

# Inspection Report

<b>Name of Service:</b>	<b>Knockagh Rise</b>
<b>Provider:</b>	<b>Knockagh Rise Ltd</b>
<b>Date of Inspection:</b>	<b>3 September 2024</b>

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation:</b>	Knockagh Rise Ltd
<b>Responsible Individual:</b>	Ruth Elizabeth Logan
<b>Registered Manager:</b>	Joeleen Logan
<b>Service Profile:</b> This home is a registered nursing home which provides nursing care for up to 30 patients. Patients have access to a communal lounge, dining room and outside space on the ground floor. Bedrooms are situated over three floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 3 September 2024, from 9.45 am to 6.00 pm by care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 6 March 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. Two areas for improvement relating to medicines management will be reviewed at the next inspection and one area for improvement has been stated again. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### 3.0 The inspection

#### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### 3.2 What people told us about the service

The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the patients at all times.

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect. Patients said, "The staff are more than good" and "This home is one of the best".

Patients told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Patients who were able to share their opinions on life in the home said or indicated that they were well looked after and were observed to be at ease in the company of staff and to be content in their surroundings.

One relative shared very positive opinions about the care their loved one receives in the home and commented on the improvement in their well-being since moving to Knockagh Rise. Another relative shared less positive views during and after the inspection; these comments was discussed with the manager for her appropriate action.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). Records showed that any nurse taking charge of the home had competency and capability assessments reviewed annually, to ensure they held the knowledge and skills required.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position. However, review of records for a number of patients identified that they were not repositioned in keeping with their prescribed care. This was discussed with the manager and an area for improvement will be stated for a third time.

It was observed that an identified patient who had been assessed and prescribed a specialist piece of equipment did not have access to this equipment, furthermore, discussion with the patient's family member confirmed that care had been delivered without this specialist equipment. This was immediately discussed with the manager and an area for improvement was identified. Follow up discussion with the manager post inspection confirmed the prescribed specialist equipment had been reinstated with the patient.

Where a patient was at risk of falling, measures to reduce this risk were put in place. Examination of records regarding the management of falls evidenced that these were generally well managed. However, it was noted that some documentation was not fully completed in line with best practice guidance. This was discussed with the manager who agreed to address this with the nursing staff. This will be followed up on the next care inspection.

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 may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Previously the condition and staining of the plastic drinking cups was discussed with the manager and was addressed at that time, however, the cups were noted to be stained again on this inspection. This was discussed with the manager who agreed to review the use of these cups and consider purchasing new ones; this will be followed up on the next care inspection.

The importance of engaging with patients was well understood by the manager and staff. Observation of the planned activity of balloon tennis confirmed that staff knew and understood patients' preferences and wishes. The activity staff member helped patients to participate in the activity and the patients appeared to enjoy it. Other patients were observed in their bedrooms with their chosen activity such as reading, listening to music, watching television or waiting for their visitors to come.

The weekly programme of social events was displayed in several areas of the home; arrangements were in place to meet patients' social, religious and spiritual needs within the home.

### **3.3.3 Management of Care Records**

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care.

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.

### **3.3.4 Quality and Management of Patients' Environment**

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm and comfortable. Patients' bedrooms were tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home. However, several areas of the home were noted to be cluttered and in need of a tidy and a bathroom was observed to store a number of inappropriate items. Another area under the stairs was also observed used to store dry food

items. The specific details of the inspection findings were discussed with the manager and an area for improvement was identified.

A number of infection prevention and control deficits were also identified, for instance, a number of shower chairs and raised toilet seats were observed stained or to have not been effectively cleaned. In addition, a number of staff were noted not to take appropriate opportunities for hand hygiene and or use Personal Protective Equipment (PPE) in line with best practice guidance with some staff also observed wearing nail polish or false nails. Areas for improvement were identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe.

Corridors were clear of clutter. However, it was observed within the day room that the position of some patients' chairs had the potential to impede the evacuation through the exit doors in an emergency situation. This was discussed with the manager who agreed to review the seating and this will be followed up on the next inspection.

### 3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Joeleen Logan has been the registered manager in this home since 29 April 2024.

Staff commented positively about the manager and described her as very supportive, approachable and able to provide guidance.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to patients. However, it was observed that there was inconsistency in the regular auditing of care records. An area for improvement was identified.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	6*

\*the total number of areas for improvement includes one standard that has been stated for a third time. One regulation and one standard are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Joeleen Logan, Registered 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	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (1) (b) <b>Stated:</b> First time <b>To be completed by:</b> 4 September 2024	<p>The Registered Person shall ensure that any patient who has been assessed and provided specialist equipment have access to the equipment at all times.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> Specialist equipment is available for residents who are require it. However, staff have been reminded that any specialist equipment that a resident has been assessed for must be used at all times.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> Second time <b>To be completed by:</b> 6 December 2023	<p>The Registered Person shall implement a robust audit to ensure that all medicines are administered as prescribed.</p> <p>Ref: 2.0</p> <p><b>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.</b></p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 23 <b>Stated:</b> Third time <b>To be completed by:</b> 4 September 2024	<p>The Registered Person shall ensure that patients are repositioned in keeping with their prescribed care.</p> <p>Ref: 2.0 and 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> Repositioning schedule has been updated and communicated to nurses and carers. Nurses are reminded to ensure that all repositioning is documented for all resident who require it before the end of their shift. Manager to carry out daily audits of same.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 43 <b>Stated:</b> First time <b>To be completed by:</b> 30 September 2024	<p>The Registered Person shall ensure the storage issues identified and discussed during this inspection are addressed.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> All dry foods removed from under the stairs area and returned to the kitchen</p>



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 September 2024</p>	<p>The Registered Person shall ensure that Personal Protective Equipment (PPE) and hand hygiene training is embedded into practice.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> PPE readily available for all staff. Blue aprons are worn when in the dining room and dealing with food i.e tea trolleys. Gloves and white aprons are worn when carrying out personal care. Weekly hand washing audits continue. Staff are reminded re. importance of handwashing and infection control measures.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 September 2024</p>	<p>The Registered Person shall ensure that shower seats and raised toilet seats are effectively cleaned.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Domestic staff and carers reminded to clean shower chairs effectively after each use. Shower chairs that appear to be rusted are to be replaced as necessary.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2024</p>	<p>The Registered Person shall ensure that care record audits are completed regularly; the audit should include where required a clear action plan, the person responsible for completing the action and appropriate follow up to ensure any identified actions are addressed.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Care plan audit commenced. Manager to carry out monthly.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards (7 November 2023)</p>	<p>The Registered Person shall ensure that stock balances of controlled drugs are reconciled appropriately on each occasion when the handover for responsibility is transferred.</p> <p>Ref: 2.0</p> <p><b>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.</b></p>

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





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Quality Improvement  
Authority

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