



The Regulation and
Quality Improvement
Authority

Knockmoyle Lodge
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29 Knockmoyle Road
Omagh
BT79 7TB

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**Unannounced Care Inspection
of
Knockmoyle Lodge**

3 September 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 3 September 2015 from 10.30 – 16.10 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Knockmoyle Lodge which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 9 September 2014.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Lavelle Datay (acting manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Bernadette Kiernan O'Donnell	Registered Manager: No application received
Person in Charge of the Home at the Time of Inspection: Lavelle Datay	Date Manager Registered:
Categories of Care: NH-MP(E), RC-DE, NH-DE	Number of Registered Places: 35
Number of Patients Accommodated on Day of Inspection: 34	Weekly Tariff at Time of Inspection: £493-£593

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous care inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- previous care inspection report.

During the inspection, the inspector met with twelve patients individually and the majority of others in small groups, one registered nurse, three care staff, the activity coordinator and five patient's visitors/representatives.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- three patient care records
- records of accident/notifiable events
- staff training records

- staff induction records
- a sample of staff duty rotas
- policies and guidance documents for communication, death and dying, and palliative and end of life care
- complaints and compliments records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Knockmoyle Lodge was an announced estates inspection dated 21 April 2015. The completed QIP was returned and approved by the estates inspector.

Review of Requirements and Recommendations from the last care Inspection 9 September 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients – ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Ensure that the acting manager has been allocated sufficient hours to enable her to undertake her management responsibilities.</p>	<p>Not Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>A review of a sample of duty rotas for various timeframes were examined and evidenced that in the majority the acting manager was working as the second nurse on duty. Discussion with the manager advised this was attributed to staff turnover and annual leave arrangements. Failure to comply with this requirement was discussed with the manager.</p> <p>Please refer to section 5.5.3.</p> <p>This requirement has been stated for the second time.</p>	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5.1 Stated: First time	It is recommended that a choking risk assessment is completed as part of the pre-admission assessment, at the time of the patient's admission to the home and repeated if there is any change in the patients/residents condition.	Met
	Action taken as confirmed during the inspection: A review of three care records evidenced that the risk of choking was discussed at pre-admission and on admission a choking risk assessment was completed and reviewed accordingly.	
Recommendation 2 Ref: Standard 12.11 Stated: First time	The registered person should ensure that a record is maintained of the food intake of all patients/residents in sufficient detail to enable any person inspecting the record to determine whether the diet is satisfactory.	Met
	Action taken as confirmed during the inspection: Food records were examined and were recorded in sufficient detail to determine dietary needs.	
Recommendation 3 Ref: Standard 12.10 Stated: First time	The registered person should ensure that all staff have update training in relation to the care associated with patients who have swallowing difficulties.	Met
	Action taken as confirmed during the inspection: Training records evidenced registered nurses and care staff (15 staff) had completed training in January, February and April 2015.	
Recommendation 4 Ref: Standard 12.9 Stated: First time	The registered person should ensure that catering staff receive training in the preparation of modified and special diets.	Met
	Action taken as confirmed during the inspection: Training records and discussion with catering staff confirmed they had received training and were knowledgeable in this regard.	

<p>Recommendation 5</p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p>	<p>It is recommended that the following research and guidance documents should be made available in the home for staff to access:</p> <ul style="list-style-type: none"> • The European Pressure Ulcer Advisory Panel (EPUAP) • Human Rights Act 1998 and European Convention on Human Rights • Deprivation of Liberty Safeguards (DOLS). 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The documents as outlined above were available for staff access.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p>	<p>It is recommended that staff receive training on the importance of record keeping commensurate with their roles and responsibilities in the home.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Training records evidenced registered nurses had completed training in November 2014.</p>		

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on Breaking Bad News. Discussion with registered nurses confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of training records evidenced that staff had completed training in relation to communication with patients in November 2014 and April 2015. However, staff had not completed training to include the procedure for breaking bad news as relevant to staff roles and responsibilities. A recommendation is made.

Is Care Effective? (Quality of Management)

Three care records reflected patient individual needs and wishes regarding the end of life care.

Recording within records included, reference to the patient's specific communication needs including vision, hearing and the patient's ability to express their individual needs.

There was evidence within all records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Care and nursing staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news. However, this was dependent on the staff members experience; for example some of the care staff spoken with said they would refer the patient or relatives to the registered nurse immediately, while others indicated they would feel confident to offer reassurance before referring them to the registered nurse.

Is Care Compassionate? (Quality of Care)

Patients were observed to be treated with dignity and respect by all grades of staff. There were a number of observations made when patients were assisted by nursing, care and activity staff in a professional and compassionate manner which ensured patients dignity was maintained. There was evidence of good relationships between patients and staff.

The majority of the patients were met as part of an introduction to Knockmoyle Lodge, and they all indicated that they were very happy with life and the care received. Patients acknowledged that staff were polite, caring and courteous and they felt safe in the home. Some patients were unable to verbally express their views due to the frailty of their condition. These patients appeared comfortable and relaxed in their surroundings. No concerns were expressed by any of the patients.

Relatives/visitors spoken with confirmed that communication between them and the home was effective, and that staff were compassionate, empathetic and caring in their approach.

Areas for Improvement

The policy on communicating effectively should reference the guidelines on breaking bad news and it is recommended that staff are made aware of the policies, regional guidance and standards that underpin the delivery of care in the home.

Training should be provided for staff in regards to communicating with particular reference to the breaking of bad news.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home reviewed May/June 2015. These documents did include guidance on the management of the deceased person's belongings and personal effects, however, did not reference best practice guidance such as the Gain Palliative Care Guidelines, November 2013.

Training records evidenced staff had not received training in the management of death, dying and bereavement. Induction and competency and capability templates evidenced that staff were provided with a general awareness in the management of death, dying and bereavement. Discussion with the manager, registered nurse and care staff acknowledged that they would benefit from training in relation to this theme and standard. A copy of the Gain Palliative Care Guidelines, November 2013 was available, staff spoken with were unaware of same. A

recommendation has been made in this regard. The manager and registered nurse confirmed that specialist palliative care services could be accessed for patients via the GP practices and palliative support team.

Discussion with staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A policy for accessing specialist equipment or emergency drugs was in place and a file of contact details was available in the office for staff to refer to.

The manager was the palliative care link nurse for the home and advised that she was scheduled to attend a link meeting at the trust. This information would then be disseminated to staff accordingly.

Is Care Effective? (Quality of Management)

On the day of the inspection, there were no patients in receipt of palliative or end of life care. However, a review of three care records evidenced that patients' needs for end of life care were assessed in relation to advance care plans and 'do not resuscitate' orders. There was clear assessment, planning, implementation and evaluation of all their individual needs. This included the management of hydration and nutrition, pain management. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A named nurse was identified for each patient approaching end of life care.

Discussion with the manager and staff evidenced that environmental factors were considered when patients approach end of life. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying and staff provided previous examples of how the home had made provision to include refreshments, privacy and facilitating a quiet calm environment. The homes policy included the procedure to be taken in the event of shared bedrooms.

A review of notifications of deaths to RQIA during the previous inspection year was deemed to be appropriate.

Is Care Compassionate? (Quality of Care)

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. From discussion with the manager and staff, and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. Information regarding support services was available and accessible for staff, patients and their relatives.

Areas for Improvement

It is recommended that the policies on palliative and end of life care, death and dying should refer to and reflect regional best practice guidance on palliative care. The manager should ensure staff are made aware of policies/procedures, regional guidance and standards that underpin the delivery of care in the home.

It is recommended that staff are provided with training in regards to palliative and end of life care. This will further enhance staff knowledge of this theme.

Number of Requirements:	0	Number of Recommendations:	2
		*2 recommendations raised in section 5.3	

5.5 Additional Areas Examined

5.5.1. Categories of Care

A review of the certificate of registration for Knockmoyle Lodge highlighted that the home were accommodating three patients outside the category of care for which the home was registered. This matter was raised with the manager and post inspection was subsequently followed up by RQIA in a correspondence to the registered person. Written confirmation was requested that the service will be operated within the registered categories of care indicated on the certificate of registration. To comply with relevant legislation, applications should be submitted in respect of the three identified patients. Subsequently, RQIA have received three variation applications in regards to Knockmoyle Lodge, which are currently being reviewed and processed. However, a requirement has been made to ensure that the home only accommodates patients within the categories of care for whom they are currently registered.

5.5.2 Consultation with patients, patient representatives and staff

In addition to speaking with patients, staff and visitors, questionnaires were distributed to staff not on duty during the inspection and for patients and patient representatives to complete.

Patients

Twelve patients were spoken with individually and the majority of others in small groups. Two questionnaires were completed and returned. Patients were complimentary regarding the care delivered, staff, food and activities provided. Two questionnaires were completed and returned. Comments included:

- "Staff are kind and the food is great."
- "Very happy and well looked after, the activities lady is great."

There were no concerns raised.

Staff

The general view from staff cited in completed questionnaires and during discussions was that they took pride in delivering safe, effective and compassionate care to patients. Nine questionnaires were completed and returned. Staff advised that additional training in palliative/end of life care would enhance their knowledge in this area of practice and a recommendation was made. No concerns were raised.

A few staff comments are detailed below:

- “Care is the highest standard and patients and relatives are given plenty of support and attention and care.”
- “I feel the management and staff are very respectful and treat patients with dignity. Care is always patient centred and is of a very high standard.”
- “I treat each patient as if they were my father/mother ... and I try my best to keep their minds active.”

Patient representatives

Five patient representatives were spoken with at the time of inspection and six questionnaires were completed and returned. Overall the comments indicated that the quality of care was good, that staff were attentive and caring and that they were kept informed of changes to their loved one's care. Comments included:

- “Knockmoyle Lodge is an excellent care home. My brother is well cared for in every aspect of life. He came into the home unable to walk and he is now able to walk on his own...excellent care did this.”
- “The nursing staff keep me well informed about ... wellbeing... his bedroom is always clean and I am happy with the care.”
- “Staff are always helpful and listen to any of our queries.”

No concerns were raised.

5.5.3 Staffing/management arrangements

A sampling of duty rotas reviewed evidenced that the acting manager was allocated to work as the second nurse within the home on average three / four days per week. This matter had been previously identified at a care inspection on the 9 September 2014 when a requirement was made to ensure that the acting manager has been allocated sufficient hours to enable her to undertake her management responsibilities. This was discussed with the manager at this inspection, who advised the reason for this action was attributed to registered nurse turnover and annual leave arrangements. Post inspection, RQIA has corresponded with the registered person of Knockmoyle Lodge regarding the management arrangements and communication regarding this matter is still ongoing. The previous requirement has been stated for a second time. In addition, on some occasions the duty rota did not clearly identify the employment status of those working in the home. A recommendation was made.

5.5.4 Environment

A general inspection of the home was undertaken which included a random sample of bedrooms, bathrooms and communal areas. The home was found to be warm, decorated to enhance a homely feel and was clean throughout. A number of patient bedrooms were personalised.

It was noted that in some bathrooms antibacterial soap was accessible to patients. This was discussed with the manager in relation to the potential risks for patients being accommodated in the home with particular attention to the category of care. The manager agreed to address this matter immediately.

5.5.6 Provision of activities

The activity therapist was observed delivering activities during the inspection. The therapist advised that there was a plan for scheduled activities and events however; at times this may need to be altered due to the needs of the patients involved. Patients were observed in various levels of engagement and it was obvious from both their verbal and non-verbal gestures that they recognised the therapist and spoke fondly of her role and how it enhanced their daily life experience. This is commended.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Lavelle Datay (acting manager) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 19 October 2015</p>	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Ensure that the acting manager has been allocated sufficient hours to enable her to undertake her management responsibilities.</p> <p>Ref Section 5.5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: New manager appointed week commencing 19/10/2015 and will have sufficient management hours.</p>
<p>Requirement 2</p> <p>Ref: Regulation 15 (e)</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2015</p>	<p>The registered person must ensure that the home only accommodates patients within the category of care for whom they are registered.</p> <p>Ref Section 5.5.1</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This application for variation has been submitted</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 36 Criteria (1) (2)</p> <p>Stated: First time</p> <p>To be Completed by: 2 November 2015</p>	<p>The registered person should ensure policies and procedures are reviewed to include the following:</p> <ul style="list-style-type: none"> • The policy on communicating effectively should be reviewed to make reference to current best practice, such as DHSSPSNI (2003) Breaking Bad News • The policy on palliative and end of life care should be reviewed to make reference to current regional guidance, such as GAIN (2013) Palliative Care Guidelines (2013). <p>The policies and guidance documents listed above, should be made readily available to staff.</p> <p>Ref Section 5.3 & 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Both these policies will be reviewed & made available.</p>

<p>Recommendation 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be Completed by: 7 December 2015</p>	<p>The Registered person should ensure that staff receive training on the following;</p> <ol style="list-style-type: none"> 1. Communication including the breaking of bad news 2. Palliative and end of life care, death and dying. <p>A record of all training completed should be retained.</p> <p>Ref Section 5.3 & 5.4</p>		
<p>Response by Registered Person(s) Detailing the Actions Taken: This training will be made available to all staff</p>			
<p>Recommendation 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be Completed by: 2 November 2015</p>	<p>The registered person should ensure that the duty rota identifies the capacity in which all employees are working in.</p> <p>Ref Section 5.5.3</p>		
<p>Response by Registered Person(s) Detailing the Actions Taken: This has been addressed</p>			
<p>Registered Manager Completing QIP</p>	<p>T McGarvey Group Manager</p>	<p>Date Completed</p>	<p>14.10.15</p>
<p>Registered Person Approving QIP</p>	<p>Mrs B Kiernan O'Donnell</p>	<p>Date Approved</p>	<p>14.10.15</p>
<p>RQIA Inspector Assessing Response</p>	<p>Sharon Loane</p>	<p>Date Approved</p>	<p>20.10.15</p>

Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address