



Unannounced Follow-up Care Inspection Report 10 December 2019



Knockagh Rise

Type of Service: Nursing Home
Address: 236 Upper Road, Greenisland BT38 8RP
Tel No: 028 9085 5930
Inspector: Gillian Dowds

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing and residential care for up to 29 persons.

3.0 Service details

Organisation/Registered Provider: Knockagh Rise Ltd Responsible Individual: Malcolm James Wilson	Registered Manager and date registered: Diane Brown Acting Manager
Person in charge at the time of inspection: Froya Jazul	Number of registered places: 29 There shall be a maximum of 4 named residents receiving residential care in category RC-I
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

4.0 Inspection summary

An unannounced inspection took place on 10 December 2019 from 12:00 to 19:00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection sought to assess progress with issues raised during the last care inspection.

A meeting was held in RQIA on 20 December 2019 to discuss the access to the home for a children's day care facility in the adjoining building and concerns raised by staff during inspection.

The following areas were examined during the inspection:

- staffing – including deployment and recruitment
- environment
- meals and mealtimes
- provision of activities

Patients said:

- “No complaints, very good.”
- “Lovely.”
- “Get well looked after.”
- “This is my home.”
- “Never found anyone not nice.”

All comments from patients were fed back at the end of the inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

The term ‘patients’ is used to describe those living in Knockagh Rise which provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1*	6

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Diane Brown, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Due to concerns raised by staff, in regard to the responsible individual’s communication style, a meeting was held in RQIA where these were addressed. We also discussed the access arrangements for a children’s day care facility in the adjoining building.

4.2 Action/enforcement taken following the most recent inspection dated 11 July 2019.....

The most recent inspection of the home was an unannounced care inspection undertaken on 11 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with six patients, one patient's relatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. One response was received that indicated they were positive about the service in Knockagh Rise.

A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- three patient care records
- two supplementary care charts
- accident/ incident analysis
- infection prevention and control analysis
- monthly monitoring visits
- training records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the environmental infection prevention and control issues identified in this inspection are addressed.	Partially met

	<p>Action taken as confirmed during the inspection: During a review of the environment we observed continued storage of equipment in an identified bathroom.</p> <p>This area for improvement has been partially met and will be stated for a second time.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure chemicals are stored in keeping with the Control Of Substances Hazardous to Health regulation and are not left unattended on the domestic trolley.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that the domestic trolley was not observed to be unattended during the inspection.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the MUST assessments are accurately calculated.</p> <p>Action taken as confirmed during the inspection: MUST assessment calculations available to view were accurately recorded.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard12</p> <p>Stated: First time</p>	<p>The registered person shall ensure advice from other professionals in respect to the care of gastrostomy tube is followed and care documentation reflects this.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager in regards to the required documentation evidenced that this area for improvement has now been met.</p>	Met

Area for improvement 3 Ref: Standard 30 Stated: First time	The registered person shall ensure any fluid thickeners kept in the home are appropriately stored in a secure place.	Met
	Action taken as confirmed during the inspection: Inspector confirmed thickeners were appropriately stored throughout the home.	

6.2 Inspection findings

Environment

We arrived at the home at approximately 12:00 hours and we were greeted by the nurse in charge. In the entrance hall we saw a large display board with the activity plan for the month of December 2019. These allowed patients, relatives and staff know what the planned activities were.

We spoke to the patients about upcoming activities and events in the home and some of the patients discussed a recent trip to a local shopping centre where they were able to do some Christmas shopping. We discussed with staff and patients about the visits to the home from children of a local day care facility. The planned relocation of the children’s day care centre to an adjoining building to the home was discussed at the meeting on 20 December 2019 in RQIA. RQIA were satisfied with the arrangements in place and how the children would access the home. Outside the home; in the garden to the front we observed a display for Remembrance Day and this was commended by one of the patients and their loved ones.

The home had been decorated for the festive period and a large Christmas tree was in the foyer. We observed that each patient had a Christmas decoration on each of their bedroom doors and in some cases had their own individual Christmas trees and/or decorations in their bedrooms.

We reviewed the homes environment and this included a sample of bedrooms, lounges, dining rooms, storage areas, sluices and bathrooms. The home was warm, well decorated and fresh smelling throughout. We did, however, identify equipment stored in a bathroom this was an area for improvement from the previous care inspection. We observed clean laundry hanging on a rail within the bathroom. This was discussed with the manager and an area for improvement in relation to compliance with best practice on infection prevention and control (IPC) was stated for the second time.

Fire exits and walk ways were free from obstruction.

Care Records

We reviewed three patient care records and evidenced that there were care plans in place to direct the care required for and the assessed need of the patients. We reviewed relevant risk assessments in place for patients.

A number of areas requiring improvement in relation to record keeping and care planning are as follows:

- Inconsistent recording of weight loss risk assessments.
- Fluid target had not been recorded on the care plan.
- Some evaluations of care not patient centred and lacking an oversight of supplementary care records.
- One identified manual handling care plan was not reflective of equipment used.
- 'Gaps' were evident in bowel management recording. One patient with a stoma did not have bowel monitoring in place.

We discussed this with the manager who advised further training to be arranged for nursing staff in relation to record keeping. Areas for improvement were identified.

Governance

We reviewed the duty rota from 25 November to 15 December 2019 and identified that the planned staffing levels were generally adhered to. Discussion with staff identified that they were mostly happy with the staffing levels but felt that the morning was particularly busy and they could do with an extra member of staff. This comment was passed to the management who identified that they had been currently reviewing the staffing in the home. Patients spoken to were mostly positive about the staffing levels in the home.

Staff spoken to also stated that they felt that another hoist would be useful in the home this was passed to the manager to for consideration.

Two staff members spoken with raised concerns around the verbal communication style of the responsible individual. This was discussed at a meeting in RQIA on 20 December 2019 and we were satisfied by the response. We discussed the proposed changes of responsible individual for the home and an application received by RQIA was in process.

We reviewed a sample of governance records to assure us that robust systems were in place to review the quality of nursing care and other services provided to the patients. We saw that the audits had identified areas requiring an action had not been evidenced as reviewed and/or signed off for completion. An area for improvement was identified.

We reviewed the training analysis for staff and identified that some staff had not attended their mandatory training. We discussed this at length with the manager and responsible individual. They confirmed that they had identified this and were taking the necessary action to ensure all staff attend their training. Planned training dates were provided to RQIA post inspection. This will be reviewed at the next care inspection.

Areas of good practice

Areas of good practice were identified in relation to the planned activity display, the display in the garden and the environment of the home.

Areas for improvement

Areas for improvement were identified in relation to contemporaneous recording of supplementary care, oversight of supplementary care, care plans reflecting correct handling

equipment, recording of fluid targets on care plans, meaningful daily/ monthly evaluations including oversight of supplementary care, mandatory training and with governance audits.

	Regulations	Standards
Total number of areas for improvement	0	6

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Diane Brown, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: Immediately from the time of the inspection	<p>The registered person shall ensure that the environmental infection prevention and control issues identified in this inspection are addressed.</p> <p>Ref 6.1</p> <p>Response by registered person detailing the actions taken: All staff have been informed that they must comply with the infection control policy regarding, no equipment should be stored in the bathrooms. signs have been placed in all bathrooms to indicate that no equipment should be stored in the bathrooms. To be monitored by weekly audits and overseen by the home manager. Over stock of equipment has been collected by the trust and returned to the stores.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: 2 February 2020	<p>The registered person shall ensure that nutritional screening is maintained monthly or more frequently where identified, on all patients.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: new weight recording charts have been sourced and implemented. Trained staff have been informed that weight charts that weight charts are to be recorded accurately. Audits to be completed monthly and to be overseen by the home manager.</p>
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 2 February 2020	<p>The registered person shall review the existing fluid management arrangements in the home to ensure that the daily fluid targets are reflective of individualised assessed need. Assessed fluid targets should be recorded in patients' individual care records and actual fluid intake reviewed by a registered nurse where appropriate.</p> <p>Ref: 6.3</p>

	<p>Response by registered person detailing the actions taken: Dietition was contacted by deputy manager and management of fluids discussed. It was agreed that a more realistic approach would be of benefit- fluids now calculated by adding together a normal weeks fluids and taking the average to produce a more realistic individual fluid target. Trained staff have been informed that fluid targets have to be recorded in the residents care plans. Trained staff review daily fluid intakes and record individual amounts into progress notes, Any fluid targets not met should be communicated to staff and monitored.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 14 February 2020</p>	<p>The registered person shall ensure that monthly care plan reviews and daily evaluations of care are meaningful, patient centred and include the oversight of supplementary care.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Trained staff have been informed that the residents care plans and daily progress notes need to be more person centred. Care plan training took place for all trained staff in January and re-writing of the care plans has commenced. Care plans will be audited weekly and overseen by the home manager.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 5 February 2020</p>	<p>The registered person shall ensure that any equipment required for patients' assessed manual handling needs has been included within their appropriate care plan.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Trained staff informed that all care plan for handling needs should reflect the actual needs of the residents, including any equipment necessary- If there are any changes to residents handling needs the care plan should reflect this. This will be included in the managers monthly audit.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2020</p>	<p>The registered person shall ensure that for those patients who require bowel monitoring:</p> <ul style="list-style-type: none"> • Contemporaneous recording of bowel management charts are maintained. • Nursing staff evaluate the effectiveness of this care. <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: New Bowel charts have been formulated and placed in the care files. Bowel charts should be audited twice daily by day and night staff who will record all data in progress notes using the Bristol stool chart. Action can then be addressed accordingly.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that action plans are developed to address the shortfalls identified within the auditing records and that these action plans are reviewed to ensure completion.</p> <p>Ref: 6.3</p>
<p>To be completed by: 28 February 2020</p>	<p>Response by registered person detailing the actions taken: Audits to continue on a weekly and monthly basis by the home manager. Training is currently being sourced to address action plans and identified short falls, Extra protected time to be provided to facilitate same.</p>

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



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