

Unannounced Care Inspection Report 25 September 2020



Knockagh Rise

Type of Service: Nursing Home

Address: 236 Upper Road, Greenisland BT38 8RP

Tel No: 028 9085 5930

Inspector: Gillian Dowds

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Knockagh Rise Ltd Responsible Individual: Malcolm James Wilson	Registered Manager and date registered: Diane Brown 10 January 2020
Person in charge at the time of inspection: Wendy Turkington - deputy manager	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: 29

4.0 Inspection summary

An unannounced inspection took place on 25 September 2020 from 10.00 to 18.00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection prevention and control practices
- Care delivery
- Care records
- Governance and management.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	*6

*The total number of areas for improvement includes three under the standards that will be stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Wendy Turkington, deputy manager, and Malcolm James Wilson, owner, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with three patients and four staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients'/relatives/representatives' questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The inspector provided the deputy manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota from 21 September to 4 October 2020
- incident/accident records
- a sample of monthly monitoring reports
- a sample of governance records
- complaints/compliments records
- three patients' care records
- COVID-19 information
- one recruitment file
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- RQIA registration certificate.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 10 December 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure that the environmental infection prevention and control issues identified in this inspection are addressed.	Met
	Action taken as confirmed during the inspection: Areas identified at the previous care inspection had been addressed; this area for improvement was therefore met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: First time	The registered person shall ensure that nutritional screening is maintained monthly or more frequently where identified, on all patients.	Met
	Action taken as confirmed during the inspection: Records reviewed identified this area for improvement was met as stated.	

Area for improvement 2 Ref: Standard 12 Stated: First 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>	Partially met
	<p>Action taken as confirmed during the inspection: A review of records identified that where one patient had a set fluid target this had not been recorded in the relevant care plan and that this care was not fully reflected in the daily progress notes.</p>	
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by:	<p>The registered person shall ensure that monthly care plan reviews and daily evaluations of care are meaningful; patient centred and include the oversight of supplementary care.</p>	Not met
	<p>Action taken as confirmed during the inspection: We observed that the supplementary care was not fully reflected in the daily progress notes and some of the evaluations reviewed were not patient centred.</p>	
Area for improvement 4 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure that any equipment required for patients' assessed manual handling needs has been included within their appropriate care plan.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of two records evidenced this area for improvement was met.</p>	
Area for improvement 5 Ref: Standard 4 Criteria (9) Stated: First time	<p>The registered person shall ensure that for those patients who require bowel monitoring:</p> <ul style="list-style-type: none">• Contemporaneous recording of bowel management charts are maintained.• Nursing staff evaluate the effectiveness of this care.	Not met
	<p>Action taken as confirmed during the inspection: A review of records evidenced some gaps in the recording of the bowel charts and also nurses were not fully evaluating this care.</p>	

Area for improvement 6 Ref: Standard 35 Stated: First time	The registered person shall ensure that action plans are developed to address the shortfalls identified within the auditing records and that these action plans are reviewed to ensure completion.	Met
	Action taken as confirmed during the inspection: A review of the audits evidenced this area for improvement was met.	

6.2 Inspection findings

6.2.1 Staffing

During the inspection we observed that patients' needs were met by the number and skill mix of staff on duty. Patients spoken to were generally positive about the staffing levels in the home, however, one patient indicated that their breakfast had been late.

Staff commented that they were very busy in the morning time especially. We discussed staffing further with the deputy manager who advised that they were currently in the process of reviewing staffing and recruiting for new staff. However, In view of these comments and observations on the day of inspection an area for improvement in relation to a review of staffing was identified.

Staff told us that they felt well equipped to carry out their role; a programme of mandatory training was in place. This included updates on the use of personal protective equipment (PPE) and infection prevention and control (IPC) measures during the COVID-19 pandemic.

Staff were knowledgeable about the actions to take if they had any concerns about the patients in their care.

Staff were seen to be attentive to the patients; the atmosphere in the home was calm. Staff commented positively about working in the home; they told us:

- "I have had good support from management."
- "We all work together, there is good teamwork."
- "The staff are all lovely."

6.2.2. Infection Prevention and Control Practices (IPC)

Signage was in place at the entrance of the home to reflect the current guidance on Covid-19. Staff and visitors entering the home had their temperature checked on arrival to the home. Patients' temperatures were also recorded in line with the current guidance.

PPE was available at various stations throughout the home and stations were well stocked. Staff assured us they had sufficient stocks of PPE at all times. On discussion it was identified that some staff were not clear on the correct donning (putting on) and doffing (taking off)

procedures for PPE. We discussed this with the deputy manager who advised staff had received training for same and agreed to address this.

We reviewed a sample of patients' bedrooms, bathrooms, storage areas and communal areas. We observed that some of the patients' rooms had excess equipment in same. We observed that some staff had not taken the opportunity to clean manual handling equipment after use; we discussed these with the deputy manager. An area for improvement was made.

There were good examples of personalisation of patients' bedrooms and we viewed the allocated visiting area in the home that has been set up in keeping with the current visiting guidance.

6.2.3 Care delivery

We observed that the patients were well cared for; they were well groomed and nicely dressed. Staff were aware of their patients' needs, they were friendly and attentive.

Patients were content and the atmosphere in the home was calm and relaxed.

Patients said;

- "I like it here it's like my second home."
- "I am getting on ok."
- "I'm really happy."

No patient /relative questionnaires were returned within the timeframe.

During the inspection we observed that two patients had a lap belt in position when seated in their specialised chairs. This was queried with the deputy manager who advised that these belts were only to be used when transporting patients to another area and not for continuous use. The lap belts were removed. An area for improvement was identified.

We observed that thickening agents were accessible in various patients' bedrooms; this was discussed with the deputy manager and an area for improvement was identified.

We observed the serving of lunch and observed that staff were aware of the patients' dietary needs. 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. We observed that two patients who were not happy with the meal they received were immediately offered an alternative.

6.2.4 Care records

We reviewed the wound care records for one patient. These records evidenced that an initial and ongoing wound assessment had been recorded and a care plan was in place to direct the care. We observed gaps in the recording of wound care and the wound care evaluation. An area for improvement in wound care recording was identified

We reviewed the records for one patient who had required an antibiotic to treat a chest infection. We observed that there was a care plan in place to direct the care.

We reviewed the daily and monthly evaluation of care. In this we evidenced some of the evaluations lacked a person centred approach and the oversight by the registered nurses of the supplementary care records was inconsistent. An area for improvement will be stated for a second time.

We reviewed the management of fluids in the home. We evidenced that for those who required a fluid target these were calculated according to the needs of the patient, however, we observed that the fluid target was not recorded on the care plan. An area for improvement stated at the previous inspection was partially met and therefore will be stated for a second time.

We also reviewed the records for bowel management; we observed gaps in the recording of some charts and also a lack of oversight by the registered nurses in the evaluations of care. An area for improvement will be stated for a second time.

We reviewed the care plans for two patients who required a modified diet. The records viewed had been updated to reflect the current speech and language therapist (SALT) guidelines and were written reflecting the international dysphagia diet standardisation initiative (IDDSI) guidance.

We also observed a care plan was in place for a patient who was at risk of choking; however, a choking risk assessment had not been done. This was discussed with the deputy manager who advised that they were in the process of introducing this and were currently sourcing the appropriate risk assessment tool. This will be reviewed at a future inspection.

6.2.5 Governance and management arrangements

We reviewed a sample of governance audits in the home. These audits identified areas in the home that required improvement; we observed that action plans were developed and timeframes for completion were visible.

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

We reviewed the recruitment process in the home and observed that relevant references and Access NI checks and induction records were in place.

We reviewed a sample of the monthly monitoring reports and observed that these were done 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.

We observed that there was a system in place to manage complaints and these also were included in the monthly monitoring reports.

Areas of good practice

Area of good practice were observed in the personalisation of patients' bedrooms and development of the visiting area. Further areas of good practice were identified in relation to staff interaction with patients and the teamwork within the home.

Areas for improvement

Areas for improvement were identified in relation to a review of the current staffing levels in the home and wound care. Further areas for improvement were identified in relation to removing of excess equipment from patient's bedrooms and the cleaning of equipment between use. We also identified the storage of thickening agents and appropriate use of lap belts as areas for improvement.

	Regulations	Standards
Total number of areas for improvement	2	3

6.3 Conclusion

On the day of inspection patients appeared comfortable. Staff treated the patients with kindness and compassion. We observed positive interactions between patients and staff. Staff advised they felt supported in their role.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Wendy Turkington, deputy manager, and Malcolm James Wilson, owner, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(7) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure in regard to infection prevention and control that the <ul style="list-style-type: none"> • excess equipment is removed from patients bedrooms • a system is in place for decontamination of the manual handling equipment between use. Ref: 6.2.2
	Response by registered person detailing the actions taken: As per IP&C visit, slings are all for individual use and all equipment is cleaned down between use. Bedrooms have been decluttered.
Area for improvement 2 Ref: Regulation 12 (1) (a) (b) Stated: First time To be completed by: 20 November 2020	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: 6.2.4
	Response by registered person detailing the actions taken: Email sent to trained staff outlining requirements as staff meeting cannot be held at present.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 12 Stated: Second time To be completed by: 30 November 2020	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. Ref: 6.1 and 6.2.4
	Response by registered person detailing the actions taken: All fluid targets have been re-calculated and included in care plans. Addressed also in email to trained staff.

Area for improvement 2 Ref: Standard 4 Stated: Second time To be completed by: 30 November 2020	<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>Ref: 6.1 and 6.2.4</p> <p>Response by registered person detailing the actions taken: These issues were all addressed with trained staff.</p>
Area for improvement 3 Ref: Standard 4 Stated: Second time To be completed by: 1 December 2020	<p>The registered person shall ensure that for those patients who require bowel monitoring:</p> <ul style="list-style-type: none"> • Contemporaneous recording of bowel management charts are maintained. • Nursing staff evaluate the effectiveness of this care. <p>Ref: 6.1 and 6.2.4</p> <p>Response by registered person detailing the actions taken: This has been addressed with the trained staff.</p>
Area for improvement 4 Ref: Standard 41 Stated: First time To be completed by: Immediately and ongoing	<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>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Extra care assistant has been brought in daily.</p>
Area for improvement 5 Ref: Standard 5 Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure staff are aware of individual restrictive practice care plans, with specific reference to lap belts.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Supervisions with the care staff have been ongoing and will continue on the use of lap belts.</p>
Area for improvement 6 Ref: Standard 30 Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that fluid thickening agents kept in the home are stored in a secure place.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: All thickening agents have been removed from bedrooms and stored securely. Care staff have been reminded of correct storage.</p>

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



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