

# Unannounced Enforcement Compliance Inspection Report 9 November 2017



## Knockmoyle Lodge

**Type of Service: Nursing Home**  
**Address: 29 Knockmoyle Road, Omagh, BT79 7TB**  
**Tel No: 028 8224 7931**  
**Inspector: Sharon Loane**

[www.rqia.org.uk](http://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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 35 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mr John O'Donnell, Acting Responsible Person	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Ms Vanessa McElroy	<b>Date manager registered:</b> Ms Vanessa McElroy – acting, no application received
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years.  Residential Care (RC) DE – Dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years.	<b>Number of registered places:</b> 35 comprising:  A maximum of 31 patients in category NH-DE, a maximum of 2 patients in category NH-MP(E), a maximum of 1 resident in category RC-MP(E) and a maximum of 1 resident in category RC-DE. The home is also approved to provide care on a day basis for 1 person.  <ol style="list-style-type: none"> <li>1. Admissions to Knockmoyle Lodge will cease until compliance with the specific actions stated in FTC/NH/1208/2017-18/01 dated 4 July 2017 have been fully met.</li> <li>2. The registered provider must ensure that a nurse manager, with sufficient clinical and management experience, is working in the home on a day- to- day basis to ensure the quality and safety of care practice and service delivery to patients.</li> <li>3. The registered provider must ensure that regulation 29 monthly reports and copies of any other monitoring reports are provided to RQIA within three working days of the visits/reports having been completed. This condition will continue until such time that RQIA is satisfied that the home is operating in sustained compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.</li> </ol>

### 4.0 Inspection summary

An unannounced inspection took place on 9 November 2017 from 10.40 to 12.30 hours to validate compliance with a failure to comply notice Ref: FTC/NH/1208/2017-18/02 in relation to recruitment practices.

A failure to comply notice FTC Ref: FTC/NH/1028/2017-18/01 was issued on 4 July 2017 in relation to the management arrangements of the home. An enforcement compliance monitoring inspection undertaken on the 21 August 2017 was unable to validate full compliance with the above failure to comply notice. There was no evidence of progress made to address the required actions within the notice. As a result, conditions were placed on the registration of Knockmoyle Lodge as outlined in section 3.0 of this report. These conditions took effect on 10 November 2017. Conditions are to remain in place until the actions stated in the above failure to comply notice are fully met.

During the compliance inspection additional concerns were identified in relation to recruitment practices and a failure to comply notice FTC Ref: FTC/NH/1208/2017-18/02 was issued on the 11 September 2017.

The purpose of this inspection sought to assess the level of compliance achieved by the home in relation to the failure to comply notice issued on 11 September 2017. The areas identified for improvement and compliance with the regulation were in relation to staff recruitment practices. The date of compliance with the notice was 9 November 2017.

#### **FTC Ref: FTC/NH/1208/2017-18/02 issued on 11 September 2017**

Evidence at the time of the inspection was available to validate compliance with the above failure to comply notice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

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

#### **4.1 Inspection outcome**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no new areas for improvement being identified.

Further enforcement action did not result from the findings of this inspection. As a result of the findings of this inspection a confirmation of compliance letter was issued. The conditions on registration remain in place.

The enforcement policies and procedures are available on the RQIA website at [https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on the RQIA website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the requirements as indicated in the failure to comply notice FTC Ref: FTC/NH1208/2017-18/02
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP from the previous care inspection
- notifications received from 21 August 2017

The following methods and processes used in this inspection include the following:

- a discussion with the manager
- discussion with staff
- recruitment files for four staff members
- a review sample of duty rotas
- staff training records
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- observation of the daily activity of the home

The inspector observed the majority of patients, some of whom were resting in bed and/or seated in the day lounges.

A number of staff were spoken with during the inspection including two registered nurses, two care staff on duty and the homes administrator. Staff spoken with were of the opinion that recent changes in regards to the management arrangements of the home had had a positive impact on the day to day management and operations of the home.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 21 August 2017

The most recent inspection of the home was an unannounced enforcement compliance inspection. The completed QIP was returned and approved by the care inspector and will be validated at a subsequent care inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 21 August 2017

This inspection focused solely on the actions contained within the failure to comply notice issued on 11 September 2017. The areas for improvement from the last care inspection on 21 August 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

## 6.3 Inspection findings

**FTC Ref: FTC/NH/1208/2017-2018/02**

Notice of failure to comply with:

### ***Nursing Homes Regulations (Northern Ireland) 2005***

#### ***Regulation 21.–***

*(1) The registered person shall not employ a person to work at the nursing home unless -  
(b) subject to paragraph (5), he has obtained in respect of that person the information and documents specified in paragraphs 1 to 7 of Schedule 2;*

In relation to this notice, the following five actions were required to comply with this regulation.

- The acting registered person must ensure that, at all times, staff are recruited and employed in accordance with statutory legislation and mandatory requirements. This includes the receipt of a satisfactory AccessNI enhanced disclosure check prior to the commencement of employment. Records must be kept of all documentation relating to the recruitment process.
- The acting registered person must ensure that the staff recruitment policy and procedure makes reference to the need to obtain all the required information as listed within Regulation 21 (1) (b) and Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005.
- The acting registered person must implement robust monitoring systems to ensure that the recruitment process is compliant with statutory legislation and mandatory requirements.
- The acting registered person must ensure that all staff involved in the recruitment process receive training or refresher training in recruitment and selection.
- The acting registered person must demonstrate an understanding and knowledge of the recruitment policy and procedures.

Evidence was available to validate compliance with the failure to comply notice.

A review of personnel files for four staff members recruited since the last care inspection was undertaken. This review confirmed that records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records confirmed that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing employment.

A policy and procedure for staff recruitment dated 12 September 2017 was available. The policy and procedure detailed the recruitment process and complied with legislative requirements and DHSSPS guidance.

Discussion with the group manager, manager and the administrator confirmed that they understood what was required to be obtained prior to any new staff commencing employment at the home. Review of documentation evidenced that employee checklists have been developed since the previous inspection. The employee checklists included all of the required information as outlined in Regulation 21 (1) (b) and Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. The administrator confirmed that all personnel files for staff employed had been re-audited to ensure compliance.

Mrs Mc Garvey, group manager confirmed that the responsibility for the recruitment of staff had been delegated to her and that she was supported by the manager and the home's administrator. A discussion with the manager and the home's administrator confirmed that since the last inspection, they had attended training in regards to Human Resources which included the recruitment and selection of staff. This training was provided by the Labour Relations Agency. A review of training records for both staff members confirmed this information. Arrangements had been made for staff to attend further training in relation to, Fair Recruitment and Selection during 2018.

As previously discussed, the responsible person (acting) has nominated Mrs McGarvey, the group manager to manage the recruitment and selection of staff and that they were supported by the manager and administrator of the home. The administrator and the manager review the employee checklists to provide assurances that all recruitment documentation has been sought and retained. The manager signs the checklist to confirm the recruitment process has been followed.

### Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Number of areas for improvement</b>	0	0

## 6.4 Conclusion

Evidence was available to validate compliance with the failure to comply notice.

## **7.0 Quality improvement plan**

There were no new areas for improvement identified during this inspection. The attached QIP contains the areas for improvement carried forward from the last care inspection on 21 August 2017. This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 11 September 2017.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The registered provider has confirmed that actions have been completed to address the areas for improvement identified during the last care inspection and has returned the completed QIP via Web Portal for assessment by the inspector.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time	The registered provider must ensure that systems are established to assure compliance with best practice in infection prevention and control within the home.  <b>Ref: Section 6.2</b>
	<b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (1) (2) (b)  <b>Stated:</b> Second time	The registered provider must ensure that a nursing care plan is prepared and kept under review as to how the patients' needs in respect of his health and welfare are to be met.  <b>Ref: Section 6.2</b>
	<b>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.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> First time	The registered person must ensure that the treatment and care provided to each patient meets their identified assessed needs and reflects their plan of care in relation to the management of pressure damage and/or wounds. This should include the completion of all documentation pertaining to this area of practice.  <b>Ref: Section 6.2</b>
	<b>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.</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 13 (1) (a)  <b>Stated:</b> First time	The registered person shall ensure that the settings of pressure mattresses are monitored and recorded, to ensure their effective use.  <b>Ref: Section 6.2</b>
	<b>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.</b>

<p><b>Area for improvement 5</b></p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the personal emergency evacuation plan (PEEPS) includes the necessary information.</p> <p><b>Ref: Section 6.2</b></p> <hr/> <p><b>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.</b></p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 41</p> <p>Stated: Third time</p>	<p>The registered person should ensure that the duty rota is completed in accordance with the DHSSPS Care Standards for Nursing Homes (2015).</p> <p><b>Ref: Section 6.2</b></p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 35.3</p> <p>Stated: Third time</p>	<p>It is recommended that governance arrangements to monitor audit and review the quality of nursing and other services provided within the nursing home should be implemented and completed on a regular basis. An action plan should be developed for any identified improvements and the follow –up actions required.</p> <p><b>Ref: Section 6.2</b></p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 22</p> <p>Stated: First time</p>	<p>The registered person shall ensure that falls are managed in accordance with the criteria outlined in the standards. Records of observation for potential or actual head injury should be maintained in accordance with best practice guidelines.</p> <p><b>Ref: Section 6.2</b></p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>



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