

Unannounced Enforcement Care Inspection Report 12 December 2017



Knockmoyle Lodge

Type of Service: Nursing Home
Address: 29 Knockmoyle Road, Omagh, BT9 7TB
Tel No: 028 8224 7931
Inspector: Sharon Loane

www.rgia.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

Organisation/Registered Provider: Mr John O'Donnell (acting)	Registered Manager: See below
Person in charge at the time of inspection: Mrs Alison Sweeney	Date manager registered: Mrs Alison Sweeney – registration pending
Categories of care: 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.	Number of registered places: 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"> 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. 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. 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.

4.0 Inspection summary

An unannounced inspection took place on 12 December 2017 from 10:30 to 16:00 to validate compliance with a failure to comply notice Ref: FTC/NH/1208/2017-18/01 issued 4 July 2017 in relation to the management arrangements and a notice of decision Ref: NOD/1208/2017 -18/01 issued 10 November 2017.

A failure to comply notice FTC Ref: FTC/NH/1208/2017-18/01 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 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, a notice of proposal to place conditions on the registration of Knockmoyle Lodge was issued on 11 September 2017, as outlined in section 3.0 of this report. This progressed to a notice of decision on 11 October 2017. These conditions took effect on 10 November 2017.

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 inspection was undertaken following communication from the responsible individual (acting), Mr John O'Donnell, who advised that the home was now compliant with the actions outlined in the failure to comply notice issued on 4 July 2017. As previously stated, the areas identified for improvement with the regulation were in relation to the management arrangements for the home, FTC Ref: FTC/NH/1208/2017-18/01.

As a result of this inspection and the improvements noted in the areas inspected, the conditions imposed on the registration of the home on 10 November 2017 were removed. A new certificate of registration to reflect this has been issued to the responsible individual (acting).

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

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Alison Sweeney, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- the failure to comply notice FTC Ref: FTC/NH/1208/2017-18/01
- the notice of decision NOD Ref: NOD/1208/2017 -18/01

During the inspection the inspector met with four patients and seven staff to include registered nurses, care staff and ancillary staff.

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

- discussion with the manager
- discussion with seven staff
- discussion with four patients
- a review sample of staff duty rotas
- a review of a recruitment file for one employee
- accident and incident records
- three care records
- supplementary care records to include food and fluid intake charts and repositioning charts
- complaints record
- a review of quality audits
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- observation of the daily activity of the home to include the serving of the lunchtime meal

Areas for improvement identified at a previous care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 enforcement monitoring inspection dated 28 November 2017

The most recent inspection of the home was an unannounced medicines inspection. The date for the return of the completed QIP had not been reached at the time of completing this inspection. On receipt by RQIA the completed QIP will be reviewed and approved by the pharmacist inspector and will be validated at a subsequent medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 November 2017

The most recent inspection of the home was an unannounced enforcement compliance inspection. This report included a Quality Improvement Plan which had been carried forward from a previous inspection undertaken on 21 August 2017.

Areas for improvement identified were reviewed and assessment of compliance recorded as met, partially met, or not met.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: 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.	Met
	Action taken as confirmed during the inspection: An Infection Control and Environmental audit had been completed November 2017. An action plan had been developed and there was evidence that appropriate actions had been taken in relation to shortfalls identified. A review of the homes environment validated this information. Systems had also been developed and implemented in regards to cleaning and decontamination schedules.	
Area for improvement 2 Ref: Regulation 16 (1) (2) (b) Stated: 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.	Met
	Action taken as confirmed during the inspection: A review of three care records evidenced that care plans were developed and reviewed in regards to patients identified needs. Please refer to section 6.3 for further detail.	
Area for improvement 3 Ref: Regulation 12 (1) (a) (b) Stated: 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.	Met
	Action taken as confirmed during the inspection: A review of two care records pertaining to the treatment and management of wounds evidenced that this area for improvement had been met. Please refer to section 6.3 for further detail.	

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the settings of pressure mattresses are monitored and recorded, to ensure their effective use.</p> <hr/> <p>Action taken as confirmed during the inspection: Since the last inspection a system had been developed and implemented to monitor and ensure that the settings of pressure mattresses were set accurately. A random sample checked evidenced that the settings of the mattresses were set according to the patients recorded weight.</p>	<p>Met</p>
<p>Area for improvement 5</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> <hr/> <p>Action taken as confirmed during the inspection: A discussion with the manager and a review of the personal emergency evacuation plan (PEEPS) evidenced that this record had been reviewed to include the necessary information. A copy of the PEEPS record for each patient was located within their bedroom and a master copy was located at the main reception.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes 2015</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</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> <hr/> <p>Action taken as confirmed during the inspection: A review of the duty rota for a number of weeks evidenced that it was completed in accordance with the Care Standards for Nursing Homes (2015).</p>	<p>Met</p>

Area for improvement 2 Ref: Standard 35.3 Stated: Third time	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.	Met
	Action taken as confirmed during the inspection: A suite of audits were in place to assure the safe delivery of quality care within the home. A number of audits had been undertaken since the last care inspection, these included; care records; accidents and incidents; infection control & environment. A review of the audits evidenced that action plans had been developed in relation to areas of improvement and/or actions required. There was evidence that the areas for improvement had been re-audited to ensure compliance and quality assurance.	
Area for improvement 3 Ref: Standard 22 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of accidents and incidents evidenced that falls had been managed appropriately. Records of CNS observations were available and maintained in accordance with best practice guidelines.	

6.3 Inspection findings

FTC Ref: FTC/NH/1208/2017-18/01

Notice of failure to comply with regulation 8 (1) (a) of the Nursing Homes Regulations (Northern Ireland) 2005:

Appointment of manager

Regulation 8.—

- (1) *The registered provider shall appoint an individual to manage the nursing home where –*
- (a) *there is no registered manager in respect of the nursing home;*
 - (b) *the registered provider –*
 - (i) *is an organisation or partnership;*
 - (ii) *is not a fit person to manage a nursing home; or*
 - (iii) *is not, or does not intend to be, in full-time day to day charge of the nursing home.*

In relation to this notice, the following four actions were required to comply with this regulation:

- The acting registered person must appoint an individual with the necessary competence and skill to manage the nursing home in accordance with legislative requirements of the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria as stated in the Care Standards for Nursing Homes, 2015.
- The acting registered person must ensure that the Statement of Purpose for the home defines the organisational structure of the home and the relevant qualifications and experience of the manager.
- The acting registered person must ensure that the manager delivers services effectively on a day to day basis in accordance with the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes, 2015.
- The acting registered person must ensure that the hours worked by the nurse manager are included on the duty rota and identifies either management duties or working as the lead nurse.

RQIA received an application on the 8 November 2017 for the position of Registered Manager for Knockmoyle Lodge Nursing home. The registration process was still pending at time of this inspection.

A discussion held with the manager (applicant) at time of the inspection identified that they had received a job description and a contract of employment for the role of registered manager. Records for induction were available and the manager confirmed that the induction process was still ongoing in relation to this role. The manager advised that a competency and capability assessment had been commenced in regards to the managerial role. Records were also available to confirm this information. A discussion held with the manager demonstrated that they were knowledgeable and understood their role and responsibilities. Meetings had been held with patients, relatives and staff within the manager's first week of employment to formally introduce them. It was evident from the manager's interactions with staff and relatives that they recognised them in this role.

A Statement of Purpose dated 11 December 2017 was available and had been updated to reflect the recent changes in regards to the management arrangements. A review of this document identified that it contained all the necessary information as outlined in Regulation 3 (1) (c) of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes, April 2015. The manager was aware of this document and understood the context for its requirement.

A discussion with the manager demonstrated that she was aware and recognised the legislative framework and care standards, which underpinned her role and responsibilities, as registered manager. As previously discussed it was evident from discussion with the manager that they did have the knowledge necessary to ensure that the home was operating according to the legislative framework. A review of the Quality Improvement Plan included in section 6.2 evidenced that all areas identified for improvement had achieved compliance.

A sample of duty rotas evidenced that these were maintained in accordance with the criteria outlined in the Care Standards for Nursing Home, 2015. The manager's hours were included on the duty rota and identified the capacity in which these were worked for example; either as management or working as lead nurse. The manager advised that the majority of their hours had been assigned as management hours however there had been a few occasions due to staff absences that they had to work as the lead nurse. A review of duty rotas completed up to and including week commencing 1 January 2018 confirmed the accuracy of this information.

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

Additional areas inspected

Quality of nursing care and care records

A review of three care records evidenced that risk assessments and care plans were established to guide and inform the delivery of care. There was evidence that care plans had been reviewed and updated in response to the changing needs of patients. The care plans reviewed clearly demonstrated the care interventions required in relation to the needs and risks identified. Any advice and recommendations from other health and social care professionals were referred to as deemed necessary and appropriate.

A review of care records pertaining to the management of accident and incidents including falls prevention was undertaken. The accident/incident forms were completed to a satisfactory standard and there was evidence within the daily progress notes that registered nurses had monitored the patients for any adverse effects following the falls. A post falls review was carried out which included a review of risk assessments and care plans. In the event of a patient sustaining a head injury or a potential head injury following a fall, CNS observations records were available and maintained appropriately. Audits for falls had been completed and where shortfalls had been identified these resulted in an action plan being devised.

A review of two care records pertaining to wound and/or pressure management evidenced that care plans were available and identified the treatment actions required in accordance with the Tissue Viability Nurse (TVN) assessments. A review of a sample of wound assessments charts and associated documentation evidenced that the dressing regimes had been adhered to and were recorded in line with best practice guidelines.

Areas for improvement identified at previous inspections had been met in relation to these areas of practice.

A sample review of food and fluid charts for an identified patient evidenced that these were completed to a satisfactory standard. The information recorded included food and fluids which had been offered but refused by the patient. There was evidence that food and fluids were offered at regular intervals. Charts reviewed evidenced that 24 hour fluid intake was calculated and totalled accurately and subsequently recorded in the patient's daily notes. There was evidence of oversight by registered nurses and management in regards to the monitoring of these records. A comparison of information recorded within food and fluid intake charts and the daily progress notes confirmed the accuracy of the recordings across both records. There was evidence that appropriate actions had been taken when intake was poor for example; communication with the General Practitioner and/or Dietician. This information was reflected in the patient's daily progress notes and evaluations of the care plan in place was updated to reflect any changes in the patient's progress and/or condition on a frequent basis.

A review of repositioning charts evidenced that in the majority these were completed to a satisfactory standard. However, it was noted that records were not consistently updated to demonstrate that positional changes were undertaken when the patients were up to sit. This was discussed with the manager and has been identified as an area for improvement under the care standards.

Consultation with patients and staff

During the inspection, we met with a number of patients and staff. No patient representatives were spoken with at this inspection.

Staff

All staff spoken with indicated that the standard of care provided in the home was good. On the day of the inspection, the staff were observed assisting patients in a timely and unhurried way. Staff spoken with commented positively about the new management arrangements and indicated that already communications had improved and discussed other areas of improvement made.

Some comments included:

“More structure and the manager is very good.”

“Very happy, the manager is very visible and approachable and the home now has a leader which is good.”

Patients

All patients spoken with commented positively about the home; the care they received and that staff were kind and respectful. Patients were observed sitting in the lounges or their bedroom, as was their personal preference. Staff were observed attending to patients needs appropriately and engaging with them in a respectful and jovial manner. One patient spoken with commented very positively about living in the home and that the individual activities provided were enjoyable and provided them the opportunity to integrate socially with the community.

No concerns were raised.

Areas for improvement

One new area for improvement under the care standards was identified as an outcome of this inspection. This was in relation to the recording of repositioning charts.

	Regulations	Standards
Number of areas for improvement	0	1

6.4 Conclusion

Evidence was available to validate compliance with the failure to comply notice and that the conditions outlined within the notice of decision had been met.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Alison Sweeney, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

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 QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Care Standards for Nursing Homes 2015

<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall ensure that repositioning records are maintained to reflect all positional changes including when up to sit.</p> <p>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken: Repositioning records have been amended to include an upright position and have been implemented immediately.</p>
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Please ensure this document is completed in full and returned via Web Portal



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