care records had not been developed in a timely manner. An area for improvement was stated for a second time.

Further review of care records for other patients evidenced that care plans and risk assessments were in place to direct the care required. However, it was noted that a number of care plans required updating and in addition the review of care plans and risk assessments was inconsistent. An area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise were assisted by staff to change their position. A review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans. Furthermore; some patients did not have a care plan in place to identify that they required repositioning. An area for improvement was stated for a second time.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned.

Examination of care documentation for patients who had experienced a fall evidenced that neurological observations and an additional observation chart implemented by the home had not been consistently completed for the recommended timeframe. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Patients' bedrooms were personalised with items of importance to each patient, such as family photos and sentimental items from home.

Deficits were identified in relation to the cleanliness of the home. These deficits were brought to the attention of the manager on the day of inspection. The manager advised that domestic provision in the home had been impacted by staff sickness. This was evidenced in the staff duty rota which highlighted insufficient domestic provision to ensure the home was sufficiently clean and well maintained. This was discussed with RQIA at the meeting on 12 June 2023 where RQIA received assurance from the management team following the inspection that an external cleaning company had been employed to provide regular deep cleans of the home and new bank domestic staff had been employed. An area for improvement was also identified.

Several chairs were seen in need of replacement as they were ripped or torn, therefore they could not be effectively cleaned. Bed rail protectors and wheelchairs were also seen to require a better clean. The manager did advise that new chairs have been ordered and the home was awaiting their delivery.

Cleaning products were observed in several areas of the home which were accessible to patients and within an unlocked sluice room. Staff compliance with the Control of Substances Hazardous to Health (COSHH) regulations was discussed with the manager given that this area for improvement has been stated since March 2022. The manager confirmed staff compliance with locking sluices and the safe storage of cleaning products will be monitored during her daily walk around the home. An area for improvement was stated for a third time.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Fire drill records were observed up to date but did lack some additional information; this was discussed with the manager who agreed to update the fire drill documentation. This will be followed up on a future inspection.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day, for example, some patients preferred to spend time in their bedrooms; some used the communal areas and some patients were seen to move between communal and personal spaces.

Patients who were in their bedroom looked comfortable; some were watching television or reading. The aroma therapist was also in the home and advised she attends the home monthly and that the patients enjoy her visits.

There was a programme of activity on display. Patients spoken with said that activities were provided which involved both groups and one to one sessions. National milkshake day was being celebrated with the patients being offered a variety of freshly prepared milkshakes.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Diane Brown has been the Registered Manager of this home since 10 January 2020.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage safeguarding.

Patients spoken with said that they knew how to report any concerns and said they were confident that they would be addressed by the management team.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff commented positively about the manager and deputy manager and described them both as supportive and approachable.

The home was visited each month by a representative of the registered provider 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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are 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	7*	6*

*the total number of areas for improvement includes one Regulation and two standards that have been stated for a third time, a further area under the standards has been stated for a second time. Four areas for improvement have been carried forward for review at the next inspection; two Regulations and two standards.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 13 (4) Stated: First time To be completed by: With immediate effect	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. Ref: 5.1 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 (4) Stated: First time To be completed by: With Immediate effect	The registered person shall implement a robust audit to ensure that all medicines are administered as prescribed. Ref: 5.1 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>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Third time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that cleaning chemicals are stored securely in accordance with COSHH regulations.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: All cleaning products have been removed from all sluices. Staff COSHH training has been completed and is fully up to date. Staff have been reminded both verbally and in writing of the importance of storing chemicals in accordance with COSHH regulations. Signage is in place on sluice doors reminding staff to keep doors locked.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 21 (5) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure staff are supported to achieve timely registration with their professional body. This is specifically in relation to care staff registration with NISCC.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A new induction checklist has been implemented. This includes a section in relation to NISCC registration and the importance of commencing the process at the start of their employment. Staff reminded of the timeframe in which to have the process completed. Home Manager to review and follow up with NISCC on a weekly basis.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that there are sufficient domestic staff on duty.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Domestic staff have returned from Long Term Sick leave. A new domestic has been employed to cover three days per week and Bank Staff are willing to fulfill and outstanding domestic shifts.</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure patients' care plans and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Nurses have now been given protected time on a weekly basis to complete monthly Care Plans, risk assessments and evaluations. Home Manager to review monthly.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 27 (2) (c)(d)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The registered person shall ensure that the environmental deficits issues identified during this inspection are addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The home is in the process of replacing worn armchairs. Home Manager is to review night cleaning schedule, to include wheelchairs and bed rail protectors. Manager to review the cleanliness of the home during a daily walk around the home.</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: 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: 5.1</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 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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: 5.1</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 3</p> <p>Ref: Standard 39</p> <p>Stated: Third time</p> <p>To be completed by: 8 March 2023</p>	<p>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.</p> <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: All training in relation to Deprivation of Liberty safeguards is currently up to date. A new induction checklist includes DOLS information. A DOLS questionnaire has now been implemented and is to be included as part of safeguarding training for staff.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 23</p> <p>Stated: Third time</p> <p>To be completed by: 1 March 2023</p>	<p>The registered person shall ensure that all supplementary repositioning charts are consistently completed in a contemporaneous and accurate manner.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Nurses have been instructed to monitor repositioning documentation regularly throughout their shifts for individuals requiring pressure relief. Care staff have been provided with information of which individuals require monitoring and importance of the same. Home Manager to review documentation regularly to identify any inconsistencies.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4.1</p> <p>Stated: Second time</p> <p>To be completed by: 1 March 2023</p>	<p>The registered person shall ensure that an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. A detailed plan of care for each patient is generated from a comprehensive, holistic assessment and drawn up with each patient. The assessment is commenced on the day of admission and completed within 5 days of admission to the home.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: All trained staff have been informed that all risk assessments for new residents need to be completed within 24 hours of admission. Staff also informed that initial assessments are to be commenced on the day of admission and completed within 5 days.</p>

Area for improvement 6 Ref: Standard 22 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that in the event of a fall, where a head injury is either suspected or confirmed, that all care documentation relating to the fall is completed in full for the recommended timeframe; and if applicable, a rationale is recorded to account for any gaps in the documentation.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff reminded about the importance of full completion of CNS observations and relevant documentation following an unwitnessed fall or head injury.</p>

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