Knockagh Rise
RQIA ID: 12186
236 Upper Road
Greenisland
BT38 8RP

Inspector: Lyn Buckley
Inspection ID: IN021990

Tel: 02890 855930
Email: info@knockaghrise.com

# Unannounced Care Inspection
# of
# Knockagh Rise

## 16 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

## 1. Summary of Inspection

An unannounced care inspection took place on 16 September 2015 from 10:35 to 15:10 hours

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to described those living in Knockagh Rise which provides both nursing and residential care.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 4 March 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

| | Requirements | Recommendations |
|---|---|---|
| **Total number of requirements and recommendations made at this inspection** | 0 | 3 |

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Anne McCracken, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

| | |
|---|---|
| **Registered Organisation/Registered Person:**<br>Knockagh Rise Ltd<br>Mr Malcom James Wilson – responsible individual | **Registered Manager:**<br>Mrs Anne Florence Josephine McCracken |
| **Person in Charge of the Home at the Time of Inspection:**<br>Mrs Anne McCracken – registered manager | **Date Manager Registered:**<br>17 December 2014 |
| **Categories of Care:**<br>NH - I, PH, PH(E)<br>RC – I, PH, and PH(E) a maximum of six persons | **Number of Registered Places:**<br>29 |
| **Number of Patients Accommodated on Day of Inspection:**<br>21 | **Weekly Tariff at Time of Inspection:**<br>£494- £632 |

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

**Standard 19: Communicating Effectively**
**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plans (QIP) from the last care inspection
- the previous care inspection report
- pre-inspection assessment audit.

During the inspection the delivery of care and care practices were observed. A review of the general environment was also undertaken. The inspection process allowed for consultation with three patients individually and with others in small groups, three care staff, two registered nurses, three ancillary staff and the activity person.

The following records were examined during the inspection:

- policies and procedures pertaining to the inspection themes
- duty rotas for week commencing 14 September 2015
- training records
- staff induction templates
- compliment records
- three patient care records
- palliative care/end of life/grievance and bereavement resource files.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced medicines management inspection dated 29 April 2015. The completed QIP was returned and approved by the pharmacy inspector.

### 5.2 Review of Requirements and Recommendations from the last care (Same specialism) Inspection

| **Last Care Inspection Statutory Requirements** | | **Validation of Compliance** |
|---|---|---|
| **There were no requirements made** | | |
| **Last Care Inspection Recommendations** | | **Validation of Compliance** |
| **Recommendation 1**<br><br>**Ref:** Standard19.1<br><br>**Stated:** First time | Registered nurses should be specific in relation to what the patient's 'usual' bowel pattern is and include this information within the care plan and ensure that continence assessment are completed in full. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of care records evidenced that this recommendation had been met. | |
| **Recommendation 2**<br><br>**Ref:** Standard 5.3<br><br>**Stated:** First time | Consideration should be given to the provision of seating of various or adjustable heights and/or footstools to ensure patients are seated comfortably and in the correct position. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Discussion with the registered manager and observations confirmed that this recommendation had been met. | |

### 5.3 Standard 19 - Communicating Effectively

**Is Care Safe? (Quality of Life)**

A policy and procedure was available on communication dated 22 December 2014. Guidance was also available on 'Breaking Bad News' and a specific policy had been developed dated December 2014. Discussion with staff confirmed that they were knowledgeable regarding this policy, procedure and guidance.

The registered manager confirmed that training relating specifically to communication was planned. However, training in palliative care/end of life care and the home's core values had addressed the importance of effective communication.

**Is Care Effective? (Quality of Management)**

Care records reviewed included reference to the patient's specific communication needs and actions required to manage barriers such as, language, culture, cognitive ability or sensory impairment. There was also evidence that patients and their representatives were included in discussions regarding communication and for treatments options, where appropriate.

Staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives.

**Is Care Compassionate? (Quality of Care)**

Observation of care delivery and interaction between patients and staff clearly demonstrated that communication was compassionate and considerate of the patient's needs. Patients were treated with dignity and respect and responded to in a timely manner.

Patients who could verbalise their feelings on life in Knockagh Rise commented positively in relation to the care they were receiving and the attitude of staff. Patients who could not verbalise their feelings appeared, by their demeanour, to be relaxed and comfortable in their surroundings and with staff. One patient was particularly complimentary regarding the meals provided.

Positive comments were also viewed in letters and cards received by the home from relatives.

**Areas for Improvement**

There were no areas for improvement identified in relation to this standard.

| **Number of Requirements:** | **0** | **Number of Recommendations**: | **0** |
|---|---|---|---|

## 5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

### Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home dated 18 December 2014. Best practice guidance such as the Gain Palliative Care Guidelines, November 2013, was also available. However, staff spoken with were not aware of this guidance. A recommendation was made.

The policy regarding the management of an unexpected death was available. A resource file on palliative care/end of life/grief and bereavement was available to staff.

Training records and discussion with the registered manager evidenced that staff were trained in the management of serious illness/deteriorating patient and what to do when death occurred. An additional date was to be arranged to ensure staff unable to attend the first training session would receive this training before the end of 2015.

Training specific to the use of subcutaneous fluids had been delivered to registered nurses within the last year. Training in relation to the use of syringe drivers would be undertaken as required and provided by the Trust.

Discussion with the registered manager and nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with nursing staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or medications was in place and discussion with registered nurses confirmed their knowledge of the protocol.

### Is Care Effective? (Quality of Management)

A review of care records evidenced that, where required, patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered.

Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements. Staff confirmed that this discussion usually took place after the patient had settled into the home rather than on the day of admission. The discussion was conducted by the registered manager or a registered nurse. Following discussion a care plan was developed to ensure the patient's wishes and preferences were met.

Discussion with the registered manager and staff evidenced that management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Staff confirmed that relatives were supported with tea, coffee, meals and advice as required.

A review of notifications of death to RQIA since the previous inspection confirmed that any death occurring in the home was notified appropriately.

**Is Care Compassionate? (Quality of Care)**

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. Staff consulted demonstrated an awareness of patients' expressed wishes and needs as identified in their care plan.

Staff spoken with demonstrated clearly their compassion for the patients, their relatives and friends. The inspector commended how staff interacted with patients and of the detailed knowledge demonstrated to ensure patients were afforded privacy, dignity and respect.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes; for family/friends to spend as much time as they wish with the person. All staff spoken with informed the inspector of how they could provide support to families who were 'sitting with loved ones' who were dying.

From discussion with the registered manager, staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient. Some examples of comments made by relatives included:

"Thank you for all your care and attention…and also the consideration and kindness extended to [the writer]…"

"The family would like to extend their thanks to all of the staff for the way in which … was cared for …during the last weeks of …life. I can safely say…the last few weeks were spent [by the patient] in the highest comfort and this treatment was given with the highest dignity that anyone could receive."

Discussion with the registered manager confirmed that no concerns had been raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

**Areas for Improvement**

A recommendation was made that staff are made aware of the regional guidance and evidenced based practice guidelines relating to palliative /end of life care, commensurate with their role and function in the home.

| | | | |
|---|---|---|---|
| **Number of Requirements:** | **0** | **Number of Recommendations:** | **1** |

## 5.5 Additional Areas Examined

### 5.5.1 Consultation with patients, staff and patient representative/relatives

**Patients**

The inspector met and spoke with three patients individually and with others in small groups. Patients were very complimentary regarding the standard of care they received, the attitude of staff and the food provided. There were no concerns raised with the inspector.

Six questionnaires for patients were left with the registered manager for distribution and two were returned. Comments recorded evidenced that patients were either satisfied or very satisfied with the care they received. Comments were recorded as follows:

In relation to the provision of pain relief…"I am confident this would be provided if needed."

"The staff make your relatives and friends welcome and offer them a tea or coffee while they wait."

**Staff**

In addition to speaking with staff on duty six questionnaires were provided for staff not on duty. The registered manager agreed to forward these to the staff selected. At the time of writing this report three had been returned. Comments recorded evidenced that staff had attended training in relation to the inspection focus, safeguarding of vulnerable adults and how to report poor practice/whistleblowing. Staff were either satisfied or very satisfied that care delivered was safe, effective and compassionate.

There were no additional comments recorded.

**Representatives/relatives**

Six questionnaires were provided for patient representatives/relatives and one was returned. Comments recorded evidenced that relatives were either satisfied or very satisfied with the care provided for their loved one.

Additional comments recorded included:

"…is restless during the night. Staff keep …company..."

"Staff frequently chat to …; ensure …has orange juice in front of … and treat …with genuine affection. I am delighted and much relieved at the quality of care given."

### 5.5.2 Environment

A review of the home's environment was undertaken which included observation of a random sample of bedrooms, bathrooms lounge and dining rooms and sluices on each floor. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients were observed relaxing in their bedrooms or in one of the seating areas available. Patients were complimentary in respect of the home's environment.

A number of issues relating to storage and infection prevention and control were identified as follows:
kinappropriate storage of items, such as towels, wipes, gloves and incontinence pads, was observed on shelving in sluice rooms

- in two bedrooms prescribed dressings and creams and other required single use items were observed to be stored on the floor beneath and on top of the dressing table. The registered manager agreed that this looked untidy and could be improved
- in one bathroom a number of items including a foot spa were stored inappropriately in the bath.

Following review of the home's policy and procedure in respect of infection prevention and control and discussion with the registered manger a recommendation was made.

### 5.5.3 Care records

Generally care records examined were found to be maintained in accordance with, regulatory, professional and minimum standards. However, in all three care records it was found that registered nurses were not specific, measurable/accurate in how they recorded care plans and daily evaluations of the care they delivered/reviewed. For example, in one record the registered nurse evaluation of fluid intake was, "fair fluid intake". In another record the care plan relating to fluid intake did not indicate a daily target. This issue had also been identified by the Trust's representative as part of the patient's care review.

The registered manager was provided with the details of the findings in respect of care records during feedback. A recommendation was made.

**Areas for Improvement**

It was recommended that the areas identified by the inspection in respect of storage and infection prevention and control are addressed and practice monitored to ensure staff adhere to the home's policies.

It was recommended that registered nurses are specific and measurable when planning and evaluating care.

| | | | |
|---|---|---|---|
| **Number of Requirements:** | **0** | **Number of Recommendations:** | **2** |

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Anne McCracken, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

# Quality Improvement Plan

| Recommendations | |
|---|---|
| **Recommendation 1**<br><br>**Ref**: Standard 39.8<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>31 October 2015 | The registered person should ensure that staff are made aware of the regional guidance and evidenced based practice guidelines relating to palliative/end of life care, commensurate with their role and function in the home. |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br>All staff have had training on palliative/end of life care and they have been made aware of the regional guidance and practice guidelines relating to palliative/end of life care and in particular their role and function in the Home. |
| **Recommendation 2**<br><br>**Ref**: Standard 35.6<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>31 October 2015 | The registered person should ensure that the areas identified by the inspection in respect of storage and infection prevention and control are addressed and practice monitored to ensure staff adhere to the home's policies. |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br>All ensuite bathrooms,sluices and assisted bathrooms have storage provision to address the infection prevention and control issues raised.Practice will be monitored closely to ensure compliance with the Home's policy. |
| **Recommendation 3**<br><br>**Ref**: Standard 4<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>31 October 2015 | The registered person should ensure that registered nurses are specific and measurable when planning and evaluating care. |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br>All Nurses have been reminded that following a nursing assessment, the residents' needs are identified and the care plan devised to direct care delivery and to evaluate the care, must be specific and measurable. |

| | | | |
|---|---|---|---|
| **Registered Manager Completing QIP** | Anne McCracken | **Date Completed** | 2nd November 2015 |
| **Registered Person Approving QIP** | James Wilson | **Date Approved** | 2nd November 2015 |
| **RQIA Inspector Assessing Response** | Lyn Buckley | **Date Approved** | 03/11/2015 |

***Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address***