



Knockagh Rise
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236 Upper Road
Greenisland
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**Unannounced Care Inspection
of
Knockagh Rise

25 March 2016**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 25 March 2016 from 07:00 to 12:30 hours.

The inspection focused on information received by RQIA from an anonymous source and a Member of the Local Assembly (MLA), refer to section 3 for details.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes in relation to the inspection focus found no areas of concern. However, concerns and areas for improvements were identified in relation to fire safety and infection prevention and control measures. These are set out in the Quality Improvement Plan (QIP) within this report. Refer also to section 1.2 below.

For the purposes of this report, the term 'patients' will be used to describe those living in Knockagh Rise Nursing Home, 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 22 February 2016.

1.2 Actions/Enforcement Resulting from this Inspection

An urgent action record regarding the wedging/propping open of fire doors was issued at the end of the inspection. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home. Refer to section 5.2 for details.

As a result of the inspection, RQIA were concerned that the quality of care and service within Knockagh Rise in relation to fire safety, was below the minimum standard expected. The findings were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting with the registered persons, Mr James Wilson, Responsible Individual and Mrs Anne McCracken, Registered Manager. The inspection findings were communicated in correspondence to the Responsible Individual, Mr James Wilson, on 30 March 2016 and a meeting took place at RQIA on 5 April 2016. RQIA were provided with both verbal and written assurances regarding the actions taken/to be taken by the registered persons to ensure that the concerns raised had been addressed and would be monitored for practice compliance and quality improvement.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	*1	3

*Please note; this requirement is stated for a second time – refer to section 5.2.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Responsible Individual, Mr James Wilson, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Knockagh Rise Ltd Mr Malcolm James Wilson – Responsible Individual	Registered Manager: Mrs Anne Florence Josephine McCracken
Person in Charge of the Home at the Time of Inspection: Registered Nurse Maria Milo	Date Manager Registered: 17 December 2014
Categories of Care: NH - I, PH and PH(E) RC – I, PH and PH(E) Maximum of 6 residents within RC I, PH and PH(E)	Number of Registered Places: 29
Number of Patients Accommodated on Day of Inspection: 26	Weekly Tariff at Time of Inspection: £494- £632

3. Inspection Focus

Information was received by RQIA on 16 March 2016 from an anonymous source regarding the noise levels that may affect the nursing home when the adjacent Knockagh Lodge restaurant had a 'late night'; and RQIA received information on 24 March 2016 from a Member of the Local Assembly (MLA) regarding the management of incontinence, noise in the home during ongoing building work and the use of a 'glass' walkway as a patient seating area.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with senior management, it was agreed that an inspection would be undertaken to review the following areas:

- management of incontinence
- patients' view on the noise levels from building work and the adjacent Knockagh Lodge at night
- patients' view on the 'glass' walkway as a seating area

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

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

- discussion with the responsible individual
- discussion with the registered nurse in charge of the home
- discussion with care staff
- discussion with patients
- a general tour of the home and review of a random selection of patients' bedrooms, bathrooms and communal areas
- examination of a selection of records pertaining to the inspection focus
- observation of care delivery
- evaluation and feedback.

During the inspection, the inspector spoke with six patients individually and with others in small groups; four care staff, three registered nurses and the cook manager.

Prior to inspection the following records were analysed:

- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plan (QIP) from the last care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- four patient care records
- policy and procedure regarding the management of continence/incontinence.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 22 February 2016.

5.2 Review of Requirements and Recommendations from the Last Care Inspection.

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 27(4)</p> <p>Stated: First time</p>	<p>The registered person must ensure that fire doors are not propped or wedged open by staff.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Observations during this inspection evidenced that the practice of wedging and propping open of fire doors throughout the home had not been effectively addressed/managed to ensure the safety of patients and staff.</p> <p>An urgent action record regarding the wedging/propping open of fire doors was issued as detailed in section 1.2.</p> <p>This requirement has not been met and is now stated for a second time.</p> <p>Following discussion with senior management in RQIA, the registered persons were required to attend a serious concerns meeting at RQIA offices on 5 April 2016 to discuss the inspection findings and to provide assurance of compliance with regulations.</p>	<p>Not Met</p>

5.3 Contenance management

Is Care Safe? (Quality of Life)

Policies and procedures were in place to guide staff regarding the management of continence.

A resource file on the management of continence/incontinence had been developed and was available for staff. The file included regional and national guidelines for the management of urinary catheters), constipation (RCN and NICE) and improving continence care (RCN).

Discussion with staff confirmed that staff had received training relating to the management of urinary and bowel incontinence and the fitting of incontinence aids.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

Is Care Effective? (Quality of Management)

Review of four patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's individual continence needs. A care plan was in place to direct the care to adequately meet the needs of the patients.

There was evidence in the patients' care records that assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.

The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Records maintained in relation to the management of bowels evidenced the use of the Bristol Stool chart. Staff spoken with were knowledgeable of how to use this chart. Urinalysis was undertaken as required and patients were referred to their GPs appropriately.

The management of urinary catheters was reviewed. Care records evidenced that catheters were changed regularly and in accordance with the recommended frequency.

Review of patients' care records evidenced that patients and/or their representatives were informed of changes to patient need and/or condition and the action taken.

The home was fresh smelling throughout. Staff confirmed that at certain times bathroom/toilets may have a maldour but that this was managed and discreetly without causing any concern to patients.

Is Care Compassionate? (Quality of Care)

Discussion with nursing and care staff confirmed that where patients or their families, have a personal preference for the gender of the staff providing intimate care, their wishes would be respected.

Staff were observed to attend to patient's continence needs in a dignified and personal manner.

Patients spoken with confirmed that they were treated with dignity and respect, that staff were polite and respectful and that their needs were met in a timely manner. Good relationships were evident between patients and staff.

Areas for Improvement

There were no areas for improvement identified in relation to continence management.

Number of Requirements	0	Number Recommendations:	0
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5.4 Additional Areas Examined

Patient views/comments

Six patients spoken with were complimentary regarding the conduct of the home and staff attitude in particular. Patients stated that staff were attentive, friendly, caring and discreet.

Patients were aware of whom the registered manager was and felt that if they had any concerns they could raise them with any member of staff or the registered manager.

Patients were specifically asked about noise levels. There were no concerns expressed regarding building work noise or noise from the adjacent Knockagh Lodge restaurant. Staff spoken with confirmed that they sometimes worked night duty at weekends and that they would be aware of the music and crowd exiting Knockagh Lodge. However, they also confirmed that the noise was not intrusive and described the noise as “more of a thrum from the bass”. Staff stated that patients had not raised any concerns about noise with them.

Patients seated along the glass walkway were also asked for their views regarding their comfort. Patients confirmed that they preferred to sit here rather than the lounge, generally because of the view, but also because it was adjacent to the nurse’s office. Patients stated that they were warm and comfortable. One patient said that at times, they were too warm.

Environment

Observation of a random sample of bedrooms, bathrooms, stores and communal areas evidenced that the home was clean, with a good standard of décor throughout.

Patients were observed relaxing in either the glass walkway or their own bedroom as they wished. Staff were observed attending to calls for assistance promptly and were heard addressing patients in an appropriate manner.

Night staff raised concerns regarding the security of the outer entrance door. Staff confirmed that the inner doors were locked securely by the internal locking system but that this was not the case for the external door. Following discussion with the maintenance person and the responsible individual, it was agreed that a different lock would be put in place to ensure that the outer door locked securely but still provided an exit in an emergency.

Observation of sluice areas and some bathrooms evidenced that staff were not adhering to infection prevention and control measures. For example the storage of items such as incontinence pads, wipes and gloves within sluices and equipment and hoist slings stored in bathrooms with a toilet. Discussion also took place with staff and the responsible individual regarding the use of laundry trolleys to transport ‘clean’ linen. A recommendation has been made.

During discussion with two patients on the top floor lounge, it was observed that the kitchenette area of the lounge required to be thoroughly cleaned which included the refrigerator, cupboards and drawers. The management of this area was discussed with the catering manager. A recommendation was made.

Areas for Improvement

It was recommended that the practice of storing equipment and ‘clean’ items such as wipes and gloves in bathrooms and sluices; and the use of dirty laundry trolleys to transport ‘clean’ linen/items should be managed and monitored in accordance with regional infection prevention and control measures and the homes policies and procedures.

It was recommended that the kitchenette area on the top floor is managed in accordance with the food hygiene regulations. Management records including monitoring arrangements of this area should be maintained.

Number of Requirements	0	Number Recommendations:	2
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with James Wilson, Responsible Individual, 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 in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements			
Requirement 1	The registered person must ensure that fire doors are not propped or wedged open by staff.		
Ref: Regulation 27 (4)	Ref: Sections 1.2 and 5.2		
Stated: Second time			
To be Completed by: Immediate action required	Response by Registered Person(s) Detailing the Actions Taken: All doors where appropriate have been fitted with a magnetic mechanism. Fire training is ongoing and staff have been reminded of their responsibilities regarding fire precautions. The handover checklist completed by Nurse in Charge, now includes a check of the building to ensure that fire doors are not propped or wedged open.		
Recommendations			
Recommendation 1	The registered person should ensure that infection prevention and control practices are adhered to.		
Ref: Standard 46			
Stated: First time			
To be Completed by: 30 April 2016	Response by Registered Person(s) Detailing the Actions Taken: All staff have been reminded that they must adhere to the infection prevention and control practices already in place. Infection prevention and control training is ongoing..		
Recommendation 2	The kitchenette area on the top floor should be managed in accordance with the food hygiene regulations.		
Ref: Standard 35.6			
Stated: First time	Management records including monitoring arrangements of this area should be maintained.		
To be Completed by: 30 April 2016	Response by Registered Person(s) Detailing the Actions Taken: The responsibility for the kitchenette area has been given to the catering staff. A cleaning schedule has been commenced and a record kept. The temperature in the fridge will be taken daily and recorded in line with the food hygiene regulations. Guidelines for visitors wishing to bring food into the Home for Residents have been written and a copy left at the Reception .		
Registered Manager Completing QIP	Anne McCracken	Date Completed	18 th May 2016
Registered Person Approving QIP	James Wilson	Date Approved	18 th May 2016
RQIA Inspector Assessing Response	Lyn Buckley	Date Approved	18/05/2016

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