

# Unannounced Care Inspection Report 17 September 2020



## Knockan Lodge

**Type of Service: Residential Care Home**  
**Address: 153 Finvoy Road, Ballymoney, BT53 7JN**  
**Tel no: 02829571540**  
**Inspectors: John McAuley & Joseph McRandle**

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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 residential care home registered to provide care for up to 25 residents.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Cara Home Care Ltd</p> <p><b>Responsible Individual(s):</b> Elizabeth Kathleen Mary Lisk</p>	<p><b>Registered Manager and date registered:</b> Mary Elizabeth McVicker – 29 May 2019</p>
<p><b>Person in charge at the time of inspection:</b> Angela Brogan senior care assistant then joined at 10.40 by Elizabeth McVicker</p>	<p><b>Number of registered places:</b> 25</p> <p>Not more than 6 persons in Cat.RC-MP(E) and not more than 8 in Cats. RC-I &amp; RC-PH(E) on the ground floor only (requiring use of wheelchairs). One named individual only in category RC-DE</p>
<p><b>Categories of care:</b> 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.</p>	<p><b>Number of residents accommodated in the residential home on the day of this inspection:</b> 21</p>

### 4.0 Inspection summary

This unannounced inspection took place on 17 September 2020 from 09.20 to 14.40 hours. The inspection was undertaken by the care and finance inspectors.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection prevention and control (IPC)
- Care delivery
- Fire safety
- Management of residents' finances
- Governance and management

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Elizabeth McVicker, 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

During the inspection the inspector met with 17 residents and seven staff. 'Have we missed you cards' were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota
- infection prevention and control records and audits
- fire safety risk assessment
- fire safety records
- care records
- Statement of Purpose
- monitoring visit record
- accident and incident records
- staff training records
- quality assurance audits
- two residents' finance files including copies of written agreements
- a sample of financial records including residents' personal allowance monies, residents' valuables, residents' fees and purchases undertaken on behalf of residents

- a sample of records of payments to the hairdresser and podiatrist
- a sample of records of monies deposited on behalf of residents
- a sample of records of residents' personal property

Areas for improvement 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 areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 31 October 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> Second time	The registered person shall review the management of bisphosphonate medicines to ensure these are administered as prescribed.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> This area of improvement was not reviewed on this occasion.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 (1) (a) <b>Stated:</b> First time	The registered person shall review the housekeeping and laundry staffing levels for the weekends with subsequent appropriate action.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Housekeeping and laundry staffing levels were reviewed and now in place at weekends.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 30 <b>Stated:</b> Second time	The registered person shall ensure that written confirmation of medicine regimes is obtained for new residents.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> This area of improvement was not reviewed on this occasion.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 27.3 <b>Stated:</b> First time	The registered person shall review the height provision of toilets so that they meet the ergonomic needs of resident(s).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These have been reviewed with consequent installation of raised seating.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 9.2 <b>Stated:</b> First time	The registered person shall clarify with the home's fire safety advisor how to egress from the keypad lock in the front door in the event of an emergency.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The home's fire safety advisor was consulted about this issue, with further detail in 6.2.5.	

## 6.2 Inspection findings

### 6.2.1 Staffing levels

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The duty rota identified the person in charge in the absence of the manager. The manager confirmed that a competency and capability assessment was in place for any member of staff who has the responsibility of being in charge in her absence.

Staff spoke positively about their roles and duties, staffing, the provision of training, managerial support, teamwork and morale. The senior in charge advised that when staff came on duty, time was allocated to allow for a handover of information which included how residents were and any changes or issues arising. Staff discussed and agreed their duties for the provision of care which included assisting and supervising residents with their personal care in accordance with their individualised care plan, medicine administrations and scheduled activities planned for the day.

Staff stated that they felt patients received a good standard of care and were treated with respect and dignity.

Observations of care practices found these to be organised and unhurried. This included ancillary staff such as laundry, domestic, catering and maintenance.

### **6.2.2 Safeguarding patients from harm**

Discussions with care staff confirmed that they had knowledge and understanding of the safeguarding policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so. Staff training in this was up-to-date.

The manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations. Matters relating to this were discussed with the manager and area manager who also demonstrated good management and oversight of this.

### **6.2.3 Environment**

The home was clean and tidy. The décor and furnishings in many areas were dated but fit for purpose. The ground floor corridor walls were tired, stained and scratched. The carpet too in the corridor and communal lounge was tired with stained and ruffled areas. It was reported that the carpet in the dining room was planned to be replaced but was postponed due to the COVID-19 pandemic. In terms of the appearance and upkeep these were identified as an area of improvement. In undertaking this work, the home need to risk assess with the Public Health Agency (PHA) and aligned estates inspector as to how this should be implemented in lieu of any increase in footfall in the home with the COVID-19 pandemic.

Patients' bedrooms were comfortable and tastefully furnished with some nicely personalised.

Bathrooms and toilets were clean and hygienic.

The laundry department was tidy and well organised.

The grounds of the home were well maintained, with good accessibility for patients to avail of.

### **6.2.4 Infection prevention and control**

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic.

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment. Staff were observed to wash their hands and use alcohol gels at appropriate times.

Residents were largely cared for in the communal lounges or their individual bedrooms. Staff were knowledgeable of the need for social distancing and isolation of patients, when appropriate. However due to the size and layout of the home social distancing is difficult and needs continuous review.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

### **6.2.5 Fire safety**

The home's most recent fire safety risk assessment was reported to be done on August 2020. The report of this assessment had yet to be issued. However the fire safety risk assessment dated 15 August 2019 identified a number of recommendations which had yet to be addressed. It was reported that these recommendations were put on hold due to the COVID-19 pandemic. The fire risk assessment was reported to have identified the fire exit doors to be a risk in that these had mechanical type locks and were not linked to the fire alarm panel. This issue of concern was raised at the time of the inspection and as a result the area manager gave assurances that this issue would be rectified within the next two weeks. An area of improvement was made for an action plan with proposed timescales to be submitted to the home's aligned estates inspector detailing how the recommendations from the most recent fire safety risk assessment will be dealt with.

Fire safety checks on the environment were maintained on a regular and up-to-date basis. Fire safety training and fire safety drills were also up-to-date.

### **6.2.6 Care practices**

Staff interactions with residents were polite, friendly, warm and supportive. Residents were at ease in their environment and interactions with staff. Staff were attentive to residents' needs and any expression of assistance were promptly responded to by staff. Staff explained tasks and duties and sought consent with statements such as "Would you like to..." Residents were well dressed with attention to personal care and hygiene.

Activities were in place for residents on a one to one basis for which residents were seen to have enjoyment and fulfilment from.

Feedback from residents in accordance with their capabilities was positive in respect of the provision of care, their relationship with staff and the general atmosphere in the home. Some of the comments made included the following statements:

- "Everything's very good. That was a lovely breakfast."
- "It's very good here."
- "No problems what-so-ever. I can't ask for better."
- "This place is very good. Everyone is very kind."
- "I like everything about here."

A complimentary from a relative card which was viewed contained the following statement; "A sincere thank you to every staff member of Knockan Lodge...you are all angels."

For those residents who could not articulate their views, they confirmed non-verbally that they felt fine and were cared for well.

### **6.2.7 Dining experience**

The dinner time meal was appetising and nicely presented with good provision of choice in place. Fluids and drinks were readily available and provided for. Residents were assisted in an unhurried, organised manner which was calm and conducive to the meal being enjoyed. Staff attended with patients in a kind, caring manner with patients' individual needs being catered for. Throughout this inspection residents spoke positively on the provision of meals.

### **6.2.8 Care records**

An inspection of four residents' care records was undertaken. Care plans were detailed and up-to-date. Records were individualised to the needs of the person. They included referral information received from a range of Health and Social Care Trust (HSCT) professionals and in addition included risk assessments and care plans.

There was evidence that the care planning process included input from residents and/or their representatives, as appropriate. Discussions with staff and residents, and observations made provided assurances that care is provided in an individualised manner.

One resident's care records identified issues of assessed need relating to restlessness and agitation associated with dementia. An area of improvement was made to liaise with the aligned named worker in respect of these issues of need and assurances that these can be safely met in the home.

### **6.2.9 Governance**

The home has a defined managerial structure, as detailed in its Statement of Purpose.

Throughout this inspection staff praised the support received from management and informed that they felt supportive and would have no hesitation in reporting concerns.

The most recent monthly monitoring report on the behalf the responsible individual was inspected. This report was recorded in good detail with good evidence of governance arrangements.

An inspection of accident and incident reports from 24 May 2020 was undertaken. These events were found to be managed and in large reported appropriately. An area of improvement was identified with an event where a water leak in four residents' bedrooms was not notified to RQIA and should have been.

An inspection of staff training records confirmed that mandatory training and additional training needs of staff were maintained on an up-to-date basis.

A selection of audits was inspected in relation to: accidents and incidents, hand hygiene and IPC. These were completed regularly and any areas for improvement were identified and addressed.

### **6.2.10 Management of residents' finances**

Financial systems and controls in place at the home regarding residents' monies were reviewed; these included the system for recording transactions undertaken on behalf of

residents, the system for recording the reconciliations of residents' monies and valuables, the system for recording residents' personal property and the system for retaining residents' personal monies.

Monies held on behalf of three residents were counted, the amount retained agreed to the balance recorded at the home. The system used for retaining residents' monies and valuables was discussed with the manager. Following the discussions the manager agreed to implement a revised system for retaining monies and valuables. This was identified as an area for improvement under the standards.

Discussion with staff confirmed that checks on monies and valuables held on behalf of residents were undertaken on a regular basis. There was no recorded evidence to show when the checks had taken place. This was discussed with the manager and identified as an area for improvement under the standards.

A review of a sample of purchases undertaken on behalf of residents showed that in line with the Residential Care Homes Minimum Standards (August 2011) details of the purchases were recorded. Two signatures were recorded against each entry in the residents' transaction sheets and receipts were available from each of the purchases reviewed.

A review of a sample of records of payments to the hairdresser and podiatrist showed that the required information was included in the records e.g. names of residents receiving treatment, details of the treatment provided and the cost of each treatment. The records were signed by both the hairdresser and podiatrist and countersigned by a member of staff to confirm that the treatments took place and the cost of each treatment.

A review of two residents' files evidenced that copies of signed written agreements were retained within both files. The agreements reviewed showed the current weekly fee paid by, or on behalf of, the residents. The agreements also provided details of the services included in the weekly fee and a list of the charges for additional services e.g. hairdressing.

### Areas of good practice

Areas of good practice were found in relation to staff teamwork, feedback from residents and staff, managerial support and the pleasant atmosphere in the home.

### Areas for improvement

Six areas for improvement were identified during the inspection. These were in relation to upgrading of décor, fire safety risk assessment, care assessment needs of a resident, notifications and the management of residents' finances

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	3

## 6.3 Conclusion

Residents were comfortable, content and at ease in their environment and interactions with staff. Care duties and tasks were attended to in an organised unhurried manner with nice pleasant supportive interactions from staff. Good support was available from the management

of the home with good assurances received that the areas of improvement identified would be acted on promptly.

## **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, 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27(2)(d)  <b>Stated:</b> First time  <b>To be completed by:</b> 17 March 2021	<p>The registered person shall seek to address the need to redecorate and upgrade the corridor walls and the corridor, communal lounge and dining room flooring.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> We will seek to address this within the time frame given, although this is dependent on contractors having appropriate windows of opportunity, and the willingness to come, taking into consideration COVID-19 status. The Dining Room flooring has already been completed with anti-slip washable flooring, since the inspection of the 17th September 2020.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27(4)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> 17 October 2020	<p>The registered person shall submit an action plan with proposed timescales to the home's aligned estates inspector detailing how the recommendations from the most recent fire safety risk assessment will be dealt with.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The latest Fire Risk Assessment has been received and will be forwarded to the RQIA Estates inspector along with a time frame for completion of outstanding issues. The Fire Risk Assessment report that was viewed on the date of the inspection had a substantial amount of the work done and this is reflected in the new report now available.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 30(1)(d)  <b>Stated:</b> First time  <b>To be completed by:</b> 18 September 2020	<p>The registered person shall notify RQIA without delay any event in the home that has an adverse effect on a resident(s).</p> <p>Ref: 6.2.9</p> <p><b>Response by registered person detailing the actions taken:</b> This is noted and will be complied with on an ongoing basis.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 November 2018	<p>The registered person shall review the management of bisphosphonate medicines to ensure these are administered as prescribed.</p> <p>Ref:6.1</p> <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>

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 9.3 <b>Stated:</b> First time <b>To be completed by:</b> 25 September 2020	<p>The registered person shall liaise with the identified resident's named worker concerning issues of assessed need and seek assurances that the home can safely meet these needs.</p> <p>Ref: 6.2.8</p> <p><b>Response by registered person detailing the actions taken:</b> This is in place and will be carried out on an ongoing basis.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 20.14 <b>Stated:</b> First time <b>To be completed by:</b> 15 October 2020	<p>The registered person shall ensure that a revised system for retaining residents' monies and valuables is implemented at the home. This should include the introduction of a record of residents' items held in the safe place.</p> <p>Ref: 6.2.10</p> <p><b>Response by registered person detailing the actions taken:</b> This was immediately put in place following the inspection of the 17/09/2020 and will be continued on an ongoing basis.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 15.12 <b>Stated:</b> First time <b>To be completed by:</b> 30 September 2020	<p>The registered person shall implement a system for recording the checks on residents' monies and valuables at least quarterly.</p> <p>The records should be signed by the member of staff undertaking the checks and countersigned by a senior member of staff.</p> <p>Ref: 6.2.10</p> <p><b>Response by registered person detailing the actions taken:</b> This has been fully implemented as a standard procedure and will be continued on an ongoing basis.</p>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time <b>To be completed by:</b> 1 November 2018	<p>The registered person shall ensure that written confirmation of medicine regimes is obtained for new residents.</p> <p>Ref: 6.1</p> <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>

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



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