



The Regulation and
Quality Improvement
Authority

Unannounced Primary Care Inspection

Name of Establishment: Knockan Lodge
RQIA Number: 1318
Date of Inspection: 14 January 2015
Inspector's Name: Ruth Greer
Inspection ID: IN017780

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Knockan Lodge
Address:	153 Finvoy Road Ballymoney BT53 7JN
Telephone Number:	(028) 2957 1540
Email Address:	mariejam1@hotmail.co.uk
Registered Organisation/ Registered Provider:	P J Doherty
Registered Manager:	Anna Elder
Person in Charge of the Home at the Time of Inspection:	Mrs T Woods for the first part of the inspection Mrs Elder and Mrs Jamieson joined later
Categories of Care:	RC-I ,RC-MP(E), RC-PH(E), RC-DE
Number of Registered Places:	25
Number of Residents Accommodated on Day of Inspection:	21 - 2 residents were in hospital
Scale of Charges (per week):	Trust rates with no top up
Date and Type of Previous Inspection:	22 July 2014 Primary announced inspection
Date and Time of Inspection:	14 January 2015 10:00 to 13:30
Name of Inspector:	Ruth Greer

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

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

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and visitors
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

Standard 9 - Health and social care

The health and social care needs of residents are fully addressed.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Knockan Lodge Residential Care home is situated in the village of Finvoy, Co Antrim.

The residential home is owned and operated by Mr P Doherty. The current registered manager is Mrs Anna Elder.

Accommodation for residents is provided single and double rooms on the ground and first floor. All bedrooms have en suite facilities. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided on either side of the front entrance door.

The home also provides for catering and laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 25 persons under the following categories of care:

Residential care

I	Old age not falling into any other category
DE	Dementia
MP(E)	Mental disorder excluding learning disability or dementia – over 65 yea
PH(E)	Physical disability other than sensory impairment - over 65 years

7.0 Summary of inspection

This secondary unannounced care inspection of Knockan Lodge was undertaken by Ruth Greer on 14 January 2015. At the beginning of the inspection Mrs Woods (deputy manager) was in charge of the home. At a later stage Mrs M Jamieson (Assistant Manager) and Mrs A Elder (registered manager) joined the inspection and all were available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed all areas as required within the timescales specified.

The focus of this unannounced inspection was on standard 9 – The Health and Social Care Needs of Residents are fully addressed. There was evidence found to assess the home as compliant. There were processes in place to ensure the effective management of the standard inspected.

During the inspection the inspector met with residents, staff, relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complimented staff in this regard.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also examined these included a review of the home's arrangements for the management of continence. Further details can be found in section 10.0 of the main body of the report.

One recommendation was made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, registered manager and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 22 July 2015

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Reference 11. 8 Standard 28 .1	Confirmation should be forwarded to the RQIA that all wardrobes are securely anchored to the wall.	Wardrobes have been fixed securely to walls.	Compliant
2	Reference 11.11	The manager should inform the RQIA in the event that any information required by the Authority is delayed beyond the given timescale.	This was confirmed in writing and verbally by management at this inspection.	Compliant

9.0 Inspection Findings

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
The care files of each resident contain the information of all outside professionals who have input into the resident's care. New residents (where their own GP cannot continue) are given information of the local GP surgeries which service the home and assisted to choose a new GP.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
In addition to mandatory training the home provides annual training in Dementia Awareness, most recently May 2014. A specialist nurse has visited the home to provide information to staff in the area of Parkinson's disease as one resident has been diagnosed with this condition.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
All care staff have access to the care plans for each resident. There is a written and verbal handover of information at the change of each shift. A daily diary is maintained in relation to appointments for residents. The daily progress notes for each resident record the outcome of all contacts with district nurse, GP etc. and where indicated as a result of the contact, any change made in the plan of care.	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
Prior to all appointments with outside professionals, family is contacted and invited to accompany the resident. Where family choose or are unable to attend, a senior staff member makes contact by telephone to provide feedback on the appointment and of any recommendations made as a result.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
The care files contain a list of all visits to and by outside professionals. Mrs Jamieson confirmed that she monitors this information as part of her monthly quality assessment process and, where necessary, will contact the relevant professional for a monitoring visit for example where a review is due by the Trust.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
Personal items such as spectacles and dentures are cleaned daily as part of each individual resident's hygiene routine. Wheelchairs and walking aids are included on a weekly cleaning schedule. The moving and handling hoist and the passenger lift in the home are maintained and serviced six monthly by the supplier. The most recent was undertaken in December 2014.	Compliant

10.0 Additional Areas Examined

10.1 Resident's consultation

The inspector met with 15 residents individually and with others in groups. Residents were observed relaxing in the lounge area whilst others were resting in their bedrooms. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated in relation to the care in the home. However two issues raised by residents were shared with Mrs Jamieson and left with her to resolve.

Comments received included:

- "The girls are so thoughtful"
- "This is a lovely place and I'm well looked after but I would like a pensioners' bungalow"
- "They couldn't do enough for you"
- "I'm here four years and am still really happy, it's a home from home"

10.2 Relatives/representative consultation

Three relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complimented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "I'm just so relieved that my parent is here"
- "She is really well cared for and we are welcome at any time"
- "I'm sure there are no complaints about this place"

10.3 Staff consultation

The inspector spoke with staff on duty. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

Comments received included:

- "We want the residents to feel that this is their home"
- "We had a great party at Christmas for the residents and their families and they really enjoyed it"
- "Our priority is that the residents are well cared for"

10.4 Visiting professionals' consultation

No professional visited the home.

10.5 Environment

A few days prior to the inspection there had been a burst pipe in the home which leaked through the ceiling of the lounge. This had been repaired and the painters were redecorating the lounge. In the meantime a smaller lounge and the dining room were being used.

The inspector viewed the home with Mrs Woods and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

10.6 Management of Continence

In addition to the chosen standard the inspector reviewed the home's arrangement for the management of continence. There was a policy on Continence Promotion available for inspection. However a recommendation has been made that this document needs to be reviewed and updated in line with Standard 21.5.

There are seven care files which contain a risk assessment in regard to continence. Where indicated the home make a referral to district nursing via the resident's GP. The district nurse visits the resident and undertakes a risk assessment. The nurse advises staff on the amount and specifies the products best suited to each individual person. The home re orders supplies directly from the supplier. Mrs Woods confirmed that there are no difficulties in the management of continence in Knockan Lodge.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Elder and Mrs Jamieson, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Ruth Greer
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



The Regulation and
Quality Improvement
Authority

04 FEB 2015
QUALITY
AUTHORITY

Quality Improvement Plan

Unannounced Secondary Care Inspection

Knockan Lodge

14 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Elder and Mrs Jamieson either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Reference 10.6 Standard 21.5	Policies required to be held in the home should be subject to a three yearly review.	One	Policy re-newed Jan 2015 and will be re-vised July 2015 and 6 monthly thereafter.	Compliant

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	ANNA ELDER. 
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	PATRICK ROHERY. 

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓		25.2.15
Further information requested from provider			