

Unannounced Care Inspection Report 16 February 2021



Knockan Lodge

Type of Service: Residential Care Home (RCH)
Address: 153 Finvoy Road, Ballymoney, BT53 7JN
Tel No: 028 2957 1540
Inspector: John McAuley

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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 25 residents.

3.0 Service details

Organisation/Registered Provider: Cara Home Care Ltd Responsible Individual: Elizabeth Kathleen Mary Lisk	Registered Manager and date registered: Mary Elizabeth McVicker – 29 May 2019
Person in charge at the time of inspection: Elizabeth McVicker - manager	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) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 16 plus one resident in hospital

4.0 Inspection summary

An unannounced inspection took place on 16 February 2021 from 09.50 to 14.20 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 following areas were examined during this inspection:

- staffing
- safeguarding arrangements
- the home's environment
- infection prevention and control (IPC)
- care delivery
- care records
- fire safety
- governance and management.

Feedback from residents during this inspection was positive and complimentary about their experiences of life in the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5*	2

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

*This area for improvement was not reviewed at this inspection and will be carried forward for review at the next 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 all the residents in the home and six staff.

The following records were examined during the inspection:

- duty rota
- staff competency and capability assessments
- staff induction records
- staff recruitment records
- professional registration records
- fire safety risk assessment
- fire safety records
- three residents' care records
- Regulation 29 monthly quality monitoring reports
- a selection of quality assurance audits
- staff training records
- incident and accident records.

The areas of improvement identified at the last care inspection were reviewed and assessment of compliance recorded as not met or met.

The findings of the inspection were provided to the Elizabeth McVicker, manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care and finance inspection undertaken on 17 September 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall seek to address the need to redecorate and upgrade the corridor walls and the corridor, communal lounge and dining room flooring.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area of improvement remains within timescale of completion (17 March 2021). The dining room flooring has been replaced with good effect. However the other areas of the home have not been attended to yet. The manager reported that there have been delays in securing supplies from contractors due to the COVID-19 pandemic.	
Area for improvement 2 Ref: Regulation 27 (4) (a) Stated: First time	The registered person shall submit an action plan with proposed timescales to the home's aligned estates inspector detailing how the recommendations from the most recent fire safety risk assessment will be dealt with.	Met
	Action taken as confirmed during the inspection: This action plan was submitted accordingly.	

Area for improvement 3 Ref: Regulation 30 (1) (d) Stated: First time	<p>The registered person shall notify RQIA without delay any event in the home that has an adverse effect on a resident(s).</p> <p>Action taken as confirmed during the inspection: An inspection of the accident and incident reports confirmed that appropriate reporting to RQIA had been done.</p>	Met
Area for improvement 4 Ref: Regulation 13 (4) Stated: Second time	<p>The registered person shall review the management of bisphosphonate medicines to ensure these are administered as prescribed.</p> <p>Action taken as confirmed during the inspection: This area of improvement was not reviewed on this occasion.</p>	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 9.3 Stated: First time	<p>The registered person shall liaise with the identified resident's named worker concerning issues of assessed need and seek assurances that the home can safely meet these needs.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager confirmed that this was completed.</p>	Met
Area for improvement 2 Ref: Standard 20.14 Stated: First time	<p>The registered person shall ensure that a revised system for retaining residents' monies and valuables is implemented at the home. This should include the introduction of a record of residents' items held in the safe place.</p> <p>Action taken as confirmed during the inspection: This revised system has been introduced and the record of monies and valuables was examined on this occasion.</p>	
Area for improvement 3 Ref: Standard 15.12 Stated: First time	<p>The registered person shall implement a system for recording the checks on residents' monies and valuables at least quarterly.</p> <p>The records should be signed by the member of staff undertaking the checks and countersigned by a senior member of staff.</p>	Met

	Action taken as confirmed during the inspection: An examination of these audits confirmed them to be in place and maintained on a quarterly basis.	
Area for improvement 4 Ref: Standard 30 Stated: First time	The registered person shall ensure that written confirmation of medicine regimes is obtained for new residents.	Met
	Action taken as confirmed during the inspection: An inspection of a recently admitted resident to the home confirmed that the medicines regime had been appropriately obtained.	

6.2 Inspection findings

6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected the details of all staff working in the home. The manager reported that any member of staff who is in charge of the home in her absence has been assessed as competent and capable of doing so. A sample of one of these assessments was reviewed and found this to be suitably in place. One record of a staff induction was also reviewed and found to be appropriately in place.

An inspection of a staff member's recruitment record was inspected. This confirmed that staff were recruited in accordance with legislation.

Inspection of the professional registrations for staff confirmed that all staff have an up-to-date registration with the Northern Ireland Social Care Council (NISCC). The manager audits these registrations on a monthly basis.

Staffing levels at the time of this inspection were found to be in keeping with the number and dependencies of residents accommodated and the size and layout of the home. Staff spoke in positive terms about their roles and duties, the provision of care, staffing levels, training and managerial support.

6.2.2 Safeguarding

The manager demonstrated a good knowledge of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned Health and Social Care Trust, who would be contacted, what documents would be completed and how staff would assist and co-operate in any subsequent investigations. Staff also declared their knowledge and understanding of the whistleblowing policy and stated that they would have no hesitation in reporting any concerns and felt management would act positively on such information.

Inspection of staff training records confirmed that staff safeguarding training was maintained in an up-to-date basis.

6.2.3 The home's environment

The general décor and furnishings of the home was tired and dated but fit for purpose. The flooring in the dining room had been replaced and four residents' bedrooms were being completely upgraded. However there were many areas in the environment that needed attending to due to poor appearance and inability to thoroughly clean. These included corridor walls and flooring, two bathroom floors, communal lounge walls and flooring and the laundry room flooring. The manager reported that there were plans in place to address these areas but there have been delays due to difficulties in sourcing supplies as a result of the COVID-19 pandemic. Residents' bedrooms were clean and tidy but many had a tired dated appearance and would benefit from refurbishment and upgrade.

Bathrooms and toilets were clean however the flooring in two of these rooms was damaged and therefore could not be effectively cleaned. These additional areas within the environment have been identified as an area of improvement.

A radiator in one identified resident's room was adjacent to the bed and the surface temperature of this was excessively hot to touch. This was a potential risk if a resident were to lie against this surface in the event of a fall. An area of improvement was made for all radiators and hot surfaces to be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.

The grounds of the home were well maintained.

6.2.4 Infection prevention and control (IPC)

Protocols were in place to accommodate visiting, including visiting professionals, in line with current guidelines. There was also good documentation pertaining to information and the management of the COVID-19 pandemic. This was regularly updated and disseminated to staff.

Observations of care practices, discussions with staff and inspection of IPC audits confirmed that there were good IPC measures in place. Staff were knowledgeable in relation to best practice guidelines with hand-washing and use of Personal Protective Equipment (PPE).

There were a good supply of PPE and hand sanitiser at the entrance of the home and was accessible throughout areas of the home. Signage was available in the home to relay information on IPC and COVID-19. However there was a large amount of signage and information displayed in the home which was not laminated and did not comply with IPC guidance. This has been identified as an area of improvement to address this matter.

6.2.5 Care delivery

Residents were comfortable and content in their environment and interactions with staff. Staff interactions with residents were polite, warm, friendly and supportive. Those residents who were more frail were seen also to be regularly attended to.

Staff sought consent with residents with personal care tasks in statements such as "Would you like to..." or "How about ..."

In accordance with their capabilities, residents stated that they were happy with the provision of care, the kindness and support received from staff, the provision of meals and the provision of activities. Some of the comments made included statements such as;

- “It’s very good here.”
- “I can’t fault a thing about this place. They are all lovely here.”
- “I am very happy here in every way.”
- “The staff are super.”
- “That was a lovely dinner, there are no complaints there.”
- “All is well and good.”

Care duties and tasks were organised and carried out in an unhurried person centred manner. A planned programme of activity was in place which was engaging for residents who choose to partake in.

The lunch time meal was nicely presented and looked appetising with good availability of choice.

6.2.6 Care records

A sample of three residents’ care records were inspected on this occasion. These records were maintained in detail. The records gave a holistic assessment of the resident from which the care plan and interventions were based on. These details were clear and had evidence of the resident and/or their representative being involved in this process, including input from aligned healthcare professionals.

Progress records were well written with detail, including care/treatment given in response to issues of assessed need and the effects of same. An area of improvement was identified to clearly record in the progress records when a resident’s aligned named worker has been notified of a resident’s change of circumstances or progress.

6.2.7 Fire safety

The home’s most recent fire safety risk assessment was dated 15 September 2020. Corresponding evidence was recorded to confirm that the recommendations from this assessment had been addressed.

Fire safety training and fire safety drills were found to be maintained on an up-to-date basis. Fire safety checks in the environment were also found to be maintained on an up-to-date basis.

An area of improvement was identified as we observed that there were doors to two residents’ bedrooms, the dining room and the communal lounge propped open. This practice must cease with immediate effect. If a door needs to be left open for any period of time the home’s fire safety risk assessor needs to be consulted and alternatives measures must put in place, such as door self-closures linked to the fire alarm panel.

6.2.8 Governance and management

The home has a defined management structure.

The last two months' Regulation 29 reports were inspected. These reports were well written with evidence of good managerial oversight of the home.

Discussions with the manager and inspection of the records of complaints confirmed that expressions of dissatisfaction are taken seriously and managed appropriately.

Staff training records were well maintained and contained evidence that staff mandatory training and additional training was being maintained on an up-to-date basis. There were systems in place to identify and address areas of training that needed updating with staff.

The accident and incident reports from 17 September 2020 to date of this inspection were inspected. These events were found to be managed appropriately and reported to the relevant stakeholders. Monthly audits of accidents and incidents to establish if there are any trends or patterns are carried out.

Quality assurance audits were available in relation to the professional registrations of staff, IPC, care records and residents' satisfaction surveys.

Areas of good practice

Areas of good practice were found in relation to the nice atmosphere in the home, staff interactions with residents and feedback from residents and staff.

Areas for improvement

Five areas for improvement were identified during the inspection. These were in relation to the environment, hot surfaces, fire safety, ability to clean displayed notices and the recording of confirmation that resident's aligned named workers have been notified of changes to well-being and progress.

	Regulations	Standards
Total number of areas for improvement	3	2

6.3 Conclusion

Residents were seen to be well cared for and were comfortable and at ease in their environment and interactions with staff.

Good assurances were received from the manager that the issues identified for improvement would be duly and promptly acted on.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elizabeth McVicker, 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 residential 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement Ref: Regulation 27(2)(d) Stated: First time To be completed by: 17 March 2021	<p>The registered person shall seek to address the need to redecorate and upgrade the corridor walls and the corridor and communal lounge.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Regulation 13(4) Stated: Second time To be completed by: 1 November 2018	<p>The registered person shall review the management of bisphosphonate medicines to ensure these are administered as prescribed.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 3 Ref: Regulation 27(2)(d) Stated: First time To be completed by: 16 April 2021	<p>The registered person shall submit an action plan with timescales detailing the responses in relation to addressing the need for redecoration and upgrade in the environment.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: The communal Lounge has been completely redecorated and new anti-slip washable flooring has been laid immediately following this inspection. The entrance foyer, stairs, corridor leading to staff station and corridor leading to the main lift are to be redecorated and new flooring laid by 31/05/2021</p>
Area for improvement 4 Ref: Regulation 27(2)(t) Stated: First time To be completed by: 16 March 2021	<p>The registered person shall ensure that risk assessments are undertaken for all individual radiators/hot surfaces in accordance with current safety guidelines with subsequent appropriate action.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: A full risk assessment was carried out and radiator covers are now fitted to all bedroom and en-suite radiators. Other identified radiators in corridors have also had radiator covers fitted.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 27(4) (a) (l)</p> <p>Stated: First time</p> <p>To be completed by: 17 February 2021</p>	<p>The registered person shall cease with immediate effect the practice of wedging open fire safety doors. Should a door need to be left open the home's aligned fire safety risk assessor needs to be consulted for installation of alternative measures.</p> <p>Ref: 6.2.7</p> <p>Response by registered person detailing the actions taken: Staff were informed to cease with immediate effect the wedging open of any fire door within the Home. The Home manager carries out regular checks to ensure compliance. Two identified doors (Lounge and Dining Room) have had the cable installed for hold-open devices linked to the fire alarm system. Devices will be installed by the 16th April 2021.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2021</p>	<p>The registered person shall review the use of non-laminated notices and information displayed so to ensure effective cleaning in accordance with IPC guidance.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: This has been reviewed and all notices displayed have been laminated, where possible. This is also ongoing practice. Others have a wipeable surface.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 17 February 2021</p>	<p>The registered person shall clearly record in the progress records when a resident's aligned named worker has been notified of a resident's change of circumstances or progress.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: This was immediately updated following this inspection and is ongoing practice that a clear record is made in progress notes when a resident's assigned named worker is notified of a resident's change in circumstances or progress.</p>

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



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