



The Regulation and
Quality Improvement
Authority

Inspection Report

17 August 2021



Knockagh Rise

Type of Service: Nursing Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Knockagh Rise Limited	Registered Manager: Ms Diane Brown
Responsible Individual Mrs Ruth Elizabeth Logan	Date registered: 10 January 2020
Person in charge at the time of inspection: Wendy Turkington- Nurse in Charge	Number of registered places: 29 There shall be a maximum of 4 named patients 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: 21
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 garden on the ground floor. The patient's bedrooms are situated over four floors in the home.	

2.0 Inspection summary

An unannounced inspection took place on 17 June 2021 from 9.30 am 7.00 pm 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.

As a result of this inspection RQIA were concerned that some aspects of the quality of care and service delivery in Knockagh Rise was below the standard expected. A decision was made to invite the registered persons to a serious concerns meeting in relation to the management arrangements and governance oversight, the management of wound care and patient centred

record keeping, infection prevention and control practice and fire safety. This meeting took place via teleconference on 25 August 2021.

At this meeting Ruth Logan, Responsible Individual and Diane Brown Registered Manager, acknowledged the deficits identified and provided a full account of the actions and arrangements put into place to ensure the necessary improvements. RQIA were provided with appropriate assurances and the decision was made to take no further enforcement action at this time.

A further inspection will be undertaken to validate sustained compliance and to drive necessary improvements. Please refer to the main body of the report and the quality improvement plan (QIP) for details.

In addition, this inspection also identified areas requiring improvement in relation to choking risk assessments, patients' weight monitoring and fire monitoring, fire safety and the management of infection prevention and control (IPC).

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff. One patient indicated that they felt at times they had to wait to be attended to; all comments were passed to the deputy manager and responsible individual for 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 and 'Tell Us' cards 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.

The findings of the inspection were discussed with Ruth Logan, Responsible Individual and further discussed with the manager via telephone following the inspection.

4.0 What people told us about the service

Five patients and four staff were spoken with during the inspection.

Patients told us that they were mostly satisfied with the service in the home. They described staff as “good” and “friendly”. Observations indicated that patient’s needs were met in a timely manner. Comments from patients and staff were passed to the Responsible Individual for consideration and action as necessary.

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

Staff spoke positively about working in the home and said there was good team work within the home. Staff spoken with said “Everyone gets on well, we work well together.”

Questionnaires and ‘Tell Us’ cards 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.

One written questionnaire from a patient’s relative was received indicating a positive response to the service provided in the home. Two electronic responses were also received from relatives indicating their dissatisfaction with the services provided. Following review of this information. This feedback was discussed with the responsible individual who agreed to undertake an investigation into the concerns raised and provided RQIA with a written response.

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 18 March 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: Second 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.	Partially met

	<p>Action taken as confirmed during the inspection: A review of records evidenced gaps in the recording of the provision of wound care and will be discussed further in section 5.2.2</p> <p>This area for improvement is not met and stated for a third and final time.</p>	
Area for improvement 2 Ref: Regulation 13 (1) (b) Stated: First time	<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> <p>Action taken as confirmed during the inspection: A review of records evidenced that neurological observations were not fully recorded. This will be discussed further in section 5.2.2</p> <p>This area for improvement is not met and is stated for a second time.</p>	Not met
Area for improvement 3 Ref: Regulation 29 Stated: First time	<p>The registered person shall ensure that the monthly monitoring reports include consultation with the patients' relatives/representatives.</p> <p>Action taken as confirmed during the inspection: A review of 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 12 Stated: Third time	<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>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met</p>	Met

Area for improvement 2 Ref: Standard 4 Stated: Third time	<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.</p> <p>Action taken as confirmed during the inspection: A review of records evidenced some evaluations of care were not patient centred nor fully reflective of patients supplementary care records. This will be further discussed in section 5.2.2</p> <p>This area for improvement will be subsumed in to an area for improvement under regulation.</p>	Not met
Area for improvement 3 Ref: Standard 41 Stated: Second time	<p>The registered person shall ensure a review of the staffing arrangements in the home is adequate to meet the dependency needs of the patients.</p> <p>Action taken as confirmed during the inspection: This area for improvement was met as stated.</p> <p>Staffing arrangements will be discussed further in section 5.2.1</p>	Met
Area for improvement 4 Ref: Standard 5 Stated: Second time	<p>The registered person shall ensure staff are aware of individual restrictive practice care plans, with specific reference to lap belts.</p> <p>Action taken as confirmed during the inspection: Observation evidenced that lap belts were used correctly. A sample of records reviewed evidenced that care plans were in place to direct staff as required..</p>	Met
Area for improvement 5 Ref: Standard 30 Stated: Second time	<p>The registered person shall ensure that fluid thickening agents kept in the home are stored in a secure place.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met as stated. </p>	Met

Area for improvement 6 Ref: Standard 16 Stated: First time	<p>The registered person shall ensure records are kept of all complaints and includes details of all communications with the complainants; the result of any investigation; the action taken and whether or not the complainant was satisfied with the outcome; and how this level of satisfaction is determined.</p>	Met
Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.		

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that robust systems were in place to ensure staff were recruited correctly and an induction to their role was provided.

There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics, with the majority of courses available on an eLearning platform and courses with practical elements delivered face to face.

Staff said that they were adequately trained to conduct their roles and that everyone was aware of their own roles and responsibilities within the team. Staff told us that they had adequate supplies such as cleaning materials and Personal Protective Equipment (PPE), and equipment to help them undertake their roles.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

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.

The deputy manager confirmed that safe staffing levels were determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients in the home. Observations on the day evidenced that staffing levels were sufficient to meet the needs of the patients. However, concerns were raised by staff in regard to the deployment of staff particularly during the evening mealtime details were discussed with the Responsible Individual and an area for improvement was identified.

Patients told us that staff were “nice” and “friendly” towards them during interactions and patients said that staff were friendly.

5.2.2 Care Delivery and Record Keeping

The patients were well cared for; they were well groomed and nicely dressed and were 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 meal on offer was well presented and smelled appetising. Staff were present to provide assistance and encouragement. 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.

The wound care records for two patients were reviewed. These records evidenced that nursing staff had completed the correct assessments and care plans but they did not complete the ongoing evaluation of the care and treatment delivered. Details were discussed at the meeting with RQIA and an area for improvement is now stated for a third and final time.

Falls prevention is a positive aspect of this home and generally any falls occurring are managed well. However, the records for one patient who had an unwitnessed fall were reviewed. These records evidenced that nursing staff had not fully completed the required clinical observations for the patient following an unwitnessed fall. This was discussed with the deputy manager and an area for improvement in regard to the management of unwitnessed falls is stated for a second time.

A sample of records evidenced that nursing staff did not use a person centred approach when recording the daily evaluation of care and there was evidenced that not all nurses reviewed supplementary records maintained by care staff. This was discussed at the meeting in RQIA and an area for improvement previously stated was subsumed in to an area for improvement under the regulations.

Records relating to the management of patients at risk of dehydration were reviewed and found to be well maintained.

The records for one patient who had a specific need in relation to their food and fluid intake evidenced that a care plan had been completed reflecting the patients' needs. However, nursing staff had not completed the required risk assessment. This was discussed with the manager who agreed to address this.

Records reviewed also identified a lack of consistent weight monitoring/nutritional risk screening. A review of one patient's records evidenced that nursing staff had not monitored or reviewed the patient's weight loss over a four month period. It was also concerning that when nursing staff eventually recorded a significant weight loss the patient was not referred to their GP or the Dietician. Details were discussed with the manager who agreed to check the accuracy of the weights recorded and would make a referral to the GP if necessary. An area for improvement 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. In some of the ensuite bathrooms incontinence products were not appropriately stored, the covering of some of the 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 was identified.

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. An area for improvement was identified.

Concerns were raised with the responsible individual in relation to fire safety measure and practices. Observations evidenced that equipment was blocking one fire exit and along the glass corridor connecting to the office area was cluttered and could have impeded any evacuation in the event of a fire. In addition the fire risk assessment for the home had not been updated since August 2019. The responsible individual was asked to address these matters immediately. The excess equipment was removed from the fire exit and corridor before the end of the inspection. The responsible individual confirmed at the meeting in RQIA that the fire risk assessment had been arranged and information was received by RQIA following the meeting to confirm completion. Two areas for improvement were identified.

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 the morning television programmes or taking part in activity.

Patients were observed to take part in group activities or enjoying listening to music or watching television in their rooms. Visiting and care partner arrangements in the home were ongoing and one patient described how they looked forward to the visits from their loved ones

The home's activity coordinator was on duty and discussed some of the upcoming and planned events such as a beach themed barbecue, a recent fundraising car wash and the homes participation in a nationwide competition.

There was a programme of activity on display. Patients spoken with told us there was activity going on both in groups and 1:1 sessions.

Staff were observed attending to patients' needs in a timely manner during the inspection and maintain patient dignity by offering personal care discreetly and ensuring patient privacy during personal interventions. Patients were offered choices throughout the day, from 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

Concerns in regard to the governance and oversight of the home were identified. There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. However some of the audits undertaken failed to identify deficits observed during the inspection. For example, there was no management oversight of patient who were at risk of weight loss or the use of restraint to ensure all appropriate actions had been taken. Areas for improvement had been identified during previous inspections but had not been met and the potential risk of harm was concerning. In addition RQIA were concerned that the manager did not have sufficient protected time to complete her managerial and governance role. This was further discussed at the meeting with RQIA, assurances were provided that the manager would have protected time to undertake her role and responsibilities and an area for improvement was identified.

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

There was a system in place to ensure that staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) as appropriate.

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

We reviewed a sample of the monthly monitoring reports and observed that these were completed remotely during the start COVID-19 pandemic; however, these were now being undertaken again in the home. We observed that if these reports identified any deficits an action plan was devised and reviewed.

6.0 Conclusion

Patients looked well dressed, relaxed and comfortable. Patients were able to make choices about the care they received and how and where they spent their day.

Patients were observed to be happy in their surroundings and in their positive interactions with staff.

A serious concerns meeting was held on 25 August 2021, details of the concerns identified by RQIA were discussed and assurances were provided by the registered persons as to the actions needed to bring the home back into compliance with regulations and standards. At the conclusion of the meeting RQIA confirmed that no further enforcement action would be necessary at this time but that a follow up inspection would be conducted to monitor the improvements made and if they had been sustained.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were 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*	4

* The total number of areas for improvement includes one that has been stated for a third time and one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ruth Logan, Responsible Individual, 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) Stated: Third time and final To be completed by: With immediate effect	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. Ref: 5.1 and 5.2.2 Response by registered person detailing the actions taken: Supervisions were carried out with all trained staff outlining the correct procedure for documenting and updating wound care. The wound care file was updated to include an audit tool to be used when completing wound care documentation to ensure consistency is maintained. Home Manager is completing random spot audits on wound care documentation.
Area for improvement 2 Ref: Regulation 13 1 (a)(b) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained Ref: 5.1 and 5.2.2 Response by registered person detailing the actions taken: Further supervisions have been completed regarding neurological observations and the management of unwitnessed falls. A new neurological observation chart has been commenced to be completed in conjunction with the Glasgow Coma Scale to ensure best practise.
Area for improvement 3 Ref: Regulation 13 (1) (a)(b) Stated: First time To be completed by: 1 November 2021	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. Ref: 5.1 and 5.2.2. Response by registered person detailing the actions taken: A Care Plan Training Session for all trained staff was held on 1 st September by an independent Consultant. New format for completing care plans was discussed to produce more meaningful, person centred, Care Plans – This is being implemented.

<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2021</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> <p>Ref :5.2.2</p> <p>Response by registered person detailing the actions taken: New weight Champions have been nominated to ensure weights are completed monthly and any deficits are forwarded to the relevant nurse. Supervisions of all staff were completed on the importance of weight management and accurate nutritional documentation – Importance of MUST screening was discussed at the Care Plan Training and referrals made to dieticians as appropriate. New scales were purchased to be used in conjunction with the hoist, enabling residents who are bed bound to be weighed.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27(4) (d) (iii)</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2021</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:5.2.3</p> <p>Response by registered person detailing the actions taken: An environmental champion has been nominated to identify and obstructions or maintenance issues and to ensure the necessary work is carried out. Areas identified during the inspection have been decluttered. Observation of the building is carried out daily by the Management team.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2021</p>	<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>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Every effort is being made to give the Home Manager protected time in her Managerial Role. Recruitment for Nurses is ongoing.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: With immediate effect	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. Ref:5.1.and 5.2.1
	Response by registered person detailing the actions taken: All trained staff have been informed that they must be present to supervise in the dining room at meal times – Staffing levels are adjusted by ongoing monitoring of the number of residents and their dependencies.
Area for improvement 2 Ref: Standard 49.1 Stated: First time To be completed by: With immediate effect	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. Ref:5.2.3
	Response by registered person detailing the actions taken: A Fire Risk Assessment was completed on September 1st 2021 and will, going forward, be completed annually.
Area for improvement 3 Ref: Standard 46 Stated: First time To be completed by: With immediate effect	The registered manager shall ensure that the environmental and infection prevention and control issues identified during the inspection are addressed. Response by registered person detailing the actions taken: The Environmental Champion will carry out audits of the home – any items deemed defective have been removed – Training on the use and storage of incontinence products was completed in October and the storage of incontinence products is monitored.
Area for improvement 4 Ref: Standard 46 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the IPC training in the use of PPE and hand hygiene is embedded into practice. Response by registered person detailing the actions taken: Supervisions were completed on all staff regarding the use of PPE and infection control. Infection Control and Hand Hygiene Champions have been nominated and commenced. Infection Control training was re allocated and completed by all staff through the on-line Training Portal.

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



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