



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 11 July 2019



Knockagh Rise

Type of Service: Nursing Home
Address: 236 Upper Road, Greenisland BT38 8RP
Tel no: 028 9085 5930
Inspector: Gillian Dowds and Gemma McDermott

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 registered nursing home which provides care for up to 29 patients.

3.0 Service details

Organisation/Registered Provider: Knockagh Rise Ltd Responsible Individual: Malcolm James Wilson	Registered Manager and date registered: Diane Brown (Acting)
Person in charge at the time of inspection: Wendy Turkington (Deputy manager)	Number of registered places: 29 There shall be a maximum of four named residents in receipt of residential care.
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: 25

4.0 Inspection summary

An unannounced inspection took place on 11 July 2019 from 09:35 hours to 18:00 hours.

This inspection was undertaken by the care inspector and estates support officer.

The term 'patient' is used to describe those living in Knockagh Rise which provides both nursing and residential care.

The inspection assessed progress with 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.

Evidence of good practice was found in relation to mandatory training, the environment in the home, supervision, appraisal and induction of staff. Good practice was also evident regarding complaint management, the dining experience and the use of poly tunnels for growing vegetables in the grounds of the home.

Areas requiring improvement were identified in relation to storage of equipment, supervision of the domestic trolley, calculation of Malnutrition Universal Screening Tool (MUST) scores, care of gastrostomy tubes and storage of thickening agents.

Patients described living in the home as being in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of 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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3

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

Details of the Quality Improvement Plan (QIP) were discussed with Wendy Turkington, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 12 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 12 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' 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 detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 08 to 21 July 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement both were met.

Areas of improvement identified at previous estates inspection have been reviewed. Of the total number of areas for improvement all four were met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to monthly review to ensure the assessed needs of the patients were met. A review of the staffing rota from 08 July to 21 July 2019 evidenced that the planned daily staffing levels were adhered to. The manager also confirmed that agency staff was employed to cover sick leave if necessary to ensure the assessed needs of the patients were met.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Staff attended to patients' needs in a timely and caring manner; call bells were answered promptly and staff were observed to be helpful and attentive towards patients.

We also sought staff opinion on staffing via the online survey; no responses were received.

Patients spoken to confirmed they were happy with the care they received in Knockagh Rise.

Patients' visitors spoken to also confirmed they were happy with the service in Knockagh Rise. We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; no responses were received.

Review of two staff recruitment and induction files evidenced that appropriate pre-employment checks had been completed to ensure staff were suitable to work with patients in the home; enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. In one recruitment file we observed that a reference had not been sought from the most recent employer. This was discussed post inspection with the manager who agreed to discuss it with the relevant staff and will be reviewed at next inspection.

A review of records confirmed staff had completed a period of induction and that they received regular supervisions and a yearly appraisal.

Review of records confirmed there was a system in place to monitor the registration status of nursing and care staff with NMC and the NISCC and this clearly identified the registration status of all staff.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding. Review of training records confirmed staff had completed mandatory training in this area.

Staff were observed to use personal protective equipment (PPE) which was readily available and also to carry out hand hygiene. However, it was noted that some staff were wearing jewellery and nail varnish; this was discussed with the manager during the inspection and they agreed to address this with staff. This will be reviewed at a subsequent care inspection.

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, treatment rooms, sluices and storage areas. The home was found to be warm, well decorated and fresh smelling throughout. Patients' bedrooms were personalised and tastefully decorated. However, it was noted that in some ensembles pull cords were not covered, basins were stored on the floor in some of the ensuite bathrooms and in one bathroom equipment including a zimmer frame and mattress was stored. An area for improvement under infection control was made.

A review of records confirmed that falls occurring in the home were analysed to identify if any patterns or trends were emerging and an action plan was devised if necessary

Fire exits and corridors were noted to be free from clutter and obstruction.

Sluice rooms throughout the home were tidy and clinical waste and equipment was stored appropriately one door was observed unlocked this was discussed with the manager and the door subsequently locked.

The domestic trolley was observed unattended on more than one occasion and this raised concerns regarding the patients' access to chemicals; an area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to mandatory training, supervision, appraisal and induction of staff.

Areas for improvement

The following areas were identified for improvement in relation to IPC and to ensure the domestic trolley is not left unsupervised.

	Regulations	Standards
Total number of areas for improvement	2	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We observed the delivery of care to patients throughout the inspection and it was obvious staff knew them well and had a good understanding of their care needs. We observed that patients received the right care at the right time. Staff demonstrated effective communication skills and were seen to attend to patients in a caring and timely manner.

We reviewed four patients' care records and these evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. Care records reviewed also evidenced regular evaluation of the care provided in order to assess the effectiveness of this and to determine if reassessment of planned care was required.

We reviewed the management of nutrition, falls, wounds, pressure area care and the use of potentially restrictive practices such as bedrails. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records reflected that, where necessary, referrals were made to other healthcare professionals and care plans had been reviewed in accordance with any recommendations they made.

Patients' nutritional needs had been identified and risk assessments were completed to inform care planning. However, it was identified within two of the patient care records reviewed, the nutritional risk assessment (MUST) score was incorrectly calculated. This was discussed with the manager and an area for improvement was identified. It was evidenced post inspection that appropriate referrals had been made for one identified patient who was currently awaiting assessment by the dietician. Discussion post inspection with the manager confirmed MUST training was to be sourced.

Patients' weights were monitored on at least a monthly basis and there was evidence of referral to, and recommendations from, the dietician and the speech and language therapist (SALT) where required. Review of supplemental care records evidenced that patients' daily food and fluid intake was recorded and these records were up to date.

We observed that, for patients who required enteral feeding, a record of the daily regimen, care of the gastrostomy tube and checks carried out was not maintained within best practice guidelines. This was discussed with the manager during the inspection and an area for improvement was identified.

We reviewed oral hygiene care records and found shortfalls in record keeping. This was discussed with the manager who indicated that patients would refuse this care at times and these refusals were not recorded. The need to ensure a record of patients' refusal of mouth care was discussed with the manager who advised she would address this issue with staff. This shall be followed up at the next care inspection.

We reviewed the management of falls in the home; the care records reviewed evidenced that validated risk assessments and care plans were in place to direct the care required. Staff demonstrated their knowledge of the management of falls and how to care for patients who had a fall. Patient's risk assessments and care plans were reviewed and updated following a fall.

We reviewed care records for the management of the use of bedrails. These could potentially restrict a patient's choice and control and we found that the appropriate validated risk assessments had been completed. Care plans evidenced a rationale for the use of bedrails and were regularly reviewed. There was also evidence of consultation with the patient and/or their relative and consent for use had been obtained.

We observed the serving of lunch in the dining room, the dining room was clean and tidy with condiments available on the tables. Staff assisted patients into the dining rooms, ensured they were comfortable and had clothing protectors if necessary. Patients were offered a selection of drinks and staff demonstrated their knowledge of how to thicken fluids if required. Staff also demonstrated their knowledge of patient likes and dislikes. We observed that staff knew, for example, which patients required a modified diet, liked particular foods or preferred a smaller portion. We also observed the vegetables grown in the poly tunnels outside the dining room were used in the meal.

Staff engaged in pleasant conversations with patients throughout the mealtime. The food on offer was nicely presented, appeared nutritious and smelled appetising. Staff also ensured that patients requiring their lunch to be served on trays in their rooms and/or assistance with eating and drinking received their meal in a timely manner. A staff nurse was overseeing the mealtime and staff had an effective system in place to ensure all patients were catered for and that a record was kept of individual patients' food and fluid intake.

Patients spoken to indicated they had enjoyed their meal. Comments included:

"Very nice."

"Enjoyed mine, every bit."

"It was very nice."

It was observed within two bedrooms that thickening agents for patients' fluids were left sitting on the bedside table and were accessible to patients. This was brought to the attention of the manager who immediately removed them. An area for improvement was identified.

Staff spoken with were positive about teamwork and morale within the home and observation of the daily routine evidenced that staff worked well together. Staff demonstrated their knowledge of their own roles and responsibilities. Comments from staff included:

“Love it.”
 “Happy place.”
 “Staff and residents are happy.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interaction with patients, record keeping in relation to bedrails, the use of home grown vegetables and the lunchtime experience.

Areas for improvement

The following areas were identified for improvement in relation to correct calculation of the MUST tool, care of gastrostomy tubes and storage of the thickening agents.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

During the inspection we spoke with five patients and four patients' visitors to discuss their experience of the home. Patients who were unable to communicate their opinions appeared to be relaxed and well cared for. Comments from patients were positive and complimentary about life in the home. These included:

“Couldn't get any better.”
 “Staff are very good.”
 “Girls are terrific.”
 “Love it.”
 “Very good to you.”
 “Staff are fine.”

Patients' visitors also spoke positively about their experience of the home. Comments included:

“If you ask something it's done immediately.”
 “Wouldn't have her in any other place.”
 “Wonderful activities coordinator.”
 “If you have a concern they deal with it. Laundry is superb.”

Staff were observed to treat patients with dignity and respect and to maintain their privacy when providing care. Staff knocked on doors before entering patients' bedrooms and ensured doors were closed when care was being provided. Staff displayed a welcoming and friendly approach to both patients and visitors and appeared to enjoy working in Knockagh Rise. They said:

“Happy.”
 “Content.”
 “Nothing I would change.”

“Problems are dealt with.”

Observation of the daily routine evidenced that staff delivered planned care at the right time; patients were not rushed and were offered choice. Patients were well presented, their clothes had obviously been chosen with care. We observed that care and attention had also been paid to nail and haircare and which jewellery to wear if patients had a preference for this.

Discussion with patients and patients’ visitors about the activities on offer evidenced that these were suitable and enjoyable. On the day of inspection there was musical entertainment and afternoon tea in the downstairs lounge and everyone present were observed to be enjoying themselves. Patients’ staff and visitors positively discussed the available activities within the home and the garden.

No responses were received from the questionnaires or the survey monkey.

A record was kept of cards and compliments received. Remarks included:

“A big thank you for all the dedicated care given to our mum.”

“Many thanks to the lovely staff, he loved you all.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, maintaining patients’ dignity and privacy, listening to and valuing patients and their visitors and the activities on offer.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care for which it was registered.

A review of the duty rota evidenced that the manager’s working hours and the capacity in which these were worked. Discussion with staff, patients and visitors confirmed that the manager’s working pattern allowed for plenty of opportunities to meet with her if necessary and that she was approachable and accessible.

A review of a selection of governance audits evidenced that systems were in place to monitor the quality of nursing care and other services provided in the home. Audits were completed to review, for example, accidents/incidents, IPC measures, falls, complaints and care plans. However, it was noted that where corrective actions or improvements were identified, this was not always clearly

recorded. This was discussed with the manager post inspection, who confirmed she would review the audit process and ensure that action plans and comments were included as needed. This will be reviewed at a future care inspection.

We reviewed the system in place for managing complaints and evidenced that they were dealt with effectively. Patients and patients' visitors spoken with knew who to speak to if they had a concern or a complaint and were confident this would be dealt with.

Discussion with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

We reviewed a sample of reports of monthly monitoring visits carried out by the registered provider. These included evidence of consultation with patients, staff and visitors, a service improvement plan and an action plan which indicated who would undertake the task and a completion date for this.

Staff spoken with were aware of the home's whistleblowing policy and their responsibilities around reporting concerns and maintaining patient confidentiality.

Observation of staff interactions with patients' evidenced effective and sensitive communication was maintained. Staff also demonstrated that effective communication was maintained within their teams. Patients' visitors spoken with confirmed they were kept very well informed and were consulted with about their relative's care needs.

Review of records confirmed the home provided mandatory training to ensure staff were adequately trained for their roles and responsibilities. A mandatory training schedule was maintained and staff were reminded when training was due. Discussion with staff confirmed they were satisfied their mandatory training needs were met and that they had sufficient time to access training.

Assessment of premises"

The most recent fire risk assessment for the premises was in place and available for review. Arrangements were in place to have this reviewed. A current risk assessment with regard to the control of legionella bacteria in the premises' hot and cold water systems was carried out in April 2018 and work was ongoing to have the issues addressed.

The servicing of the fire detection and alarm system, fire-fighting equipment and emergency lighting were up to date and being undertaken in accordance with current best practice guidance.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the registered manager's accessibility and approachability, management of complaints and staff training.

Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

	Regulations	Standards
Total number of areas for improvement	0	0

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, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2019</p>	<p>The registered person shall ensure that the environmental infection prevention and control issues identified in this inspection are addressed.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff have been informed both verbally & in written form that they must comply with the infection control policy within the the home. no jewellery & nail varnish are to be worn by any member of staff. hand hygiene audits will be carried out monthly - commenced on 10th September 2019. all pull cords have now been covered in the ensuite bathrooms-basins have been removed from the floors of the ensuite bathrooms & are stored on a shelf above. overstock of equipment has been collected by the trust & returned to stores.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from time of inspection</p>	<p>The registered person shall ensure chemicals are stored in keeping with the Control Of Substances Hazardous to Health regulation and are not left unattended on the domestic trolley.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff have been informed both verbally and in written form that sluice doors must be kept locked at all times. to monitored daily and over seen by the acting manager. the ancillary staff have been informed that the domestic trolley should not be left unattended as per coshh regulations. to be monitored daily and overseen by the acting manager. All staff have been reminded of the importance of their coshh training within their practice.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2019</p>	<p>The registered person shall ensure that the MUST assessments are accurately calculated.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The M.U.S.T assessments for all the residents have been re-assessed on the 15th July 2019. A trained staff meeting was held on the 24th July 2019 and trained staff were informed of the importance of accurate M.U.S.T scores and record keeping as per N.M.C guidelines. M.U.S.T training has been arranged for the 17th october 2019. This will be monitored within the monthly care plan audit.</p>

<p>Area for improvement 2</p> <p>Ref: Standard12</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2019</p>	<p>The registered person shall ensure advice from other professionals in respect to the care of gastrostomy tube is followed and care documentation reflects this.</p> <p>Ref: 6.4</p>
<p>Area for improvement 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediately from day of inspection</p>	<p>The registered person shall ensure any fluid thickeners kept in the home are appropriately stored in a secure place.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A trained staff meeting was held on 24th July 2019, and trained staff where informed of the importance of accurate recording of the daily regime for the care of a gastrostomy tube, documentation has been updated to include best practice guidelines.guidlines regarding the care of the gastrostomy tube were sourced and file completed for staffs information & guidance.</p> <p>Response by registered person detailing the actions taken: All staff have been informed all fluid thickeners are to be kept in the kitchen area only-when in use. kitchen area to be locked when unattended as per policy.</p>

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



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