Unannounced Care Inspection Report
5 July 2016

Knockan Lodge

Type of Service: Residential Care Home
Address: 153 Finvoy Road, Ballymoney, BT53 7JN
Tel No: 02829571540
Inspector: Ruth Greer

1.0 Summary

An unannounced inspection of Knockan Lodge residential care home took place on 5 July 2016 from 10 10 to 15 20.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

No requirements or recommendations were made in regard to the delivery of safe care. There were examples of good practice found in relation to staff training, supervision and adult safeguarding.

Is care effective?

No requirements or recommendations were made in regard to effective care. There were examples of good practice found in relation to communication between residents, staff and other key stakeholders.

Is care compassionate?

No requirements or recommendations were made in regard to compassionate cate. There were examples of good practice found in relation to the culture and ethos of the home and to taking into account the views of residents**.**

Is the service well led?

One requirement was made in regard to well led care. This was in relation to the monthly monitoring visits of the registered person. There were examples of good practice found in relation to governance arrangements within the home, introduced by the deputy manager.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Marie Jamieson, deputy manager, 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered provider: P J Doherty	**Registered manager:** Anna Elder
Person in charge of the home at the time of inspection: Marie Jamieson,deputy manager	**Date manager registered:** 1 April 2005'.
Categories of care: I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	**Number of registered places:** 25
Weekly tariffs at time of inspection: £494	**Number of residents accommodated at the time of inspection:** 20

3.0 Methods/processes

Prior to inspection we analysed the following records:

The previous inspection report and notifications of accidents/incidents and any correspondence/duty log information with RQIA since the previous inspection.

During the inspection the inspector met with ten residents, three care staff and one domestic staff. There were no visiting professionals and no resident's visitors/representatives in the home on the day.

The following records were examined during the inspection:

Staff duty roster
Accidents/incidents
Complaints and compliments
Three care files
Fire safety
Staff training
Staff meeting minutes
Resident meeting minutes
Staff personnel file
Reports of visits undertaken by the registered provider
A selection of policies and procedures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 03/11/2015

The most recent inspection of the home was an unannounced care inspection. There were no matters highlighted for action as a result of that inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 03/11/2016

There was no quality improvement plan as a result of the last care inspection

4.3 Is care safe?

The deputy manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty –

- Deputy manager x 1
- Senior care assistant x1
- Care assistant x 4
- Domestic staff x 2
- Catering staff x 2
- Administrator x1

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. The deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of a sample of staff competency and capability assessments were reviewed. The induction programme for senior staff includes guidance for when they take charge of a shift in the absence of the manager.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the registered manager and review of the staff personnel file of the most recently recruited staff member confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policies and procedures in place which were consistent with current regional guidance and included the name of the identified safeguarding champion, who is the deputy manager. The policy includes definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. An individual, personal copy of the vulnerable adult procedure had been provided for all staff. This is commendable practice. Staff were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff, most recently on 23 May 2016.

Discussion with the deputy manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The deputy manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the deputy manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments, for example manual handling, bedrails, nutrition and falls, were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The deputy manager confirmed that, at times, areas of restrictive practice were employed within the home, notably bed rails for one resident and a pressure alarm mat for one resident. Discussion with the deputy manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that were appropriately maintained and reviewed regularly. Examples included a room by room risk assessment of the building undertaken in January 2016. Areas of risk/improvement were identified and a plan put in place to address these areas.

The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced. Observation of equipment, record of individual equipment and aids supplied maintenance /cleaning records.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities on 23 May 2016. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and in pictorial formats.

The deputy manager reported that there had been no recent outbreaks of infection within the home. Any outbreak would be managed in accordance with trust procedures and would be reported to the local Consultant in Communicable Disease Control and to RQIA. Records would be retained.

A general inspection of the home was undertaken to examine some bedrooms, bathrooms, the communal lounges and the dining room. It was noted that one bathroom required repairs/replacement of some sanitary fittings. The deputy manager had already identified this as part of her audit and an outside firm had been engaged to undertake the work.
A recommendation has, therefore not been included in the quality improvement plan and the matter will be reviewed at the next inspection. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated15 July 2015 identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently on 25 February 2016 and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.4 Is care effective?

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily / regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. Residents are encouraged to exercise choice in all aspects of their daily life. For example getting up and going to bed times, whether they prefer to sit in the lounges or prefer to remain in their rooms, and what food they like.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The deputy manager confirmed that records were stored safely and securely in line with data protection.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, catering were available for inspection and evidenced that actions identified for improvement were incorporated into practice.

Further evidence of audits was found in the preparation on going for the annual quality report. The deputy manager had undertaken an evaluation of the mandatory training provided to staff and the effect this had had on improving practice. This is commendable.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of residents' meetings were available for inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.5 Is care compassionate?

The deputy manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff, and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Local ministers undertake a fortnightly service. The priest and Eucharistic minister visit weekly.

The deputy manager, staff and residents confirmed that consent was sought in relation to care and treatment. Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example in the manner (observed by the inspector) in which residents were encourage to visit the bathrooms and in their responses to questions from the inspector.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The home employs a designated activities co coordinator who is contracted for five mornings for two hours each day. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The deputy manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example the care plan is reviewed every six months by the deputy manager and senior staff. This is in addition to the annual review undertaken by the trust.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The inspector reviewed returned questionnaires which the home recently circulated to residents and their representatives. The deputy manager had completed an evaluation of the findings and these will be collated into a summary report which will be made available for residents and other interested parties. Residents were happy to share their views with the inspector. A selection of their comments is below –:

"I just love it here, I wouldn't go anywhere else"
"The girls (staff) are like angels, nothing is too much trouble"
"The food is lovely and plenty of it"

In addition the home has a suggestion box situated prominently in the hallway of the home. This enables residents/representatives to provide their views/opinions anonymously should they wish to. This is commendable.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way an easy read version in place on the inside of every bedroom door. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. There had been no complaints since the previous inspection.

Arrangements were in place to share information about complaints and compliments with staff. A review of a random sample of complimentary correspondence showed that representatives described the care provided to their loved ones in Knockan Lodge to be of an excellent standard.

The deputy manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The deputy manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the deputy manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

Some monitoring visits were undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. However, the records showed that these did not occur on a regular monthly basis and the reports produced did not meet the requirements as set out in the regulation. A requirement for improvement has been made in the quality improvement plan.

There was evidence that the deputy manager has introduced and developed robust systems in regard to governance and leadership. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement. The deputy manager is involved with a quality assurance initiative recently introduced by the host trust in relation to an audit (by the Trust) of contracts between the trust, as commissioners of care, and the providers.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. The deputy manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The deputy manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s responded to regulatory matters in a timely manner. Review of records and discussion with the deputy manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The deputy manager confirmed that there were effective working relationships with internal and external stakeholder. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

One area for improvement was identified during the improvement. This was in relation to the registered person's responsibility to undertake monitoring visits in line with regulation 29.

Number of requirements	**1**	**Number of recommendations**:	**0**

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Marie Jamieson as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to *Care.Team@rqia.org.uk* for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 **Ref**: Regulation 29 **Stated:** First time **To be completed by:** 30 July 2016	The registered provider must undertake monitoring visits and produce reports in accordance with regulation 29
	Response by registered provider detailing the actions taken: Monitoring visits are done 3 weekly, but hadn't been properly documented – A new sheet for the same has been put in place and a copy sent to RQIA.

Name of registered manager/person completing QIP	ANNA ELDER.		
Signature of registered manager/person completing QIP	Elder.	**Date completed**	15/9/16.
Name of registered provider approving QIP	PATRICK DOHERTY		
Signature of registered provider approving QIP		**Date approved**	15/9/16.
Name of RQIA inspector assessing response			
Signature of RQIA inspector assessing response	Ruth Gee	**Date approved**	23/9/16

Please ensure this document is completed in full and returned to RQIA's Office

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

@RQIANews