



Unannounced Care Inspection Report

13 June 2019



Knockan Lodge

Type of Service: Residential Care Home
Address: 153 Finvoy Road, Ballymoney, BT53 7JN
Tel no: 028 2957 1540
Inspectors: John McAuley and Judith Taylor

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 25 residents within the categories of care cited in its certificate of registration and section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Cara Home Care Ltd Responsible Individual: Elizabeth Lisk	Registered Manager and date registered: Elizabeth McVicker
Person in charge at the time of inspection: Elizabeth McVicker	Number of registered places: 25
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH (E) - Physical disability other than sensory impairment – over 65 years	Total number of residents in the residential care home on the day of this inspection: 22 comprising: not more than 6 persons in Cat.RC-MP(E) not more than 8 in Cats. RC-I & RC-PH(E) on the ground floor only (requiring use of wheelchairs). one named individual only in category RC-DE

4.0 Inspection summary

This unannounced care inspection took place on 13 June 2019 from 10.00 to 14.30 and 14 June 2019 from 10.35 to 15.10.

This inspection was undertaken by the care and pharmacist inspectors.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

In relation to care, evidence of good practice was found in relation to improvements identified by the new management team in the home, the governance arrangements and management of accidents and incidents. Good practice was also found in relation to feedback from staff on the working relationships in the home and the support given to staff.

Areas requiring improvement were identified to the environment, fire safety, risk assessments, staffing levels, quality of progress records and a need of a identified resident.

In relation to medicines management, a new medicines management system had been recently introduced. We acknowledged the improvements made since the last medicines management inspection and the progress made. Evidence of good practice was found in the safe storage of medicines, the standard of record keeping, the management of controlled drugs and the administration of most medicines.

However, two areas for improvement have been stated again regarding bisphosphonate medicines and the admission process for new residents.

Residents described living in the home as being a good experience/ in positive terms. Some of the comments included, "I can't praise every one of the staff enough" and "It is a 100% here, in every way".

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	7*	5*

*The total number of areas for improvement includes three under regulations and one under standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Elizabeth McVicker, registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 1 October 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 1 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. During the inspection a sample of records was examined which included:

- staff duty rota
- staff training schedule and training records
- two residents' records of care
- residents' progress records
- complaint records
- compliment records
- accident/incident records
- a sample of reports of visits by the registered provider/monthly monitoring reports
- registration certificate
- Statement of Purpose and Residents' Guide
- records for the receipt and disposal of medicines
- medicine audit records
- care plans in relation to medicines management
- personal medication records
- medication administration records
- the management of distressed reactions
- the management of pain
- the management of warfarin
- controlled drugs records

Areas for improvements identified at the last 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 outstanding areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector. Of the nine areas of improvement made, seven of these were validated as met and two were not met. Of the eight areas of improvement identified at the last care inspection, six of these were validated as met and two as not met.

Any areas for improvement which have not been met are included in the QIP at the back of this report.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

Throughout this inspection residents advised that they felt safe in the home and that staff were responsive to their needs and were kind and supportive.

Staffing

Inspection of the duty rota confirmed that it accurately reflective the staff on duty at the time of this inspection.

The registered manager advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. General observations of care practices found there was adequate staffing in that care duties were unhurried and supportive. Care staffing levels were reviewed with the registered manager over the 24 hour period and this gave assurances that these were appropriate. Ancillary staff were in place to support roles with catering, housekeeping, and laundry. Adequate numbers of staff were employed during the weekdays. During the weekends there is no provision of housekeeping and laundry staff. This will have an effect on the care staff that will be absorbing these additional duties. This has been identified as an area of improvement in accordance to standards to review and subsequently act on.

Staff induction, supervision and appraisal

Discussions with the registered manager and staff confirmed that any new members of staff have received an induction. The registered manager also confirmed and was able to demonstrate that a programme of supervisions and appraisals were in place. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. There was good compliance with staff in this area of regulation.

Staff training

Inspection of staff training records found that mandatory requirements and additional training areas were being met. A matrix of staff training is in place which identifies when staff have last received their mandatory training and when up-date training is required. This is good practice.

Safeguarding

Discussions with the registered manager and staff confirmed that they had knowledge and understanding of safeguarding principals. Staff were aware of their obligations to report any concerns and advised that they found the new management team to be approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable

of the Health and Social Care Trust's role in safeguarding and these contacts details were readily available.

Environment

The home was clean and tidy with a reasonable standard of décor and furnishings being maintained. Areas of improvement in accordance with standards were identified with the following in relation to the upkeep of the environment;

- Repairs to two identified bedroom drawers, which were broken.
- Replacement of the carpet in the dining room, which was frayed and stained.

Residents' bedrooms were comfortable and personalised. Communal areas were nicely facilitated and provided a relaxing space for residents to enjoy the company of one another, if desired.

The grounds of the home were well maintained.

Health and Safety

During this inspection of the environment areas of risk were identified and highlighted as areas of improvement in accordance with regulations;

- 12 bedrooms had loose fitting wardrobes which posed a risk if a resident were to pull on same in the event of a fall. This was identified as an area of improvement at the previous care inspection on 27 June 2018.
- 11 bedrooms had radiators adjacent to the resident's bed. This posed a risk if a resident were to fall against this hot surface. Other bedrooms had radiators in different parts of the rooms which also posed a risk pending were the resident fell.
- Two bedrooms had no window restrictors in place.

These identified areas need to be risk assessed in accordance with current safety guidelines and subsequent appropriate actions. In doing these risk assessment all wardrobes, radiators / hot surfaces and window restrictors need to be individually examined. The registered manager gave assurances that she would prioritise this with the new maintenance person, who is commencing duties on 17 June 2019.

The registered managed advised that since taking over the role in the home she has been unable to locate the home's most recent Legionella risk assessment. This was identified at the previous care inspection on 27 June 2018 for this assessment to be put in place. A Legionella risk assessment has been booked and the registered manager is aware that any recommendations made from this assessment need to have corresponding evidence of actions taken.

Fire Safety

The registered managed also advised that since taking over the role in the home she has been unable to locate the home's most recent fire safety risk assessment. However details of the booking of this risk assessment planned for 25 June 2019 were given. The registered manager agreed to submit to the aligned estates inspector confirmation of this assessment taking place and the actions taken with timescales of any recommendations made from it. This has been identified as an area of improvement in accordance with regulations.

Two other areas of improvement were also identified in relation to fire safety. One area related to inappropriate and excessive storage of items of furniture in a room beside the laundry which also was a fire safety exit. There were also inappropriate storage of card board and papers in two electrical store rooms. Improvement in accordance with regulation was made in this regard.

A locking device had been added to the upstairs fire safety doors. These lock could be egressed via a coded number. However from discussion with the registered manager it was revealed that these locks had been installed without consultation with the home's fire safety advisor. This has been identified as an area of improvement in accordance with standards to put in place.

An inspection of fire safety records confirmed that staff had received fire safety training and up-to-date fire safety drills.

Management of medicines

The following areas were examined during the medicines management element of the inspection and were found to be satisfactory; the management of medicine changes, incidents, controlled drugs, pain management, the storage of medicines and the completion of most medicine records. The audit findings indicated that overall, residents were being administered their medicines as prescribed.

We reviewed the admission process for residents. Written confirmation of the resident's medicine regime was only obtained for residents admitted from hospital; this was not obtained for residents admitted from the community. This is necessary to ensure that an up to date list of medicines is in place and all of the prescribed medicines are available for administration. The area for improvement is stated for a second time.

We identified that staff were not familiar with the specific administration instructions for bisphosphonate medicines. These medicines must be administered separately from food and other medicines as instructed by the manufacturer. This was discussed with staff. The area for improvement is stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, induction, training, supervision and appraisal, the administration of medicines, the storage of medicines and management of controlled drugs.

Areas for improvement

Six new areas for improvement were identified in relation to this domain during this inspection. These related to risk management, upkeep of the environment, fire safety, reviewing ancillary cover

Two areas for improvement regarding bisphosphonate medicines and the admission process for new residents were stated for a second time.

	Regulations	Standards
Total number of areas for improvement	3	3

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussions with staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

Care records

An inspection of a sample of two residents' care records was undertaken. These records were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, for example safe moving and handling, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

There was clear evidence that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Signatures of participation in this process were included the care records.

Progress records

An inspection of residents' progress records was undertaken. These records should be maintained to give an account of the resident's well-being and an account of any issues of need that arise. Issues of need, such as pain or distress etc. need to have a corresponding statement of care / treatment given with effect of same. This inspection of these progress records found that there were too little detail and / or vague detail recorded in these records. This gave no substantive account of the resident's progress or well-being. This has been identified as an area of improvement in accordance with regulations to make good. In doing so staff need to be trained in this and a critical examination needs to be in place on the details of such entries in residents' records.

Wound care

One resident in the home was reported to being in receipt of this area of care. This was provided for by district nursing services. Feedback from the registered manager confirmed that this wound is healing well.

Aids and appliances

One resident had a pair of glasses with a broken handle. There was no corresponding evidence in place to confirm that this had been identified and subsequently addressed. This has been identified as an area of improvement in accordance with standards to make good.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffs' knowledge and understanding of residents' needs and prescribed care interventions. Good practices were also found with communication and teamwork between staff members for the benefit of residents.

Areas for improvement

Two areas of improvement were identified in respect of this domain during the inspection. These related to the quality of residents' progress records and making good an aids appliance for a resident.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

General observations of care practices throughout this inspection found residents were supported in an organised, unhurried manner. Staff interactions with residents were found to be polite, friendly, warm and supportive. A nice homely ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

Residents' Views

Discussions were undertaken with 18 residents in the home at the time of this inspection. Residents were keen to express their praise and gratitude for the provision of care, the kindness and support received from staff, the provision of meals and the general atmosphere in the home. Some of the comments included;

- "I can't praise every one of the staff enough"
- "It is a 100% here, in everyway"
- "There is a lovely atmosphere here"
- "If you had seen the atmosphere in here yesterday. A choir came into sing for us and it was wonderful. I really enjoyed it but I am very happy anyway here"
- "I am very happy here. No complaints. The food is very good"
- "It is very good here. No problems. They are all very kind"
- "I know I can be difficult pending how my mood is but they are all very good and so too is the food".

Activities

Observations of care practice and discussions with the activities co-ordinator confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were relaxing, watching television and/or engaged in pastimes of choice. A programme of planned activity was in place for which the group of residents, who

choose to participate in, enjoyed. Arrangements were also in place for residents to maintain links with their friends, families and wider community.

Areas of good practice

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from residents and general observations of care practices.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

A new registered manager and responsible individual have taken over the running of the home from 1 April 2019. The registered manager and responsible individual are also supported by a regional manager for this group of homes. These details are recorded in the home's revised Statement of Purpose and Residents' Guide.

Managerial arrangements

The registered manager confirmed understanding of understanding of the categories of care for which the home was registered with RQIA.

The registered manager also confirmed good knowledge and understanding of her role and responsibilities under regulations. She was enthusiastic about the new challenges in the home and had already identified areas quality assurance that needed to be addressed, which was good.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. An inspection of the two most recent reports for April and May 2019 found these reports to be detailed and with good evidence of governance.

Complaints

Complaints management was robust and in keeping with legislation and standards. The registered manager has established a system for audit of any complaints received to ensure that trends or themes are identified and actioned.

The complaints procedure was displayed in accessible locations for residents and their representatives to seek knowledge and assurances with this aspect of management.

Accidents and Incidents

An inspection of accidents and incidents reports from 1 April 2019 confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A monthly audit of accidents and incidents was undertaken. This was discussed with the registered manager who demonstrated good governance in respect of this.

Staff views

Staff advised that they would feel comfortable about raising any concerns and they felt that any such would be dealt with appropriately by management. Staff confirmed that there were good working relationships within the home and that the new management were bringing positive changes to the home. Staff also advised that they felt a good standard of care was provided for and discussions revealed that they were positive and enthusiastic about their roles and duties. One staff member made comments to the effect;

“There is great care here, fantastic staff and good training. There is a great difference with Betty (the new registered manager), everything is 100% better”.

Another member of staff referred to residents receiving a high standard of care and as she was keen to refer as being “tender loving care”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and feedback from staff.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elizabeth McVicker, registered 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14(2) (c) Stated: Second time To be completed by: 20 June 2019	<p>The registered person shall ensure that wardrobes are individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: All wardrobes were individually risk assessed and appropriate action taken to ensure compliance with best practice in Health and Safety.</p>
Area for improvement 2 Ref: Regulation 27(2)(t) Stated: Second time To be completed by: 13 August 2019	<p>The registered person shall revise and update the home's legionella risk assessment. Details of the date of the assessment and actions taken as a response to any recommendations need to be submitted to the home's aligned estates inspector.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: A legionella Risk Assessment was carried out on the 18th July 2019 by Chemical Treatment Services (CTS) and their report is awaited. Any recommendations will acted upon and will be forwarded to the estates inspector when available.</p>
Area for improvement 3 Ref: Regulation 13(4) Stated: Second time To be completed by: 14 July 2019	<p>The registered person shall review the management of bisphosphonate medicines to ensure these are administered as prescribed.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: A review was carried out on the management of bisphosphonate medicines to ensure these are administered as prescribed on an ongoing basis.</p>
Area for improvement 4 Ref: Regulation 27(2)(t) Stated: First time To be completed by: 13 September 2019	<p>The registered person shall individually risk assessed in accordance with current safety guidance with subsequent appropriate action;</p> <ul style="list-style-type: none"> • All radiators / hot surfaces that residents can have accessible contact with • All window restrictors <p>Ref: 6.4</p>

	<p>Response by registered person detailing the actions taken: A risk assessment was carried out on windows and window restrictors were fitted in the interests of Health and Safety, as appropriate.</p>
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<p>Area for improvement 5</p> <p>Ref: Regulation 27(4)(a)(i)</p> <p>Stated: First time</p> <p>To be completed by: 9 July 2019</p>	<p>The registered person shall submit to the aligned estates inspector confirmation of fire safety risk assessment planned for 25 June 2019 and details of the actions taken with timescales of regarding any recommendations made from it.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A Fire Risk Assessment was carried out by Gurney Fire Services on the 25th June 2019. However, the report has not been received as yet. This will be reviewed upon receipt for any recommendations made and action will be taken as required. This will be forwarded to the estates inspector.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27(2)(l)</p> <p>Stated: First time</p> <p>To be completed by: 20 June 2019</p>	<p>The registered person shall remove and make good any inappropriate or excessive storage in;</p> <ul style="list-style-type: none"> • The room beside the laundry • Electrical store rooms. <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: These areas were cleared of any excessive storage materials.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 19(1)(a) Schedule 3(3)(k)</p> <p>Stated: First time</p> <p>To be completed by: 13 October 2019</p>	<p>The registered person shall review with staff the quality of recording in residents' progress records. These records needs to account for residents' progress and well-being, as well giving detail of when issues of need arise, what care / treatment was given and what was the effect of same.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The quality of recording in residents' progress records was reviewed with staff in order to ensure that account for residents' progress and well-being is appropriately addressed. This includes giving detail of when issues arise and what care/treatment is given and the effect of the same.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: Second time</p> <p>To be completed by: 14 July 2019</p>	<p>The registered person shall ensure that written confirmation of medicine regimes is obtained for new residents.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Written confirmation of medicine regimes is obtained for all new residents, and appropriate staff are monitored to ensure ongoing compliance.</p>

Area for improvement 2 Ref: Standard 25.4 Stated: First time To be completed by: 13 August 2019	The registered person shall review the housekeeping and laundry staffing levels for the weekends with subsequent appropriate action. Ref: 6.4 Response by registered person detailing the actions taken: Housekeeping and laundry staffing levels for weekends were reviewed and appropriate action taken to ensure adequate coverage on these days.
Area for improvement 3 Ref: Standard 27.1 Stated: First time To be completed by: 13 August 2019	The registered person shall repair / make good; <ul style="list-style-type: none"> • The identified broken drawers in residents' bedrooms • The dining room carpet Ref: 6.4 Response by registered person detailing the actions taken: The identified broken drawers in residents' bedrooms have been repaired. The dining room carpet has been cleaned to an acceptable standard as a temporary measure but will be replaced within the next 6 months.
Area for improvement 4 Ref: Standard 29.2 Stated: First time To be completed by: 25 June 2019	The registered person shall consult with the home's fire safety advisor regarding the locking mechanisms in the first floor of the home, and thereafter take subsequent appropriate action. Ref: 6.4 Response by registered person detailing the actions taken: These have been discussed with BS Fire Alarms and will be changed for alternative compliant devices. A date for the completion of these issues is awaited from BS Fire Alarms, who are to attend to upgrade the fire alarm panel.
Area for improvement 5 Ref: Standard 9.6 Stated: First time To be completed by: 14 June 2019	The registered person shall seek repair of the identified resident's glasses. Ref: 6.5 Response by registered person detailing the actions taken: This was completed immediately following the inspection.

Please ensure this document is completed in full and returned via Web Portal



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