

Inspection Report

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| Name of Service: | Knockan Lodge |
| Provider: | Cara Care Homes Ltd |
| Date of Inspection: | 16 December 2024 |

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

1.0 Service information

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| Organisation/Registered Provider: | Cara Care Homes Ltd |
| Responsible Individual | Mrs Elizabeth Kathleen Mary Lisk |
| Registered Manager: | Mrs Mary Elizabeth McVicker |
| <p>Service Profile – This home is a registered residential care home which provides health and social care for up to 25 residents.</p> <p>The home provides care for residents who require general residential care and individuals with mental and physical health needs.</p> <p>Accommodation is over two floors; resident’s bedrooms all have en suite facilities. Residents have access to two communal lounges and a dining room on the ground floor.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 16 December 2024, between 9.50 am and 4.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 30 November 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents said that living in Knockan Lodge was "lovely" Comments included, "This home is great, you could not get better staff," and "It is lovely here, they are all very good, I am very happy."

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents' relatives told us that they were very happy with the care provided. One relative said, "The care is very good, the staff are friendly and helpful."

No questionnaires were received from residents', relatives or visitors. No responses were received from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

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. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

Activities were made available to all residents in the home and residents confirmed that they were offered the choice of whether they wanted to attend or not. Residents' needs were met through a range of individual and group activities such as music events, board games, arts and crafts and parties for special occasions.

At times some residents may require the use of equipment that could be considered restrictive, for example alarm mats. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Risk assessments in relation to falls were regularly reviewed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager indicated that there were systems in place to manage residents' nutrition and mealtime experience. The food served smelt and looked appetising and nutritious, there was a wide variety of choice for the residents based on their likes and dislikes.

The menu for the day was not on display and when asked residents were unsure of what choices had been offered. This was discussed with the manager and an area for improvement was identified.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

It was noted that some records were stored in an unlocked cupboard and not held confidentially; this was discussed with the manager for immediate action. An area for improvement was identified.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Deficits were identified in relation to infection prevention and control, (IPC). For example, incontinence products were inappropriately stored, fans and shower chairs in residents' en suites had not been effectively cleaned, sealant in identified bathrooms needed to be replaced and radiator covers were cracked or broken. This was discussed with the manager and an area for improvement was identified for a second time.

A number of fire doors throughout the home were wedged or propped open. This was discussed with the manager and an area for improvement was identified for a second time.

Shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; specifically, unnamed toiletries were accessible in a number of bathrooms, this was discussed with the manager and an area for improvement was identified for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Mary Elizabeth McVicker has been the Manager in this home since 29 May 2019.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home. Residents and their relatives said that they knew who to approach if they had a complaint or a concern and had confidence that any complaint would be managed well.

Compliments to the home were shared with the staff team, compliments included, “you are all so good,” and “thanks for the care and kindness.”

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

| | Regulations | Standards |
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| Total number of Areas for Improvement | 4* | 1 |

* the total number of areas for improvement includes three Regulations that have been stated for a second time.

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

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2023</p> | <p>The registered person shall ensure that the infection prevention and control deficits identified during the inspection are addressed.</p> <p>Ref: 2 & 3.3.4</p> <p>Response by registered person detailing the actions taken: Infection prevention and control deficits have been addressed and action plan insitu. Discussed with Staff and Housekeeping, new storage units purchased for unsuites etc.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2023</p> | <p>The registered person shall ensure that fire doors are not propped open.</p> <p>Ref: 2 & 3.3.4</p> <p>Response by registered person detailing the actions taken: Work has commenced electrician and joiner have been on site to carry out the work.</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2023</p> | <p>The registered person shall ensure that all parts of the home to which residents have access are free from hazards to their safety.</p> <p>This is stated in reference but not limited to the storage of unnamed toiletries and cleaning chemicals in the communal bathrooms.</p> <p>Ref: 2 & 3.3.4</p> <p>Response by registered person detailing the actions taken: All areas of the home to which residents have access to are free from hazards. Toiletries and cleaning chemicals are stored away safely.</p> |
| <p>Area for improvement 4</p> <p>Ref: Regulation 19 (1) (b)</p> <p>Stated: First Time</p> <p>To be completed by: 17 December 2024</p> | <p>The registered person shall ensure that confidential information relating to residents is safely secured.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: New lock has been fitted to the door and all information is now safely secured.</p> |

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)

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| <p>Area for improvement 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> | <p>The registered person shall ensure that menus are displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available each meal time.</p> <p>Ref: 3.3.2</p> |
| <p>To be completed by: 17 December 2024</p> | <p>Response by registered person detailing the actions taken: Kitchen staff made aware of displaying daily menu on board in dining room, so that residents are aware of the menu available on the day.</p> |

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



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