



Unannounced Care Inspection Report 12 January 2019



Knockagh Rise

Type of Service: Nursing Home (NH)
Address: 236 Upper Road, Greenisland, BT38 8RP
Tel No: 028 9085 5930
Inspector: Kieran McCormick

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Knockagh Rise Ltd Responsible Individual(s): Malcolm James Wilson	Registered Manager: Diane Brown (Acting)
Person in charge at the time of inspection: Froyla Jazul – registered nurse	Date manager registered: Diane Brown - application received - registration pending
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 registered places: 29 There shall be a maximum of four named residents in receipt of residential care.

4.0 Inspection summary

An unannounced inspection took place on 12 January 2019 from 10.00 to 15.00.

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 Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Knockagh Rise which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to governance arrangements, quality monitoring, communication and maintaining good working relationships, the meal time experience, dignity and privacy, listening to and valuing patients, staff knowledge of patients' wishes, preferences and assessed need. Good practice was also observed in relation to the completion of care records, the management and recording of mandatory training, staffing and the home's environment.

Areas requiring improvement were identified in relations to concerns with the management of sluice rooms throughout the home and adherence to individual settings on pressure relieving equipment.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

There was evidence that the management team listened to and valued patients and their representatives.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Froyla Jazul – registered nurse and Malcolm James Wilson, responsible individual, as part of the inspection process. The manager, Diane Brown, was also provided with post inspection feedback on the 14 January 2019. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 29 October 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 29 October 2018.

There were no further actions required to be taken following the most recent 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
- written and verbal communication received since the previous care inspection
- the registration status of the home
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with ten patients and nine staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided registered nursing staff 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 on the front door of the nursing home.

The following records were examined during the inspection:

- duty rota for all staff for the month of December 2018 and week beginning 7 January 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- most recent fire risk assessment
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 29 October 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 14 August 2018

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 10 (1) Stated: First time	The registered person shall ensure that the acting manager has sufficient hours protected to allow for the effective management and governance of the home.	Met
	Action taken as confirmed during the inspection: Review of the duty rotas evidenced that the acting manager consistently had an allocation of protected hours each week.	

Area for improvement 2 Ref: Regulation 14 Stated: First time	<p>The registered person shall ensure that all staff working in the home are compliant with required mandatory training. An effective system should be established and maintained to provide ongoing assurance of the mandatory training compliance of staff working in the home.</p> <p>Action taken as confirmed during the inspection: Review of staff training records provided an assurance of completed mandatory training for each staff member. A clear system had been established to provide oversight and governance of mandatory training.</p>	Met
Area for improvement 3 Ref: Regulation 27 Stated: First time	<p>The registered person shall ensure that the fire risk assessment for the home is reviewed annually.</p> <p>Action taken as confirmed during the inspection: The fire risk assessment was completed following the last care inspection on the 21 August 2018.</p>	
Area for improvement 4 Ref: Regulation 25 Stated: First time	<p>The registered person shall ensure that all care staff at the commencement of employment are registered or make application to register with the NISCC, and that a robust system is in place to review periodically the professional registration of all care staff with the NISCC.</p> <p>Action taken as confirmed during the inspection: Records reviewed provided an assurance that all care staff currently working in the home held registration with NISCC or that an application for registration had been submitted. A monthly governance system was in place to periodically monitor the registration of staff.</p>	Met

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 22 Stated: Second time	<p>The registered person shall review the management of falls to ensure that falls risk assessments and associated care plans accurately reflect the needs of patients and are reviewed post fall.</p> <p>The management of falls and falls prevention practices should reflect DHSSPS Care Standards for Nursing Homes and regional best practice guidance.</p>	Met
	<p>Action taken as confirmed during the inspection: Records reviewed relating to the two most recent falls evidenced that relevant care plans and risk assessments were updated post fall and a detailed posts falls review had been carried out.</p>	
Area for improvement 2 Ref: Standard 12.10 Stated: Second time	<p>The registered person shall ensure that nursing staff accurately record the named patient's daily nutritional intake and that they have reviewed the intake at regular intervals.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of records evidenced that daily fluid targets for individual patients had been assessed and were recorded; the daily fluid intake was overseen by a registered nurse for review and any necessary action.</p>	
Area for improvement 3 Ref: Standard 4 Stated: Second time	<p>The registered person shall ensure that patient care plans are specific regarding how often a patient is to be repositioned and the setting for any therapy mattresses/cushions in use, if required.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of care records for three identified patients confirmed that care plans were individualised regarding repositioning, type of therapy mattress in use and the setting at which it should be set.</p>	

Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that patients individual care plans and risk assessments are reviewed/evaluated on at least a monthly basis or sooner if required.	Met
	Action taken as confirmed during the inspection: Review of care records for three identified patients confirmed that individual care plans and risk assessments were reviewed/evaluated on at least a monthly basis or sooner if required.	
Area for improvement 5 Ref: Standard 35 Stated: First time	The registered person shall ensure that all governance audits are completed in full and that a supporting action plan is devised when issues are identified.	Met
	Action taken as confirmed during the inspection: Since the last inspection the acting manager had established a more robust governance system for the home. A sample of monthly audits completed included nutrition, care plans, mattresses, wounds, medicines and the environment. In each case samples of audits reviewed were appropriately completed.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Registered nursing staff confirmed the planned daily staffing levels for the home. A review of the duty rota for the month of December 2018 and week beginning 7 January 2019 evidenced that the planned staffing levels were adhered to. Review of duty rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Knockagh Rise.

We reviewed accidents/incidents records from December 2018 to 12 January 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

From a review of records, observation of practices and discussion with staff there was evidence of proactive management of falls.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

Training records reviewed were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Except for one observed incident, details of which were shared with registered nursing staff, the responsible individual and the manager, all other observations of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge's, dining room and storage areas. The home was found to be warm, fresh smelling, clean throughout and had been tastefully decorated. Fire exits and corridors were observed to be clear of clutter and obstruction. However observations of the sluice rooms throughout the home evidenced that all were unlocked, this raised concerns regarding the safe storage of chemicals, concerns were also observed regarding the management of clinical waste and patient equipment in the sluice areas. This was discussed during the inspection with registered nursing staff, the responsible individual and post inspection with the manager, an area for improvement under the regulations was made.

Observation of practices, care delivery, discussion with staff and review of records evidenced that infection prevention and control best practice guidance was adhered to.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management and recording of mandatory training, staffing, governance, the home's environment.

Areas for improvement

An area for improvement was made in relation to issues identified in sluice rooms throughout the home.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We reviewed care records for three patients in relation to fluid management which reflected an assessed fluid target for the individual patients. Fluid and food intake was contemporaneously recorded on supplementary care records with oversight by registered nursing staff of daily fluid intake.

Care records reviewed for three patients requiring the use of prescribed pressure relieving equipment were noted to have reflected the individual assessed needs of each patient. Review of the actual equipment in use however for two of the three patients, evidenced that a setting was in use on pressure relieving equipment that was not in keeping with the individual care plan. This was discussed with registered nursing staff for their attention and an area for improvement under the standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the speech and language therapist (SALT) or the dietician.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the completion of care records, communication between residents, staff and other key stakeholders, teamwork and liaising with other health care professionals.

Areas for improvement

An area for improvement was made in relation to the adherence of individual settings on pressure relieving equipment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10.00 and were greeted by staff who were helpful and attentive. Patients were seated in their bedrooms, or were in one of communal lounges of the home. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients seated in the lounge had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

We observed the serving of the lunchtime meal. The dining room had been appropriately set ready for the mealtime experience, with tablecloths, cutlery and condiments all in place. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Staff were observed to be promptly and attentively attending to patient's needs. Patients able to communicate indicated that they enjoyed their meal and the standard of food on offer. The lunchtime meal was overseen by registered nursing staff.

Consultation with ten patients individually, confirmed that they were happy and content living in Knockagh Rise. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients, their representatives and staff were asked to complete a questionnaire or online survey; we had no completed responses within the timescale specified.

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the meal time experience, dignity and privacy, listening to and valuing patients, staff knowledge of patients' wishes, preferences and assessed need.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the front foyer area of the home. Discussion with registered nursing staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. An application for registration with RQIA has been received for the acting manager. A review of the duty rota evidenced that hours worked by the manager had been recorded on the duty rota. Discussion with staff evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

Review of records confirmed that a number of audits were completed to assure the quality of care and services provided within the home. For example, audits were completed regarding nutrition, wound care, the environment, care records and catering arrangements.

Discussion with registered nursing staff and review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Home Regulations (Northern Ireland) 2005.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality monitoring, communication and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed on the day of inspection with Froyla Jazul – registered nurse and Malcolm James Wilson, responsible individual, as part of the inspection process. Diane Brown, acting manager, was also provided with post inspection feedback on the 14 January 2019. 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 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that sluice rooms throughout the home are locked at all times and that clinical waste bags are stored appropriately in the correct bins. Patient equipment stored in sluice areas should be maintained in accordance with best practice infection control guidance. Ref: 6.4
	Response by registered person detailing the actions taken: All staff have been informed both verbally and in written form that they must comply with this policy regarding all the sluice rooms throughout the home are to be locked at all times. Signs have been placed on all sluice room doors to indicate doors to be locked. Larger bins have been purchased to store clinical waste appropriately and wall hooks have been added to store equipment in accordance with infection control guidance. To be monitored by weekly audits and overseen by acting manager.

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 45 Stated: First time	The registered person shall ensure that at all times the setting on pressure relieving equipment is in accordance with the assessed needs of the individual patient. Ref: 6.5
To be completed by: Immediate action required	Response by registered person detailing the actions taken: The nurse in charge at each shift in the home will complete an audit record at the end of each shift to ensure the setting on the airflow mattress is the assessed setting for the individual residents. All staff have been made aware of the importance of accurate pressure relief equipment settings and the importance of not altering equipment. An airflow mattress settings audit is completed weekly by the acting home manager.

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



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