

Inspection Report

6 March 2024



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 Individual: Mrs Ruth Elizabeth Logan	Registered Manager: Mrs Joeleen Logan – not registered
Person in charge at the time of inspection: Mrs Joeleen Logan	Number of registered places: 30
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: 29
Brief description of the accommodation/how the service operates: 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 gardens on the ground floor. Bedrooms are situated over three floors.	

2.0 Inspection summary

An unannounced inspection took place on 6 March 2024, from 9.20 am to 4.10 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection on the 23 November 2023 and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean with a welcoming atmosphere. Staff were seen to work well together and to communicate in a professional manner with each other and in a warm and reassuring manner towards the patients.

Patients were happy to engage with the inspector and share their experiences of living in the home. The patients expressed positive opinions about the home and the care provided.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 Joeleen Logan, manager at the conclusion of the inspection.

4.0 What people told us about the service

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. One patient said, "The girls are great; this is my home", while another patient said, "I am very lucky, all the staff are lovely".

Relatives spoken with were complimentary of the care provided in the home. One relative said, "I can't praise them (the staff) enough, the care is brilliant".

Staff spoken with said that Knockagh Rise was a good place to work and that the management team were very approachable. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

One relative returned a questionnaire which confirmed they were very satisfied with all aspects of the care and services provided to their loved one in Knockagh Rise.

No responses were received from the online staff survey.

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 7 November 2023		
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: Second 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 2 Ref: Regulation 20 (1) (a) Stated: Second time	The registered person shall ensure that there are sufficient domestic staff on duty.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 16 (2) (b) Stated: Second time	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.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. See Section 5.2.2 for additional detail.	
	This area for improvement was stated for a third and final time.	

Area for improvement 4 Ref: Regulation 27 (2) (c) and (d) Stated: Second time	The registered person shall ensure that the environmental deficits issues identified during this inspection are addressed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Regulation 19 (3) (b) Stated: First time	The registered person shall ensure that records are available as outlined in Schedule 4 of The Nursing Homes Regulations (Northern Ireland) 2005, at all times for inspection in the home by any person authorised by the Regulation and Quality Improvement Authority to enter and inspect the nursing home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 6 Ref: Regulation 32 (h) Stated: First time	The registered person shall not commence any alterations to the home prior to approval of a formal variation application to RQIA; this is in regard to the identified alterations as outlined in this report.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 7 Ref: Regulation 10 (1) Stated: First time	The registered person shall ensure that the management and governance arrangements are reviewed to ensure they are effective in identifying deficits in regard to the cleanliness of the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 8</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>This is stated in relation to:</p> <ul style="list-style-type: none"> • Locking the hairdressing room or ensuring hair products are securely stored within the hairdressing room. • Ensuring storage areas and communal areas do not contain any items that potentially could be hazardous to patients, staff or visitors to the home. <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 27 (4) (c) (d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the practice of propping or wedging open of fire doors ceases immediately.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 10</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person shall submit the Regulation 29 reports to RQIA. The reports are to include specific reference and information on the progress of the home with the areas identified in this Quality Improvement Plan.</p> <p>These reports shall be submitted to RQIA on the 5th day of each month until directed otherwise.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 31 Stated: First time	The registered person shall ensure that stock balances of controlled drugs are reconciled appropriately on each occasion when the handover for responsibility is transferred.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 41 Stated: First time	The registered person shall ensure that the staff duty rota accurately reflects all staff working in the home on a daily basis.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 40 Stated: First time	The registered person shall ensure that all staff receive supervision and appraisal.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 12 Stated: First time	The registered person shall ensure the following: <ul style="list-style-type: none"> • The patient dining experience is reviewed with regards to the availability and choice of crockery for the serving of hot drinks. Plastic mugs/cups that are badly stained should be effectively cleaned or replaced. • The daily menu is displayed to accurately reflect the food served. • Appropriate snack choices are made available for patients on a modified diet. 	Met

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Standard 23 Stated: First time	The registered person shall ensure that patients are repositioned in keeping with their prescribed care. Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. See Section 5.2.2 for additional detail. This area for improvement was stated for a second time.	Not met
Area for improvement 6 Ref: Standard 4 Stated: First time	The registered person shall ensure that wheelchairs are fit for purpose and clean. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 7 Ref: Standard 46 Stated: First time	The registered person shall ensure that a system is in place for decontamination of the manual handling equipment between each patient use. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 8 Ref: Standard 12 Stated: First time	The registered person shall ensure that confidential information regarding patient's dietary needs is not displayed in bedrooms or communal areas. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met

Area for improvement 9 Ref: Standard 47.1 Stated: First time	The registered person shall meet and maintain a record of the discussion with all staff in regard to their role and responsibilities to ensure the health, safety and welfare of staff, patients and visitors to the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

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.

There were systems in place to ensure staff were trained and supported to do their job. The manager retained good oversight of staff compliance with their training requirements.

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

5.2.2 Care Delivery and Record Keeping

Staff were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

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. There was evidence that patients' needs in relation to nutrition and the dining experience were being met.

Review of care records for patients evidenced that care plans and risk assessments were in place to direct the care required. However, a number of care plans evidenced gaps in their regular review. An area for improvement was stated for a third and final time.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position. However, examination of the recording of repositioning evidenced that some patients were not repositioned as prescribed in their care plan. An area for improvement was stated for a second time.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily. Review of care records for those patients who had lost weight provided limited evidence of the actions taken by the registered nurses to address the weight loss. This was discussed with the manager and 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 a sample of patient bedrooms, the communal lounge, dining room, bathrooms and storage spaces. The home was found to be clean, warm, and well-lit. Patient's bedrooms were clean, tidy and personalised with items of interest and importance to each patient, such as family photos, furniture, books and sentimental items.

It was observed within patient and communal bathrooms that cisterns and window sills were used to store items such as toilet roll, equipment and wipes; this was discussed with the manager who agreed to address.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. The home's most recent fire safety risk assessment was completed on 24 November 2023; there was evidence that all actions identified by the fire risk assessor had been addressed in a timely manner.

A review of the record of fire drills confirmed that fire drills had been conducted and included a list of staff in attendance. However, there was limited detail to record the outcome of the fire drill; for example: did the staff respond appropriately and if there were any identified actions from the drill. This was discussed with the manager and an area for improvement was identified.

A number of staff were also observed wearing jewellery and nail polish; this was discussed with the manager who agreed to address this with the identified individual staff.

5.2.4 Quality of Life for Patients

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

There was a range of activities provided for patients by activity staff and the schedule of planned activities was displayed.

The range of activities included social, community, cultural, religious, spiritual and creative events. Patients' needs were met through a range of individual and group activities. Activity records were maintained which included patient engagement with the activity sessions.

5.2.5 Management and Governance Arrangements

There was evidence of auditing across various aspects of care and services provided by the home. The quality of the care record, environmental and the monitoring of patients' weight audit was discussed with the manager; discussions included ensuring that the audit contains all the required information, an action plan and then further review of the action plan to ensure that any identified actions have been addressed. An area for improvement was identified.

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 deputy manager is the safeguarding champion for the home, it was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

A review of accidents and incidents records found that these were well managed and reported appropriately.

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. 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/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	2*	5*

*The total number of areas for improvement includes one regulation that has been stated for a third and final time and one standard that is stated for a second time. A further two areas for improvement are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Joeleen Logan, 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	
Area for improvement 1 Ref: Regulation 16 (2) (b) Stated: Third and final time To be completed by: 7 March 2024	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. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: 'Resident of the day' care plan evaluation implemented. Manager to oversee regularly.
Area for improvement 2 Ref: Regulation 13 (4) Stated: Second time To be completed by: 6 December 2023	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.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 23 Stated: Second time To be completed by: 7 March 2024	The registered person shall ensure that patients are repositioned in keeping with their prescribed care. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Repositioning schedule updated and nurses to oversee daily to ensure documentation is completed in relation to repositioning.
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 7 March 2024	The registered person shall ensure that if a patient is identified at risk of weight loss or has lost weight; the registered nurse care records should clearly and meaningfully evidence the actions taken to address or mitigate this risk. Ref: 5.2.2
	Response by registered person detailing the actions taken: Nurses to document fully in residents careplans dietitian evidence and the plan of care in relation to any weightloss identified. Manager to audit monthly.

Area for improvement 3 Ref: Standard 48 Stated: First time To be completed by: 31 March 2024	<p>The registered person shall ensure fire drill records evidence an account of the drill and any actions required.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Weekly fire drill records to include the response of all staff and zone of alarm triggered.</p>
Area for improvement 4 Ref: Standard 35 Stated: First time To be completed by: 31 March 2024	<p>The registered person shall ensure that quality governance audits include a clear action plan, the person responsible for completing the action and appropriate follow up to ensure any identified actions are addressed.</p> <p>This is stated with specific reference to care record audit, environmental audit and patient weight loss audit.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: All governance audits now include an action plan, if action identified as needing addressed. Manager to audit monthly.,</p>
Area for improvement 5 Ref: Standard 31 Stated: First time To be completed by: From the date of the inspection onwards (7 November 2023)	<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: 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>

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