



## **Unannounced Post Registration Care Inspection**

<b>Name of Establishment:</b>	<b>Knockagh Rise Nursing Home</b>
<b>RQIA Number:</b>	<b>12186</b>
<b>Date of Inspection:</b>	<b>4 March 2015</b>
<b>Inspectors' Names:</b>	<b>Lyn Buckley and Aveen Donnelly</b>
<b>Inspection ID:</b>	<b>IN021195</b>

**The Regulation And Quality Improvement Authority**  
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## 1.0 General Information

<b>Name of Establishment:</b>	Knockagh Rise
<b>Address:</b>	236 Upper Road Greenisland BT38 8RP
<b>Telephone number:</b>	02890 855930
<b>Email address:</b>	<a href="mailto:info@knockaghrise.com">info@knockaghrise.com</a>
<b>Registered organisation/responsible individual/Registered provider:</b>	Knockagh Rise Ltd Mr MJ Wilson – responsible individual
<b>Registered manager:</b>	Anne McCracken
<b>Person in charge of the home at the time of inspection:</b>	Anne McCracken
<b>Categories of care:</b>	NH: I PH PH(E)
<b>Number of registered places:</b>	29
<b>Number of patients accommodated on day of inspection:</b>	6
<b>Scale of charges (per week):</b>	£605- £620
<b>Date and type of previous inspection:</b>	27 November 2014 Pre-registration inspection
<b>Date and time of inspection:</b>	4 March 2015 11:30 – 13:30 hours
<b>Name of inspectors:</b>	Lyn Buckley and Aveen Donnelly

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **3.0 Purpose of the Inspection**

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

## **4.0 Methods/Process**

Specific methods/processes used in this inspection include the following: amend as relevant

- discussion with the registered manager
- discussion with staff
- discussion with patients
- review of a sample of policies and procedures
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a sample of care records
- review of the complaints, accidents and incidents records
- observation during a tour of the premises
- evaluation and feedback.

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients	<b>5</b>
Staff	<b>4</b>
Relatives	<b>0</b>
Visiting Professionals	<b>0</b>

## 6.0 Inspection Focus

The focus of this inspection was to assess the day to day operations of the home since registration in November 2014 and to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard:

### Standard 19 - Continence Management

**Patients receive individual continence management and support.**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of Service

Knockagh Rise Nursing Home is situated off the Upper Road Geenisland. The nursing home sits on the hillside beneath Knockagh Monument with views over Belfast Lough and the surrounding countryside. Local bus services to Belfast or Carrickfergus are easily accessed.

The nursing home is owned and operated by Mr MJ Wilson who is also the registered responsible individual. The registered manager is Ms Anne McCracken.

Accommodation for patients is provided over four floors. Each floor consists of seven or eight single ensuite bedrooms. The main lounge and dining room are situated on the second floor with smaller seating areas on each floor adjacent to the staircase and within a connecting corridor on the second floor. Access to all floors is via a passenger lift and stairs. A number of communal sanitary facilities are also available throughout the home.

Catering and laundry services are provided on site. Car parking is to the rear of the building.

The home is registered to provide care for a maximum of 29 persons under the following categories of care:

### Nursing care(NH)

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
PH(E)	physical disability other than sensory impairment over 65 years

## 8.0 Executive Summary

This unannounced inspection of Knockagh rise Nursing Home was undertaken by Lyn Buckley and Aveen Donnelly on 4 March 2015, between 11:30 and 13:30 hours. The inspection was facilitated by the registered manager, Ms Anne McCracken. Ms McCracken was provided with verbal feedback at the conclusion of the inspection

There were no requirements or recommendations made as a result of the previous care inspection.

The focus of this inspection was to assess the day to day operations of the home since registration in November 2014 and to establish the level of compliance with DHSSPS Standard 19: Continence Management.

### Inspection findings

Review of patients' care records evidenced that bladder and bowel continence assessments were undertaken at the time of admission to the home. The outcome of these assessments was incorporated into the patients' care plans on continence care.

The care plans reviewed generally addressed the patients' assessed needs in regard to continence management. Discussion with the registered manager and review of training records confirmed that staff were trained in continence/incontinence care.

Additional areas also examined included:

- care practices
- complaints
- patients' comments
- staff comments
- staffing arrangements
- environment
- care records.

Refer to section 11 for details of the inspection findings.

### Conclusion

During the inspection staff were observed to treat the patients with dignity and respect. Good relationships were evident between patients and staff. Patients spoken with were complimentary regarding the care they received and the management of the home.

Based on the evidenced examined the inspector concluded that the delivery of care to patients was safe, effective and compassionate.

Standard 19: continence management was assessed as compliant. Refer to section 10 for details.

As a result of this inspection two recommendations were made in relation to care planning and seating. Refer to sections 10(19.1) and 11.1 for details.

The inspector would like to thank the patients, the registered manager and staff for their assistance and co-operation throughout the inspection process.



## **9.0 Follow-Up on previous issues**

There were no requirements or recommendations made as a result of the previous pre-registration inspection conducted on 27 November 2014.

**9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection in November 2014 RQIA have been notified by the registered manager of incidents in accordance with Regulation 30 of the Nursing Homes Regulations (NI) 2005. Advice was provided in respect of notification of wounds.

Discussion with the registered manager evidenced that she was aware of the protocol and requirements for managing potential or alleged safeguarding of vulnerable adults (SOVA) issues.

## 10.0 Inspection Findings

<b>STANDARD 19 - CONTINENCE MANAGEMENT</b> <b>Patients receive individual continence management and support</b>	
<b>Criterion Assessed:</b> 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Review of two patients' care records evidenced that bladder and bowel continence assessments were undertaken at the time of admission to the home. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care. The care plans reviewed generally addressed the patients' assessed needs in regard to continence management.  It is recommended that registered nurses are specific in relation to what the patient's 'usual' bowel pattern is and include this information within the care plan and ensure that continence assessment are completed in full.  There was evidence that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.  The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected.  Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.	Compliant.

**STANDARD 19 - CONTINENCE MANAGEMENT**  
**Patients receive individual continence management and support**

**Criterion Assessed:**

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

**COMPLIANCE LEVEL****Inspection Findings:**

The inspector can confirm that the following policies and procedures were in place;

- continence management / incontinence management
- stoma care
- catheter care

The policies reviewed also referenced relevant guidance documents such as;

- British Geriatrics Society Continence Care in Residential and Nursing Homes
- NICE guidelines on the management of urinary incontinence
- NICE guidelines on the management of faecal incontinence
- RCN Continence in care homes.

The inspectors provided advice to the registered manager in respect of the date of issue, date for review and signing of policy documents as directed in DHSSPS minimum standard 26.

Compliant

**STANDARD 19 - CONTINENCE MANAGEMENT**  
**Patients receive individual continence management and support**

<b>Criterion Assessed:</b> 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Not inspected on this occasion.	Not assessed.
<b>Criterion Assessed:</b> 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Discussion with the registered manager and review of training records confirmed that staff were trained in continence/incontinence care.  A number of registered nurses in the home were competent in female and/or male catheterisation. Those who required training could access this through the Trust.  Stoma management was addressed on an individual patient basis with support from the Trust's stoma nurse and product suppliers as and when required.	Compliant.

<b>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</b>	<b>Compliant</b>
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## **11.0 Additional Areas Examined**

### **11.1 Care Practices**

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

The inspector observed two patient to have their feet resting on pillows or an armchair seat cushion. This was because the patients' feet did not reach the ground when they were seated. During discussion the registered manager confirmed that a referral had been made for a seating assessment for one patient. However, it is recommended that consideration be given to the provision of seating of various or adjustable heights and/or footstools.

### **11.2 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

The inspectors discussed the management of complaints with the registered manager. This evidenced that complaints were managed in a timely manner and in accordance with legislative requirements.

### **11.3 Patients' comments**

During the inspection the inspectors spoke with five patients individually. Patient confirmed that they were treated with dignity and respect, that staff were polite and respectful, that they could call for help if required, that needs were met in a timely manner, that the food was good and plentiful and that they were happy living in the home.

Examples of patients' comments were as follows:

"I am very happy with everything here."

"Food is very good."

"The home is clean and tidy."

"My room is always kept clean and I am happy with everything."

There were no issues raised with the inspectors.

#### **11.4 Staff Comments**

During the inspection the inspectors spoke with four staff. Staff indicated that they had received an induction, completed mandatory training and were 'very satisfied' that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

There were no issues raised with the inspectors.

#### **11.5 Staffing arrangements**

The registered manager confirmed the staffing level for six patients was:

Morning shift	1 registered nurse and 1 care assistant
Afternoon shift	1 registered nurse and 1 care assistant
Night duty	1 registered nurse and 1 care assistant.

The registered manager confirmed that staffing levels were kept under review to ensure the assessed needs of patients were met. Staffing levels would increase as occupancy increased.

#### **11.6 Environment**

The inspectors undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene and decor.

#### **11.7 Care records**

The inspector examined two patient care records. Records were maintained in accordance with legislative requirements and professional guidance. A recommendation was made in relation to the management of bowels refer to section 10 (19.1)

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms A McCracken, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Lyn Buckley**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**





The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Secondary Unannounced Care Inspection

#### Knockagh Rise Nursing Home

4 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms A McCracken, registered manager, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**commendations**

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
19.1	<p>Registered nurses should be specific in relation to what the patient's 'usual' bowel pattern is and include this information within the care plan and ensure that continence assessment are completed in full.</p> <p><b>Ref: Section 10(19.1)</b></p>	One	<p>The Residents usual bowel pattern is noted - then Care Plan No 5</p> <p>The revised continence assessment which will be available by the end of April will be completed - full.</p>	By the end of April 2015.
5.3	<p>Consideration should be given to the provision of seating of various or adjustable heights and/or footstools to ensure patients are seated comfortably and in the correct position.</p> <p><b>Ref: Section 11 (11.1)</b></p>	One	<p>Seats of various heights have been sourced and an adequate number of footstools will be available - The home by the end of April.</p>	By the end of April 2015.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Anne O'Brien
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	J. Wilson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			