



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Knockan Lodge
Date of Inspection: 22 July 2014
Inspector's Name: Ruth Greer
Inspection No: 17750

The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	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 Elder and Mrs Jamieson (Deputy) was also available throughout to facilitate the inspection
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:	23
Scale of charges (per week):	Trust rates with no top up
Date and type of previous inspection:	20 February 2014 Primary announced inspection
Date and time of inspection:	22 July 2014 10.00am to 3.15pm
Name of Inspector:	Ruth Greer was accompanied by Alice McTavish (recently appointed inspector) as part of her induction

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 a primary announced 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 inspection was to ensure that the service was 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

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Private interview with one relative

- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	4
Staff	3
Relatives	1
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	25	9

6.0 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 Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service'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

7.0 Profile of service

Knockan Lodge Residential Care home is situated in the village of Finvoy in County Antrim. The home is a large detached building which previously was a manse and has been converted and extended to residential care home standards.

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

Accommodation for residents is provided in 19 single and three double rooms on the ground and first floor. All rooms are en suite. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided directly to the left and right of the entrance hall.

The home also provides for catering and laundry services on the ground floor. A number of additional communal sanitary facilities are available throughout the home.

Externally the home has extensive and well maintained gardens to which residents have access via the main lounge.

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

Add or delete as required

Residential care

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

8.0 Summary of Inspection

This primary announced care inspection of Knockan Lodge was undertaken by Ruth Greer and Alice McTavish on 22 July 2014 between the hours of 10 00am and 3 15pm. Mrs McTavish was assisting in the inspection as part of her induction as an inspector with the RQIA. Mrs Elder and her deputy, Mrs Jamieson, were available during the inspection and for verbal feedback at the conclusion of the inspection.

As the previous inspection resulted in no recommendations or requirements being made, no follow up was required during this inspection.

Prior to the inspection, Mrs Elder completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Elder in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, one relative, 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, reviewed completed staff and relative questionnaires,

examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used and only would be considered as a very last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff members were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. Both Mrs Elder and Mrs Jamieson were aware of their responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Knockan Lodge was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspectors' observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home employed an activity coordinator for a number of hours each week. In the absence of the activity coordinator activities are provided by designated care staff. A selection of materials and resources were available for use during activity sessions. Comprehensive records were maintained. The evidence gathered through the inspection process concluded that Knockan Lodge is compliant with this standard.

Resident, representatives, staff and visiting professionals consultation

During the course of the inspection the inspector met with residents, one relative and staff. Questionnaires were also completed and returned by nine staff members in time for inclusion in this report.

In discussions 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. A relative indicated his satisfaction with the provision of care afforded to his family member.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were 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 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff members were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and well maintained. The home has been undertaking a programme of redecoration and the completed areas look well. One recommendation has been made in relation to the securing of wardrobes.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances and vetting. Further details can be found in section 11.0 of the main body of the report.

Two recommendations were made as a result of this primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspectors would like to thank the residents, one relative and staff for their assistance and co-operation throughout the inspection process. The registered manager's assistance in facilitating the induction of a recently appointed inspector is acknowledged.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 20 February 2014

No requirements or recommendations resulted from the primary announced inspection of Knockan Lodge which was undertaken on 20 February 2014.

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Residents individual care plans, where usual behaviours, conduct and means of communication is recorded.	Compliant
Inspection Findings:	
<p>The home had a <i>responding to challenging behaviour</i> in place. A review of the policy identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used. The policy set out clearly and succinctly what steps staff should take should a resident's behaviour become challenging.</p> <p>The inspector was informed that restraint is not used in the home and would only ever be used in the future as a last resort and if a resident was in danger.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Dealing with Challenging Behaviour on 28 May 2014 which included a human rights approach.</p> <p>A review of five residents' care records identified that individual residents' usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions</p>	Compliant

<p>which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that all staff members had received training in managing behaviours or distressed reactions.</p>	
<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>When a residents behaviour is uncharacteristic and causes concern, staff seek to underrstand the reason for this behaviour using their training on aggressive/challenging behaviour - staff will take necessary action, report the matter to Reg. Manager or person - in - charge of the home at the time - Professional bodies will be contacted - eg S/W - GP - Psychiatric Doctor/nurse. The resident monitored and kept safe and away from other residents -</p>	Compliant
<p>Inspection Findings:</p>	
<p>The Home's policy included the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives and RQIA. . Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff members were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Five care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p>	Compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment When a resident needs a consistent approach or response from staff this will be detailed in the residents care plan, staff will be informed of any approach or response required - This will be documented with written consent of resident, where appropriate, and or, residents representations.</p>	compliant
<p>Inspection Findings: A review of five care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager. There is one resident who requires a hospital bed with bedrails. A risk assessment undertaken by a district nursing sister was in place. The assessment highlighted the potential restrictions the use of bedrails may cause. The understanding of and consent to the bedrails had been recorded and was signed by the resident and her representative</p>	Compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment When a resident has a specific behaviour management programme this is approved bt residents GP, S/W D/N P/N - residents and or, residents representative. This programme will be documented, written and signed and form part of residents care plan.</p>	Compliant
<p>Inspection Findings: Mrs Jamison informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not applicable

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment When a behaviour management programme is in place for any resident, staff are provided with necessary training, guidance and support - This includes challenging behaviour, B. First Aid, Vulnerable adults and guidance from management + support from relevant professionals.</p>	<p>Provider to complete</p>
<p>Inspection Findings: Refer to inspector’s comments at previous point.</p>	<p>Not applicable</p>
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment When any incident is managed outside the scope of a residents care plan all details will be recorded and reported, if appropriate to residents care plan, S/W/ GP, D/N and any other relevant professionals or services e.g. RQIA - A review + update recorded in residents care plan by multi-disiplinary team would follow.</p>	<p>Compliant</p>
<p>Inspection Findings: A review of the accident and incident records from the date of the previous inspection and discussions with staff identified that no incidents had occurred outside of the scope of a resident’s care plan part from when a resident had become ill. One relative confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan, this was recorded and reported. This referred to any occasion when his family member was unwell or “just out of sorts”.</p>	<p>Compliant</p>

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>Restraint is only used as a very last resort by appropriately trained staff to protect the resident or other persons from injury. This would consist of diverting the resident by removing other residents from the immediate area - assistance would be from GP - S/W residents NOK and other professionals - written record would be kept of all strategies used - authorities + persons: eg RQIA would be informed.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose.</p>	Compliant

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	COMPLIANCE LEVEL
	Compliant

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programmes of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents, all activities are recorded and assessed in the activities book.	Compliant
Inspection Findings:	
The home had a written policy on the provision of activities. A review of five care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	compliant
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programmes includes activities that are enjoyabl, purposeful, age and culturally appropriate and takes into account the residents spiritual needs. Appropriate games, which are flexible to residents needs at any given time.	Compliant

Inspection Findings:	
Examination of the programme of activities identified that social activities are organised daily. The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents’ inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.	Compliant
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
.Residents including those residents who generally stay in their rooms are given the opportunity to contribute suggestions are sought and recorded frequently and on admission to home.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, through one to one discussions with staff and care management review meetings.	Compliant
Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
The programme of activities are displayed in suitable format and location where the residents and their representatives know what is scheduled. Boards are displayed in both sitting areas.	Compliant

Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in the lounge. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	
Provider's Self-Assessment	
Residents are enabled to to participate with aid of activities co-ordinator and staff, use of portable keyboard and special games eith larger letters.	Compliant
Inspection Findings:	
The home employs an activity co-ordinator who organises activities each morning. The activity co-ordinator was on annual leave on the day of this inspection. Staff confirmed that they also provide activities and were aware of the importance of social interaction for residents as a source of stimulation and enjoyment	compliant
Criterion Assessed:	COMPLIANCE LEVEL
13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	
Provider's Self-Assessment	
The duration of each activity and daily timetable varies according to wishes, needs and ability of each resident.	Compliant

Inspection Findings:	
<p>The registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents’ abilities and the possible impact this could have on their participation in activities.</p>	Compliant
Criterion Assessed:	
<p>13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Where an activity is provided, contracted in to do so by the home the Registered Manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so. the co-ordinator and staff are monitored on a regular basis by Management.</p>	Compliant
Inspection Findings:	
<p>Mrs Jamison confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.</p> <p>On occasion a local group provides musical entertainment on a voluntary basis for parties or special celebrations.</p>	Compliant
Criterion Assessed:	
<p>13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Where an activity is provided by a person contracted in to do so by the home, staff inform that person prior to activity commencing of any changed needs of residents. The activities co-ordinator will give feedback to person in charge at end of each session.</p>	Compliant

Inspection Findings:	
Staff are always present when any outside person/group provides entertainment.	Compliant
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
A record is kept of all activities and names of residents who take part in the activities book.	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Yes, twice yearly.	Compliant
Inspection Findings:	
A review of the programme of activities identified that it had last been reviewed on 7 July 2014. The records also identified that the programme had been reviewed at least twice yearly. The registered manager and confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with four residents individually and with others in groups. Residents were observed relaxing in the communal lounge area, in the outside patio and in the reception hallway 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.

Comments received included: 'The staff are wonderful. They go to tremendous lengths to make sure we get everything we need and want'

'The staff are so kind. I am very well looked after. I have plenty of company and there is lots to do.'

'Staff are very kindly. Everything is kept clean. I am very satisfied.'

11.2 Relatives/representative consultation

There were four relatives in the home during the inspection. All were offered the opportunity to speak with inspectors in private. One relative agreed to meet the inspector.

The relative indicated total satisfaction with the provision of care and life afforded to his relative and complimented staff in this regard. No concerns were expressed or indicated.

Comments received included:

'My mother is a changed woman since coming here to live and this is due to the care of the staff. My mother is so happy here. I'm always welcome — this is the best home ever'

The Inspector read 25 relative questionnaires completed within the months prior to inspection. All reflected generally positive opinion regarding care, staff attitude and approachability, the environment, quality of the food and of laundry services. Any issues noted had been fully addressed by the deputy manager.

11.3 Staff consultation/Questionnaires

The inspector spoke with three care assistants and nine staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of the usual behaviour of all residents and felt confident that they would be able to recognise and appropriately respond to any changes in behaviours. Staff believed that a varied programme of activities is in place and that residents are provided with good opportunity to participate.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training. Staff members indicated that, should they wish to access any additional training, this would be readily provided to them.

Comments received included, 'I am very proud of working in here. I feel the residents are cared for very well. I take pride in my work and being here feels like being part of a big family.'

11.4 Visiting professionals' consultation

There were no professional visitors on the day of this inspection.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff members were observed to be interacting appropriately with residents in a respectful, polite, warm and supportive manner. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that each resident in the home had been subject to a care review by the care management team of the referring HSC Trust between 1 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

11.8 Environment

The inspectors viewed the home with Mrs Jamison and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspectors presented as clean, organised, adequately heated and in good decorative throughout. The hallway and dining room have been re carpeted since the last inspection and the result looks well. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard. It was noted that several wardrobes were not anchored to the wall. This issue is raised for action in the quality improvement plan appended to this report

11.9 Guardianship Information

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

An estates inspection was undertaken of the home in May 2014 by a specialist inspector from RQIA. Records relating to fire safety were reviewed on that occasion. These were not re visited at this care inspection.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Elder. Mrs Elder confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council. It should be noted that this information was not received at the RQIA within the allocated time scale. In discussion with Mrs Elder and Mrs Jamison it was recommended that contact should be made with RQIA when/if required information cannot be sent or is going to be delayed.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Elder 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



Quality Improvement Plan

Primary Announced Care Inspection

Knockan Lodge

22 July 2014

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 (2008), 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 11. 8 Standard 28 .1	Confirmation should be forwarded to the RQIA that all wardrobes are securely anchored to the wall.	Once	i can confirm that this has been all completed.	By 31 August 2014
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.	Once	ok. will comply.	Immediate and on going

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 DOHERTY

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Ruth greer	22/9/14
Further information requested from provider			