

Inspection Report

11 February 2022



Knockan Lodge

Type of service: Residential (RC)

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Cara Home Care Ltd	Registered Manager: Mrs. Elizabeth McVicker
Responsible Individual: Mrs. Elizabeth Kathleen Mary Lisk	Date registered: 29/05/2019
Person in charge at the time of inspection: Mrs. Elizabeth McVicker	Number of registered places: 25 Not more than 6 persons in Cat.RC-MP(E) and not more than 8 in Cats. RC-I & RC-PH(E) on the ground floor only (requiring use of wheelchairs). One named individual only in category RC-DE
Categories of care: Residential Care (RC) DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. I – Old age not falling within any other category. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 22
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 25 residents. Accommodation is over two floors with two communal lounges and a dining room on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 11 February 2022, from 9.50am to 2.20pm by a care inspector.

The inspection assessed progress with the areas of 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.

The home was warm and free from malodour and bedrooms were tastefully personalised. Staffing arrangements were found to be safe and adjusted if required. We observed that staff

were professional and polite as they completed their duties and they told us they were supported in their roles by the manager.

Residents were seen to be well cared for and said that living in the home was a good experience. There was evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner.

The feedback from residents confirmed that they were satisfied with the care and service provided in the home.

There was one area requiring improvement identified at the time of this inspection. This was in relation to risk assessment of an identified bedrail.

RQIA were assured that the delivery of care and services provided in the home was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were well cared for. They described the staff as being helpful and friendly. Comments included: "I'd be hard to please but I can tell you everything is very good here and the staff are lovely." and "I am very happy here and feel very safe."

Staff spoke positively about working in the home and advised there was good team work within the home. Discussion with the staff confirmed that they were knowledgeable in relation to the specific needs of the residents. Staff said that the manager was very approachable and that they felt well supported in their role.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 11 November 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27(4) (e) and (f) Stated: First time	The registered person shall ensure all staff receive up-to-date training in fire safety and fire safety drills.	Met
	Action taken as confirmed during the inspection: All staff were found to be in receipt of up-to-date training in fire safety and fire safety drills.	
Area for Improvement 2 Ref: Regulation 27(2)(l) Stated: First time	The registered person shall ensure that the electrical switch room is secure at all times and there is no inappropriate storage in this room	Met
	Action taken as confirmed during the inspection: The electrical switch room was secure with no inappropriate storage.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard E13 Stated: First time	The registered person shall repair; <ul style="list-style-type: none"> The tear in the corridor carpet The identified bedroom drawer 	Met
	Action taken as confirmed during the inspection: These two repairs have been attended to.	
Area for improvement 2 Ref: Standard 31 Stated: Second time	The registered person should ensure records of prescribing and administration of thickening agents including the recommended consistency of fluids are maintained	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. Staff training records confirmed that staff were provided with relevant training to enable them to carry out their roles and responsibilities effectively. .

Appropriate checks had been made to ensure that all staff, as appropriate, maintained their registration with the Northern Ireland Social Care Council (NISCC). These checks are carried out on a monthly basis by the manager.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the senior in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Competency and capability assessments were completed for the senior in charge of the home when the manager was not on duty.

Staff said teamwork was good and that the manager was approachable. Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Residents said that they felt safe in the home and that staff were always available and were kind to them. Two residents made the following comments; "I am just new here but I find it to be excellent, very clean and all lovely staff." and "The staff are wonderful."

5.2.2 Care Delivery and Record Keeping

The atmosphere in the home was calm, homely and relaxed. Residents appeared settled in their surroundings and were able to choose how they spent their day. Residents were observed in communal areas such as the lounges and dining area while they conversed with other residents; other residents were observed spending time in their own bedrooms.

Staff were polite, friendly, warm and caring in their interactions with residents.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

A handover report is in place at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

Residents' needs were assessed at the time of their pre admission to the home. Following admission care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs.

Residents' care records were held safely and confidentially.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Detailed care plan evaluations were retained in residents' care records. These provided up to date information about each resident and any change in their condition. These monthly evaluations evidenced communication with the wider multi-disciplinary team including the GP, district nurses, and care managers. An area of improvement was identified with a need to put in place a review of an identified resident's risk in relation to bedrails. Assurances were received from the manager that this would be acted upon without delay.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. It was observed that residents were enjoying their meal and the overall dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. One resident made the following comment; "You won't go hungry here. The food is very good, plenty of it and good choice."

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain and that an appropriate onward referral had been made to the GP in respect of an identified resident's weight loss.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included a sample of bedrooms, bathrooms, storerooms and communal areas such as lounges and dining room. The home was clean, warm and well maintained. A programme of redecoration was in place with new flooring in the dining room, communal lounges and some bedrooms. Painting had been completed in some corridor areas and the lounges. The manager reported that new flooring is to be installed in the corridors in both the ground and first floors.

Residents' bedrooms were personalised with items important to them such as pictures and sentimental items. Communal areas were well decorated, suitably furnished and comfortable.

The home's most recent fire safety risk assessment was on 16 September 2021. There were no recommendations made from this assessment. Fire safety training, fire safety drills and fire safety checks in the environment were maintained on a regular and up-to-date basis.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients and staff and the manager advised that any outbreak would be reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of Personal Protective Equipment (PPE) had been provided.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

5.2.4 Quality of Life for Residents

Positive interactions were observed between staff and residents throughout the inspection. Residents spoke positively about the care they received in the home and were complementary towards the staff. A programme of activities was in place for those residents who wished to participate in.

The atmosphere in the home was peaceful with residents seen to be comfortable and at ease in their environment and interactions with staff and one another. The genre of music played and television programmes was appropriate to the age group and tastes of residents.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

The manager had good knowledge of residents' needs and prescribed care and was readily available for support with care.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their aligned named worker and to RQIA.

The home was visited each month by responsible individual to consult with residents' their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with **the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**.

	Regulations	Standards
Total number of Areas for Improvement	0	2

*The total number of areas for improvement includes one which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs. Elizabeth McVicker, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 31 Stated: Second time To be completed by: 11 November 2021	The registered person should ensure records of prescribing and administration of thickening agents including the recommended consistency of fluids are maintained Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: 12 February 2022	The registered person shall put in place a review of an identified resident's risk in relation to bedrails, in consultation with the resident, next of kin, their named worker and appropriate healthcare professional. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Resident has been assessed by the District Nursing Team and a low profileing bed will be delivered on Friday 25 th February.22

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



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