

Inspection Report

Name of Service: Knockagh Rise

Provider: Knockagh Rise Ltd

Date of Inspection: 17 June 2025

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

1.0 Service information

Registered Provider:	Knockagh Rise Ltd
Responsible Individual:	Mrs Ruth Elizabeth Logan
Registered Manager:	Mrs Joeleen Logan
Service Profile – This home is a registered nursing home which provides nursing care for up to 30 patients. Patients have access to a communal lounge, dining room and outside space on the ground floor. Bedrooms are situated over three floors.	

2.0 Inspection summary

An unannounced inspection took place on 17 June 2025 from 9.25 am to 5.35 pm by care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of care delivery, including; recruitment and induction of staff, staff supervisions and appraisals, team meetings, the duty rota, supervision of patients at mealtimes, recording of patient's weight, care planning, evaluation of care, management of risk and completion of monthly monitoring reports.

As a result of this inspection 13 areas for improvement were assessed as having been addressed by the provider. 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 patients, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I can't complain. The staff are kind. The food is dead on and you get a choice", "I like it here. I can honestly say that the staff are really helpful. They take their time to do what they can," and, "They (the staff) are all so kind. We bake, arrange flowers and play bingo. The kids from the nursery come to visit too."

Patients told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

Relatives commented positively about the overall provision of care within the home. Comments included: "I am happy with the care. No concerns," and "One hundred percent happy with the care. My mum is so happy here. The staff are excellent. The care is second to none."

Staff spoken with said that Knockagh Rise was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. One staff member said, "There are quite a lot of new staff and they are all great at reporting. Very good communication between the nursing staff."

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

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 patients.

While there was evidence of systems in place to manage some aspects of staffing; discussion with the manager established that all pre-employment checks had not been completed, as part of the recruitment process, prior to each staff member commencing in post. Review of agency staff induction records confirmed that not all staff had a documented induction. In addition, the manager confirmed that staff supervisions and appraisals had not been completed for all staff, while review of records confirmed that staff meetings were not held on at least a quarterly basis. Areas for improvement were identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. However, it was not clear from review of the duty rota what hours the manager worked or in what capacity. This was discussed with the manager who arranged for this to be rectified. An area for improvement was identified.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care. A restrictive practice register was monitored and reviewed monthly.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians.

The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. Observation of the mealtime experience evidenced that patients were not always appropriately supervised. For example, one patient who required the assistance/supervision of one member of staff at mealtimes was observed eating their meal without any supervision. An area for improvement was identified.

Discussion with the manager following the inspection confirmed they plan to review the mealtime experience with consideration given to the introduction of a “safety pause” in keeping with “mealtimes matter” regional guidance. Patient’s handover records should also reflect the level of supervision required for all patients.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients’ social, religious and spiritual needs. Patients were observed enjoying arts and crafts in the afternoon.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

3.3.3 Management of Care Records

Patients’ needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients’ needs and included any advice or recommendations made by other healthcare professionals. Review of a selection of care records confirmed that not all patient’s had their weight recorded on admission to the home. An area for improvement was identified.

Care records, for the most part, were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. However, care plans were not in place for patients who required one to one care. Records reflecting the patient's likes and preferences were not available to the care staff providing one to one care. An area for improvement was identified.

Nursing staff recorded regular evaluations about the delivery of care. Review of a selection of daily evaluation records over a 24-hour period evidenced that these had been completed as early as four hours into the 12 hour shift on some occasions and no further entries had been made to reflect on the care delivered. To ensure daily evaluations of care are person-centred, an area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and generally well-maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Ongoing works were noted to the roof of the home following storm damage in January 2025. This information was shared with the aligned estates inspector for follow up.

Concerns about the management of general risks to the health, safety and wellbeing of patients, staff and visitors to the home were identified. A fire door was found to be propped open preventing closure in the event of the fire system activating and storage of combustible items was noted at the bottom of an identified stairwell. These matters were discussed with staff who took immediate action. An area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

A small number of shortfalls in individual staff practice with infection prevention and control (IPC) practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Joeleen Logan has been the registered manager in this home since 29 April 2024.

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 a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

The home should be visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. Examination of a selection of these reports confirmed a visit had not been completed in April 2025. An area for improvement was identified.

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
Total number of Areas for Improvement	5	6

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Joeleen Logan, Registered 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2025</p>	<p>The registered person shall ensure that all pre-employment checks are completed before any staff commence working in the home and evidence retained of managerial oversight of all such records.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Yes, all pre employment checks are completed before any new employment has started. All evidence is in each personel file.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2025</p>	<p>The registered person shall ensure that patients who are identified as being at risk of choking are appropriately supervised at mealtimes in keeping with their assessed needs and plan of care.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: This is adhered to, supervision by staff is present at all meal times.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2025</p>	<p>The registered person shall ensure detailed and person centred care plans are in place for those patients who require one to one care.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: There is detailed information about our 1:1 clients made available for staff providing enhanced care.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (d) (i) (iii)</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2025</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • fire doors in the home are not propped or wedged open preventing closure in the event of the fire alarm system activating • The practice of storing combustible items under stairwells ceases with immediate effect. <p>Ref: 3.3.4</p>

	<p>Response by registered person detailing the actions taken: Fire doors are not wedged open. Maintenance has been carried out on bedroom 2 and 12. The doors are now fixed and when fire drills are done weekly, all doors close. All stairwells have been cleared of any combustible items.</p>
<p>Area for improvement 5 Ref: Regulation 29 (3) Stated: First time To be completed by: 17 June 2025</p>	<p>The registered person shall ensure that the Regulation 29 monitoring visits are completed monthly. These should be available for inspection. Ref: 3.3.5</p>
	<p>Response by registered person detailing the actions taken: All reg 29 visits are carried out monthly and reports are kept for inspection moving forward.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: 17 June 2025</p>	<p>The registered person shall ensure records are kept of all staff working in the home over a 24-hour period. The capacity in which they are working should be clearly identified. Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken: The rota is available for everyone via rota cloud, this shows which staff member is on shift, the hours and the role they are providing. There is also a paper copy that is printed and signed every Monday.</p>
<p>Area for improvement 2 Ref: Standard 39.1 Stated: First time To be completed by: 17 June 2025</p>	<p>The registered person shall ensure that all staff newly appointed, including agency staff, complete a structured orientation and induction programme in a timely manner and that accurate records are retained for inspection. Records should evidence managerial oversight of all staff inductions. Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken: Each new member of the team undertakes a 3 day induction programme, with the option to extend if necessary depending on the role appropriate tasks that are selected to achieve in the time frame of induction, this is signed off by inductee and management team. Agency have individual induction sheet in which they are shown orientation of the home and what tasks are expected.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2025</p>	<p>The registered person shall ensure that staff are supervised and their performance appraised to promote the delivery of quality care and services and a record is kept.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Staff appraisals are set to be completed yearly, this is signed off by the staff member and management team and these are filed in an individual folder.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2025</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis; at a minimum quarterly.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The next staff meeting has been organised for August 2025.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12.12</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2025</p>	<p>The registered person shall ensure that patients' weights are recorded on admission to the home.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: This is part of admission process, it is on the check list and is completed for new admissions.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2025</p>	<p>The registered person shall ensure that nursing staff evaluate care in a meaningful manner and at an appropriate time.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: This is done daily throughout nursing/care tasks, also care plans are evaluated monthly ensuring person centred care is adhered too, or sooner if required or any changes occur.</p>

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The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews