

Inspection Report

15 March 2022



Knockagh Rise

Type of service: Nursing Home
Address: 236 Upper Road, Greenisland, BT3 8Rp
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Knockagh Rise Ltd	Registered Manager: Ms Diane Brown
Responsible Individual: Mrs Ruth Elizabeth Logan	Date registered: 10 January 2020
Person in charge at the time of inspection: Froyla Jazul- staff nurse	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: 24
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 29 patients. Patients have access to a communal lounge, dining room and gardens on the ground floor. The patients' bedrooms are situated over three floors in the home.	

2.0 Inspection summary

An unannounced inspection took place on 15 March 2022, from 10.15am to 8.30pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

New areas for improvement were identified in regard to: staff training; the nutritional care of patients; falls management; and the storage of cleaning chemicals. As a result of this inspection an action plan was requested from and submitted by the Manager as to how deficits identified during the inspection would be addressed.

Patients said they felt well looked after in the home. Patients unable to voice their opinions were observed to be comfortable and content in their surroundings and in their interactions with staff.

Staff mostly said that teamwork was good however; one staff member commented that this may not always be the case. The comments made in regard to team work were shared with the Manager for further consideration and action, as needed.

Comments received from patients, people who visit them and staff during and after the inspection, are included in this report.

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.

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.

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 patients, relatives, staff or the Commissioning Trust.

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.

4.0 What people told us about the service

Seven patients, five staff and two visiting professionals were spoken with during the inspection.

Patients told us that they were mostly satisfied with the service in the home. They described staff as "very good" and "friendly." Observations evidenced that patients' needs were met in a timely manner.

Patients said that they were happy in the home and enjoyed their meals stating that the “food is good” and “there is plenty of choice.”

While staff said that they were satisfied with planned staffing levels, they told us that these were not always achieved due to short notice absences. They did advise that attempts were made to cover shifts in the event of short notice sick leave and that teamwork was generally good.

Two visiting professionals were also consulted and both were positive in regard to the services provided; one commented “There is good communication between the staff and myself.”

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff with a link to an electronic questionnaire to be completed.

No completed questionnaires or responses to the staff survey were received following the inspection.

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 17 August 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: Third and final time	The registered person shall ensure that the record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Review of wound care records evidenced that these were not completed consistently; this is considered further in Section 5.2.2.	
	This area for improvement is carried forward for further review at the next inspection.	

<p>Area for Improvement 2</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained</p> <hr/> <p>Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement was met.</p>	<p>Met</p>
<p>Area for Improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that monthly care plan reviews and daily evaluations of care are meaningful; patients centred and include the oversight of supplementary care records.</p> <hr/> <p>Action taken as confirmed during the inspection: Although a review of care records evidenced some oversight of supplementary care records and the completion of meaningful evaluations, these were not consistently recorded.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p>Partially met</p>
<p>Area for Improvement 4</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure nutritional screening and weight monitoring for all patients is contemporaneously completed and maintained in accordance with the individual care needs.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of care records evidenced patients were weighed monthly or more frequently if required and that these weights were audited by the Manager and onward referrals were made, as required.</p>	<p>Met</p>
<p>Area for Improvement 5</p> <p>Ref: Regulation 27 (4) (d) (iii)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the corridors in the home are maintained free from any obstruction that would impede in the event of an evacuation of the home.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of the environment highlighted that excess equipment was stored in two identified corridors within the home; this will be discussed in further in Section 5.2.3.</p>	<p>Not met</p>

	This area for improvement has not been met and is stated for a second time.	
Area for Improvement 6 Ref: Regulation 10 (1) Stated: First time	<p>The registered person shall ensure that having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, they carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill. This includes but is not limited to the robust, proactive and sustained use of quality assurance audits.</p> <p>Action taken as confirmed during the inspection: Discussion with the Manager and review of a sample of governance records evidenced that this area for improvement was met.</p>	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 41 Stated: First time	<p>The registered person shall review the deployment of staff throughout the home to ensure the number and ratio of staff on duty at all times to ensure the needs of patients are met particularly during the evening meal time.</p> <p>Action taken as confirmed during the inspection: There was no evidence of staffing reviews having been completed; staffing arrangements shall be discussed further in Section 5.2.1.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	Not met
Area for Improvement 2 Ref: Standard 49.1 Stated: First time	<p>The registered person shall ensure the fire risk assessment is reviewed annually in accordance with current legislation and guidance, and ensure that the level of risk is maintained at a tolerable level.</p> <p>Action taken as confirmed during the inspection: Discussion with the Manager and review of the fire risk assessment confirmed that this area for improvement was met.</p>	Met

Area for Improvement 3 Ref: Standard 46 Stated: First time	<p>The registered manager shall ensure that the environmental and infection prevention and control issues identified during the inspection are addressed.</p> <p>Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement was not met; this shall be discussed further in Section 5.2.3.</p> <p>This area for improvement was not met and is stated for a second time.</p>	Not met
Area for improvement 4 Ref: Standard 46 Stated: First time	<p>The registered person shall ensure that the IPC training in the use of PPE and hand hygiene is embedded into practice.</p> <p>Action taken as confirmed during the inspection: Some staff were observed to be wearing jewellery or nail varnish. It was also noted that Personal Protective Equipment (PPE) was used inconsistently, specifically, gloves and aprons.</p> <p>This area for improvement was partially met and is stated for a second time.</p>	

5.2.1 Staffing Arrangements

During the inspection we observed that patients' needs were met by the number and skill mix of staff on duty. Patients spoken with were generally positive about the staffing levels in the home.

The Manager told us that safe staffing levels were determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients in the home and that staffing levels were reviewed regularly. However, there were no records maintained which evidenced how the Manager used this information to inform staffing levels. This was discussed with the Manager and an area for improvement was stated for a second time.

There were systems in place to ensure staff were trained and supported to do their job. An overview of staff compliance with mandatory training was maintained and staff were reminded by the Manager when training was due. Review of records showed that mandatory training comprised of a range of relevant topics, for example, safeguarding, manual handling and infection prevention and control. While training had been completed by some staff in relation to deprivation of liberty safeguards (DoLS) newer members of staff had not attended it. Some staff spoken with did not have a clear understanding of their roles or responsibilities in relation to this aspect of care delivery. This was discussed with the Manager and an area for improvement was identified.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. The nurse in charge of each shift in the absence of the Manager was highlighted so staff were aware who was in charge of the home at any given time.

It was observed that staff promptly responded to requests for assistance from patients in a caring and compassionate manner; it was evident that they knew the patients well.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients.

Staff were seen to respect patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes, for example, staff knew where patients preferred to sit to eat their meals and what they liked to eat. Staff were skilled in communicating with the patients and treated them with respect.

Where a patient was assessed as being at risk of falling, measures to reduce this risk were put in place, for example, equipment such as bed rails and alarm mats were in use. Care records reflected recommendations regarding equipment in use for individual patients.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care plans were in place to direct the care as required; however, gaps in the recording of repositioning was observed. This was discussed with the Manager and an area for improvement was identified.

The patients were well groomed and appropriately dressed and were observed relaxing in the lounge or in their bedroom as they preferred. Staff were aware of their patients' needs; they were seen to approach patients in a friendly and attentive manner.

The serving of lunch was observed. The meals which were being served to patients were attractively presented and smelled appetising. Staff were present in the dining room to provide assistance and encouragement to patients as needed. Condiments were available for the patients and a variety of drinks were offered. Staff confirmed they were aware of patients' dietary needs and how to provide the correct support if needed.

Meals were delivered to some patients in their bedrooms on a hot trolley to maintain the temperature of the meal. One patient's meal was requested to be returned to the kitchen as staff were not available to assist the patient and the meal was cold.

It was also observed that the speech and language therapist's (SALT) recommendations were not fully adhered to in regards to supervision of one identified patient during the serving of lunch. This was discussed with the Manager and an area for improvement was identified.

A new auditing system for wound care documentation had been introduced since the previous inspection. Review of this documentation evidenced that wound care records for one patient had been fully completed. However, it was also noted that wound care records for another

patient were incomplete. While it was positive to see that the wound care audit was implemented to help improve oversight by the Manager, the need to ensure that all wound care records are completed comprehensively and consistently was stressed; this was discussed with the Manager who submitted an action plan to RQIA following the inspection outlining how this would be achieved. An area for improvement was therefore carried forward for review at the next care inspection to allow time to embed the observed improvements into practice.

Where a patient was assessed as being at risk of falling, measures to reduce this risk were put in place, for example, equipment such as bed rails and alarm mats were in use. Care records reviewed reflected the recommendations regarding equipment in use for individual patients. Records reviewed also evidenced that post falls observations were consistently reviewed. However, there was no falls policy or post falls protocol available to guide staff. This was discussed with the manager who agreed to take advice from the Falls Prevention Team in the Northern Health and Social Care Trust (NHST) in regards to developing this. An area for improvement was identified.

A sample of records evidenced that nursing staff used a person centred approach when recording the daily evaluation of care which included a review of the supplementary care records and skin checks; however, these records were inconsistently completed. An area for improvement was stated for a second time.

Records reviewed also identified that staff carried out consistent weight monitoring/nutritional risk screening of patients. The Manager had also introduced a new weight risk audit which evidenced what actions were taken by staff if a weight loss or weight gain was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, warm, well-lit and free from malodours. Patients' bedrooms were clean, tidy and some were personalised with items of importance to each resident, such as family photos and sentimental items from their home. However, some IPC deficits were noted, namely: the incorrect storage of incontinence products; and some identified chairs in the hallways were cracked and could not be effectively cleaned. Some of the patient walking aids also required more attention to detail when cleaning. An area for improvement is stated for a second time.

Cleaning products were also observed to be insecurely stored within a kitchen on the third floor and also a linen store not in keeping with Control of Substances Hazardous to Health (COSHH) regulations. This was discussed with the Manager and an area for improvement was identified.

The secure storage of thickening agents was also highlighted to the Manager who agreed to address this with staff.

Measures were in place to manage the risk of Covid-19. There was signage at the entrance of the home reflecting the current best practice guidance and everyone entering the building had their temperature checked and a health declaration completed on arrival. Details of all visitors were maintained for track and trace purposes.

Hand hygiene facilities were available and PPE was provided to all visitors before proceeding further into the home. Visiting and Care Partner arrangements were in place in keeping with the current Department of Health guidance. While the majority of staff were observed to carry out

hand hygiene at appropriate times and to use PPE correctly, some staff did not. Some staff were also observed to be wearing nail varnish and/or jewellery. An area for improvement was partially met and stated for a second time.

Observation of the environment evidenced that some areas of the home were cluttered to a degree that may impede any evacuation in the event of a fire. The Manager was asked to address these matters immediately. An action plan was also submitted to RQIA by the Manager following the inspection as to how this would be monitored on an ongoing basis. An area for improvement was stated for a second time.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day, for example, some patients preferred to spend time in their bedrooms; some used the communal areas and some patients were seen to move between communal and personal spaces.

Patients who were in their bedroom looked comfortable and some were enjoying watching morning television programmes. The Manager told us that a new activity therapist had been employed and was due start work the following week.

Visiting and Care Partner arrangements in the home were ongoing and one patient described how they looked forward to visits from their loved ones

There was a programme of activity on display; however, this was out of date the activity therapist on duty agreed to address this. Patients spoken with told us that activities were provided which involved both groups and one to one sessions.

Staff were observed attending to patients' needs in a timely manner during the inspection and maintaining their dignity by offering personal care discreetly; staff also ensured patient privacy during personal interventions. Patients were offered choices by staff throughout the day, such as, where and how they wished to spend their time and what activities they wished to avail of.

Patients and staff confirmed that there were regular visits from family members.

5.2.5 Management and Governance Arrangements

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients and also various aspects of care and services provided by the home.

It was established that systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff were complimentary about the Manager and advised that they found her supportive and approachable.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was a system in place to manage complaints and a record of compliments was also maintained.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. Where action plans for improvement were put in place, there was evidence that these were followed up to ensure that the actions were correctly addressed. These monthly reports were made available to 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 the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	6*	6*

* The total number of areas for improvement includes five that have been stated for a second time and one that is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Diane Brown, 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 12 (1) (a) (b) (c) Stated: First time To be completed by: With immediate effect.	<p>The registered person shall ensure that the record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: 5.1 & 5.2.2</p> <p>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.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 30 June 2022</p>	<p>The registered person shall ensure that monthly care plan reviews and daily evaluations of care are meaningful; patients centred and include the oversight of supplementary care records.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: All trained staff have been informed that all care Plans must be written in a meaningful, and detailed manner, incorporating supplementary care records. The Home Manager will continue to audit Care Plans and to implement Action Plans for trained staff members to complete.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (d) (iii)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the corridors in the home are maintained free from any obstruction that would impede in the event of an evacuation of the home.</p> <p>Ref:5.1.and 5.2.3</p> <p>Response by registered person detailing the actions taken: All corridors are being maintained obstacle free. The Home Manager continues to complete environmental audits.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that cleaning chemicals are stored securely in accordance with COSHH regulations.</p> <p>Ref:5.2.3</p> <p>Response by registered person detailing the actions taken: Supervisions carried out with all staff regarding the storage of chemicals and COSHH training has been completed. Environmental audits are completed by the Manager.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a falls policy for the home is developed and implemented within the home; a post falls protocol should also be in place to ensure all falls are managed in line with best practice guidance.</p> <p>Ref:5.2.2</p> <p>Response by registered person detailing the actions taken: A Falls Policy for the home has been written and implemented. Supervisions carried out for all trained staff to ensure good practice with regards to falls documentation and post fall reviews.</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that supervision is provided to patients in accordance with SALT recommendations.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Staggered meal times have been implemented to ensure that supervision of all residents is provided in accordance with SALT recommendations. A new SALT file has been commenced for guidance.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall review the deployment of staff throughout the home to ensure the number and ratio of staff on duty at all times to ensure the needs of patients are met particularly during the evening meal time.</p> <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: Staff are deployed by the Nurse in charge during meal times to ensure supervision of residents according to their dependancies. Nurse in charge also supervises the dining room at all meal times.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during the inspection are addressed.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: New chairs have been purchased andn damaged furniture disposed of. Supervisions have been completed regarding infection control and COSHH. Areas of concern have been decluttered.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: Second time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall ensure that the IPC training in the use of PPE and hand hygiene is embedded into practice.</p> <p>Ref:5.1.and 5.2.3</p> <p>Response by registered person detailing the actions taken: Supervisions were completed for all staff regarding the use of PPE and hand hygiene. Infection control training has been completed by all staff.</p>

Area for improvement 4 Ref: Standard 39 Stated: First time To be completed by: 1 July 2022	The registered person shall ensure that all relevant staff complete training in relation to Deprivation of Liberty Safeguards and that such training is embedded into practice. Ref: 5.2.1 Response by registered person detailing the actions taken: Training on depravation of liberty and safe guarding has been arranged for all staff on 14 th June 2022
Area for improvement 5 Ref: Standard 12 Stated: First time To be completed by: With immediate effect	The registered person shall ensure assistance is provided at meals in a timely manner. Ref:5.2.2 Response by registered person detailing the actions taken: Staggered meal times have been implemented to ensure residents are assisted with their meals in a timely manner.
Area for improvement 6 Ref: Standard 23 Stated: First time To be completed by: With Immediate effect	The registered person shall ensure that all supplementary repositioning charts are consistently completed in a contemporaneous and accurate manner. Ref:5.2.2 Response by registered person detailing the actions taken: Supervisions carried out with all staff regarding the importance of position change and skin checks including clear, detailed, documentation.

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



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