

Inspection Report

Name of Service: Knockagh Rise

Provider: Knockagh Rise Ltd

Date of Inspection: 9 January 2025

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

1.0 Service information

Organisation:	Knockagh Rise Ltd
Responsible Individual:	Mrs Ruth Elizabeth Logan
Registered Manager:	Mrs Joeleen Logan
Service Profile – 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 9 January 2025, from 9.30 am and 4.30 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 3 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients.

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.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery and the home's environment. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection two 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 four areas for improvement have 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

Patients who were able to share their opinions spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "It's like the Grand Central", "The carers do their best" and "I have no issues".

Patients who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Staff were also observed to be working well as team. The staff were observed to have positive interactions with patients and one another.

Relatives spoken with told us; "the staff were kind" and "the staff are always about, and nothing you ask is ever a bother".

Following the inspection, a relative returned a completed questionnaire; within the questionnaire they commented that any small issues that had been raised were appropriately addressed by management and they feel their loved one is in a safe environment.

No feedback was received from staff questionnaires or surveys within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Staff said there was good team work and that they enjoyed coming to work.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

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). It was observed that gaps were evident in some of the staff details on the NISCC audit. This was discussed with the manager and the importance of accurate completion was highlighted; this will be followed up on the next inspection.

Review of mandatory training records evidenced that compliance with a number of topics was low, this included the training provided to newly appointed staff. An area for improvement was identified.

A patient who has been assessed and care planned as requiring continuous supervision was observed without a staff member present, the inspector had to intervene to ensure this patient's assessed need was met. An area for improvement was identified.

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. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. 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.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

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 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. The chef was observed making alternative meals for patients who had different preferences to the daily menu. Patients commented positively regarding the food provided in Knockagh Rise. One family member described the dining experience "like being in a hotel".

The importance of engaging with patients was well understood by the manager and staff. The patients were observed participating in armchair exercises and were looking forward to making

2025 calendars in the afternoon. The activity staff member encouraged the patients to exercise and the patients appeared to enjoy this activity. 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 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.

The home was generally clean however; a number of door handles and bathroom cabinets required a better clean; this was discussed with the manager and an area for improvement was identified.

In addition, within patients ensuite bathrooms and in communal bathrooms, the toilet cistern was being used to store items such as wipes and toiletries, an area for improvement was identified.

It was disappointing that a number of infection prevention and control (IPC) deficits were still observed on this inspection, shower chairs were observed in need of a better clean, a number of staff were observed wearing nail polish or false nails and staff were observed not adhering to IPC best practice guidance. Two areas for improvement were stated for a second time.

Although some of the storage issues identified at the previous care inspection had been addressed, a linen room was found to be extremely untidy and cluttered. An area for improvement was stated for a second time.

Concerns were identified with regards to the management of potential risks to patients; on two occasions the medicine trolley was left unattended and later in the day the domestic trolley was also observed unattended. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. However, a number of fire doors were observed with loose seals, this was discussed with the maintenance personnel and the manager. An area for improvement was identified.

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. The care record audits still required some development; a previous area for improvement was stated for a second time.

Although there was evidence that monthly quality monitoring visits were conducted, the reports were found to have repetitive statements, the action plans were not time bound and the reports were not reflective of the some of the inspection findings. 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
Total number of Areas for Improvement	5*	8*

*the total number of areas for improvement includes four standards that have been stated for a second 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 Mrs 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	
Area for improvement 1 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: 2.0
	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: Regulation 20 (1) (c) (i) Stated: First time To be completed by: 30 January 2025	The Registered Person shall ensure that all staff receive and complete mandatory training commensurate with their job role. Ref: 3.3.1
	Response by registered person detailing the actions taken: All staff mandatory training has been completed and up to date,

Area for improvement 3 Ref: Regulation 13 (1) (b) Stated: First time To be completed by: 9 January 2025	<p>The Registered Person shall ensure that any patient who has been assessed as requiring continuous supervision has staff present at all times.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: All staff are reminded that they should be within arms reach of the patient moving forward.</p>
Area for improvement 4 Ref: Regulation 14 (2) (c) Stated: First time To be completed by: 9 January 2025	<p>The Registered Person shall ensure that medication and domestic cleaning trolleys are not left unattended.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Staff meeting held with nursing and domestic staff and reiterated the importance of locking trolleys away when not in use</p>
Area for improvement 5 Ref: Regulation 27 (4) (i) (iv) Stated: First time To be completed by: 13 January 2025	<p>The registered person shall ensure that the identified fire doors are either repaired or replaced to ensure the integrity of the premises fire compartmentation is maintained.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Seals to particular fire doors identified, have been raised with the maintenance team for immediate action</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 43 Stated: Second time To be completed by: 16 January 2025	<p>The Registered Person shall ensure the storage issues identified and discussed during this inspection are addressed.</p> <p>Ref: 2.0 and 3.3.3</p> <p>Response by registered person detailing the actions taken: Linen store now tidy and cupboards purchased for the storage issues in the basement toilets.</p>
Area for improvement 2 Ref: Standard 46 Stated: Second time	<p>The Registered Person shall ensure that Personal Protective Equipment (PPE) and hand hygiene training is embedded into practice.</p> <p>Ref: 2.0 and 3.3.3</p>

To be completed by: 10 January 2025	Response by registered person detailing the actions taken: Staff meeting held for all staff and reiterated the importance of hand hygiene and the updated policy for wearing nails and jewellery
Area for improvement 3 Ref: Standard 46 Stated: Second time To be completed by: 9 January 2025	The Registered Person shall ensure that shower seats and raised toilet seats are effectively cleaned. Ref: 2.0 and 3.3.3 Response by registered person detailing the actions taken: Shower seats and toilet seats to be checked twice daily to ensure effectively clean.
Area for improvement 4 Ref: Standard 35 Stated: Second time To be completed by: 30 January 2025	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. Ref: 2.0 and 3.3.4 Response by registered person detailing the actions taken: The audits in question have been delegated to Deputy Manager and a clear action plan, appropriate person to follow up and a timeframe will be incorporated into
Area for improvement 5 Ref: Standard 44 Stated: First time To be completed by: 9 January 2025	The Registered Person shall ensure that the areas identified as requiring attention in regard to cleanliness as discussed at this inspection are addressed. Ref: 3.3.3 Response by registered person detailing the actions taken: As discussed on the day of inspection, we have had a period where our domestic was off sick. We have advertised for banking domestics and will be increasing domestic hours for a while to get deep cleaning etc done again,

Area for improvement 6 Ref: Standard 46 Stated: First time To be completed by: 9 January 2025	The Registered Person shall ensure that toilet cisterns are not used as storage. Ref: 3.3.3 Response by registered person detailing the actions taken: care assistants were reminded that disposable wipes are not to be placed on top of toilets in residents bathrooms
Area for improvement 7 Ref: Standard 35.7 Stated: First time To be completed by: 30 January 2025	The registered person shall ensure that the Regulation 29 monitoring visits are robust and clear on the actions required within a specified timeframe to drive the necessary improvements to ensure compliance with regulations and standards. Ref: 3.3.4 Response by registered person detailing the actions taken: This was raised with the Responsible individual and our selected independent individual who carries out our monthly Reg 29s.
Area for improvement 8 Ref: Standard 31 Stated: First time To be completed by: From the date of the inspection onwards (7 November 2023)	The Registered Person shall ensure that stock balances of controlled drugs are reconciled appropriately on each occasion when the handover for responsibility is transferred. Ref: 2.0 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.

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