

Inspection Report

Name of Service:	Knockagh Rise
Provider:	Knockagh Rise Ltd
Date of Inspection:	8 July 2026

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:	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 8 July 2026 from 9:30 am to 5:30 pm by two care inspectors.

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 pharmacy inspection on 24 February 2026 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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

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

As a result of this inspection twelve areas for improvement were assessed as having been addressed by the provider. Three areas for improvement 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 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 warmly about the provision of care, their relationship with staff, the provision of meals and the atmosphere in the home with comments such as "They are all very good to us here, we all have a laugh together" and "things are grand, I am impressed with the care".

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

Patients told us that staff offered choices to patients 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.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff with comments such as "I come in every day, I am happy with ... care and the food is good"

Following the inspection, no staff or patient questionnaires were received 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.

Patients 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.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

There were systems in place to ensure staff were trained and supported to do their job. An overview of staff compliance with mandatory training was maintained. Staff had been trained on the moving and handling of patients, however, observation of one manual handling manoeuvre evidenced this training had not been embedded into practice. An area for improvement was identified.

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 patients. Staff were knowledgeable of individual patients' 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.

It was observed that 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.

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.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position. Review of patient care records relating to pressure area care evidenced that the recommended frequency of repositioning recorded in the charts and care plans were inconsistent and examination of repositioning records also evidenced gaps in recording. An area for improvement was identified.

Patients who required care for wounds or pressure ulcers had this clearly recorded in their care records.

Observation of the mealtime experience over breakfast and lunchtime raised concerns that the gap between the meals served was insufficient. For example, a number of patients were finishing their breakfast at 11 am and lunch was then being served at 12:30 pm. In addition, the morning medication was still being administered after 11:45 am. The morning tea round was being offered up until 11:45 am. Review of minutes from a previous patient meeting evidenced that some patients had expressed concerns in regards to the timing of meals being served. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. It was evident that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was also a lack of choice and variety of snacks for patients who required a modified diet at the morning tea round. An area for improvement was identified.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

On the morning of the inspection, a number of patients were taking part in chair exercises and were observed to be enjoying themselves.

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.

Patients care records were held confidentially.

Review of patient care records evidenced that care plans and risk assessments were reviewed on a regular basis. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. However, care plans and risk assessments for the management of modified diets in a small number of identified patients were not consistent and required further clarification, this was discussed with the manager and an area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, warm and comfortable.

Observation of the environment identified that a small number of fire doors were propped open preventing them from closing in the event of the fire alarm being activated. An area for improvement was identified.

Observation of the environment evidenced that some areas of the home were cluttered. The manager was asked to address these matters immediately. This will be reviewed at the next inspection.

Observation of the environment identified concerns that had the potential to impact on patient safety, a domestic trolley with cleaning products was left unattended on two occasions. This was identified as an area for improvement.

Domestic staff told us that due to the size of the building they felt it difficult to complete all their task in the time provided. Observation of some areas of the home and some of the equipment evidenced that these had not been effectively cleaned such as; chairs, wheelchairs, freezers, walls and cabinets. An area for improvement was identified.

A small number of windows were found without appropriate restrictors in place. An area for improvement was identified.

Review of records and observations confirmed 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.

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 since 25 April 2024.

Relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The quality of the audits was generally good, although, given the inspection findings, further work is required regarding the care plan audit. The care plan audit tool in use did not identify any deficits. An area for improvement was identified.

There was evidence that the manager 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.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. It was noted that not all notifiable incidents were reported to RQIA. An area for improvement was identified.

The home was visited each month by a representative of or the responsible individual (RI) to consult with patients, their relatives and staff and to examine all areas of the running of the home. Review of the reports completed evidenced that a number of the reports reviewed did not have a meaningful action plan in place or a timeframe for completion. An area for improvement was identified.

Compliments received about the home were kept and shared with the staff team.

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	4*	11*

* the total number of areas for improvement includes one regulation and two standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Joeleen Logan, 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	
Area for improvement 1 Ref: Regulation 13 (4) Stated: Second time To be completed by: 24 February 2026	The registered person shall ensure that the maximum and minimum temperatures of the medicines refrigerator are monitored and recorded each day and the thermometer reset. Corrective action must be taken if the temperature is outside the recommended range. Ref: 2.0 & 3.3
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: 8 July 2026	The registered person shall ensure that the practice of propping open fire doors ceases immediately. Ref: 3.3.4
	Response by registered person detailing the actions taken: All staff have been reminded regarding the importance of fire safety and consequences of of propping open doors. Supervisions carried out with staff re. same.

Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: 8 July 2026	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that residents are protected from hazards to their health. Ref: 3.3.4 Response by registered person detailing the actions taken: Staff member in question has been spoken with and I have reiterated the importance of locking domestic trolley away when not in use.
Area for improvement 4 Ref: Regulation 30 Stated: First time To be completed by: 8 July 2026	The registered person shall ensure that all notifiable accidents and incidents are reported to RQIA in a timely manner. Ref: 3.3.5 Response by registered person detailing the actions taken: All notifiable events reported promptly moving forward.
Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 Ref: Standard 18 Stated: Second time To be completed by: 24 February 2026	The registered person shall review the management of distressed reactions to ensure that, the reason for and outcome of administering 'when required' medicines, is recorded on every occasion. Ref: 2.0 & 3.3 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 28 Stated: First time To be completed by: 24 February 2026	The registered person shall review the management of medicines on admission to ensure that written confirmation of current medicines prescribed is received from the prescriber on every occasion. Ref: 2.0 & 3.3 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 3 Ref: Standard 39 Stated: First time To be completed by: 31 August 2026	The registered person shall ensure that training in moving and handling of patients is embedded into practice. Ref: 3.3.2 Response by registered person detailing the actions taken: Moving and handling repeated for staff member in question and all training carried out as usual, prior to commencement of employment for new starts and annually for existing staff. Supervisions carried out re same.
Area for improvement 4 Ref: Standard 23 Stated: First time To be completed by: 31 July 2026	The registered person shall ensure that where a patient has been assessed as requiring repositioning: • care plans and repositioning charts are consistent in relation to the recommended frequency of repositioning • the frequency of repositioning recorded within charts is reflective of the recommended frequency within the care plan. Ref: 3.3.2 Response by registered person detailing the actions taken: Supervisions carried out with all staff regarding the importance of repositioning. All charts and care plans updated and reflective of each residents repositioning needs.
Area for improvement 5 Ref: Standard 41.1 Stated: First time To be completed by: 31 July 2026	The registered person shall ensure that staffing levels in the morning are reviewed to ensure they meet the needs of the patients. The review should take account of but not limited to dependencies of patients and the layout of the building. Ref: 3.3.2 Response by registered person detailing the actions taken: New morning routine commenced since inspection and appears to be working well thus far.
Area for improvement 6 Ref: Standard 12.17 Stated: First time To be completed by: 8 July 2026	The registered person shall ensure there is a selection of suitable snacks available at all times for patients' who have swallowing difficulties. Ref: 3.3.2 Response by registered person detailing the actions taken: Meeting held with SALT and kitchen staff, new ideas presented for snacks to made available to residents who are prescribed a modified diet.

Area for improvement 7 Ref: Standard 4 Stated: First time To be completed by: 8 July 2026	The registered person shall ensure that care plans and risk assessment for patients on a modified diet are person centred and reflect the current needs of the patients. Ref: 3.3.3 Response by registered person detailing the actions taken: All care plans and risk assessments updated accordingly and staff advised to ensure the manager is aware of any changes to diets moving forward.
Area for improvement 8 Ref: Standard 44.8 Stated: First time To be completed by: 31 July 2026	The registered person shall ensure that window openings are controlled to a safe point of opening of no more than 100mm and cannot be overridden by patients. Ref: 3.3.4 Response by registered person detailing the actions taken: Maintenance informed and rectifying same.
Area for improvement 9 Ref: Standard 41.1 Stated: First time To be completed by: 31 August 2026	The registered person shall ensure that the domestic provision is reviewed so that standards relating to the cleaning of the premises are fully met. Ref: 3.3.4 Response by registered person detailing the actions taken: New cleaning schedule in place and working well.
Area for improvement 10 Ref: Standard 35 Stated: First time To be completed by: 31 July 2026	The registered person shall ensure that care plan audits include, where required, a clear action plan, the person responsible for completing the action and appropriate follow up to ensure any identified actions are addressed. Ref: 3.3.5 Response by registered person detailing the actions taken: New care plan audit tool sourced and will be utilised moving forward.

Area for improvement 11	The registered person shall ensure that the monthly monitoring report has a meaningful action plan in place where required that clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement. Ref: 3.3.5
Ref: Standard 35.7 Stated: First time	
To be completed by: 31 August 2026	Response by registered person detailing the actions taken: This was discussed with members involved and agreed action plan template to be followed moving forward.

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