



The Regulation and
Quality Improvement
Authority

Knockan Lodge
RQIA ID: 1318
153 Finvoy Road
Ballymoney
BT53 7JN

Inspector: Ruth Greer
Inspection ID: IN022244

Tel: 02829571540
Email: mariejam1@hotmail.co.uk

**Unannounced Care Inspection
of
Knockan Lodge**

26 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An announced care inspection took place on 26 May 2015 from 09 45 am to 02 30 pm. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. No areas of improvement were noted at this inspection. The inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this Inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service details

Registered Organisation/Registered Person: P J Doherty	Registered Manager: Anna Elder
Person in charge of the home at the time of Inspection: Mrs M Jamieson deputy manager	Date manager registered: Registered with RQIA from 2005
Categories of care: RC-DE, RC-MP(E), RC-I, RC-PH(E)	Number of registered places: 25
Number of residents accommodated on day of inspection: 19	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.
Theme: Residents receive individual continence management and support.

4. Methods/process

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

Prior to the inspection we analysed the notification reports to RQIA and the previous inspection report.

During the inspection we met with 12 residents, 3 care staff and 1 catering staff. There were no visiting professionals and no visitors arrived at the home during this inspection.

We inspected the following records:

Policy on death and dying
 Policy on the management of continence
 Accident/incident records
 Complaint records
 Care files (5)

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 7 May 2015. The completed QIP will be returned to the specialist inspector for approval.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.5	Policies required to be held in the home should be subject to a three yearly review.	Met
	Action taken as confirmed during the inspection: We reviewed a number of randomly selected policies and found these to be up to date	

5.3 Standard 14: The Death of a resident is respectfully handled as they would wish

Is care safe? (Quality of Life)

Residents are able to spend their final days in the home unless there are documented assessed healthcare needs which prevent this. We were informed that one resident had died in the home since the previous inspection and one resident, currently in the home, was receiving end of life care. Staff who spoke with us described their role in caring for residents who are very ill and at the end of life stage. Staff demonstrated knowledge of the importance of hydration and pain control. Staff advised us that they were aware of when to contact the GP and /or the nurse and of the importance of keeping families regularly updated on the resident's condition.

Is care effective? (Quality of Management)

We inspected the home's policy on death and dying dated January 2015. The policy was robust and gave clear instructions to staff in the event of a resident's death. The induction for new care staff includes an element on how to care for the very ill resident. Residents who are very ill have their needs assessment reviewed and up dated to reflect the change in their condition. The care plan includes the input of outside professionals. For example the resident who was very ill had a district nurse visiting every alternate day. This resident had been provided with a specialist "profiling" bed.

We were advised that after the recent death the resident's body remained in the home for a period of time to facilitate family to pay their last respects. The resident's room was "held" until the family collected the possessions.

The next of kin for each resident is recorded in the care file along with the resident's end of life preferences. The information includes the nominated person to organise any funeral arrangements.

Is care compassionate? (Quality of Care)

When a death of a resident occurs the other residents are informed sensitively in small groups or individually. Representatives from management and staff attend the funeral. Residents also, if they wish, attend the funeral. The deputy manager described how the staff team worked closely with family and outside professionals in regard to the resident who had recently died. The deputy manager had been off duty but was informed of the deterioration in the resident's condition and she then came to the home. The family of the resident and the deputy manager sat throughout the night in the resident's room. Refreshments were provided to the family throughout the night. The G P was contacted along with the resident's minister. The resident died peacefully the following day.

Areas for Improvement

There are no areas of improvement identified for this standard. The home's care was assessed to be safe, effective and compassionate.

Number of Requirements	0	Number Recommendations:	0
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5.4 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

The home had a policy on the management of continence dated January 2015. The policy was comprehensive and provided staff with guidance on how to recognise the possible reasons for incontinence and of what steps needed to be taken. A review of residents' care files found that an individual assessment and plan of care was in place in relation to continence. One resident who was receiving end of life care is attended every other day by the district nurse who monitors skin integrity.

Staff demonstrated knowledge and understanding of this area of care. Staff confirmed to us that there was unrestricted availability of continence products and of protective gloves, aprons and hand sanitisers.

Is care effective? (Quality of Management)

Staff confirmed to us that they have had training on the management of continence and infection control. Continence products are prescribed by the district nurse and are then re ordered on a three monthly basis. Any issues identified are reported to the district nurse for advice and direction. The records of care management reviews include reference to the ongoing management of continence.

Is Care compassionate? (Quality of Care)

The practice we observed showed that residents were treated with care, dignity and respect. Continence care was undertaken in a discreet, private manner. Staff we interviewed recognised the potential loss of dignity associated with incontinence. They gave examples of how they ensure, as far as possible, the resident's dignity and independence is maintained when assisting with individual continence needs. There was a good standard of continence management in the home which was person centred, was underpinned by informed values and delivered with compassion.

Areas for Improvement

There are no areas of improvement identified for this standard. The home's care was assessed as safe, effective and compassionate.

Number of requirements	0	Number recommendations:	0
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5.5 Additional areas examined

5.5.1 Residents' views

We spoke with residents who all expressed or indicated that they were happy with their life in the home. One resident stated that although she was well cared for in Knockan Lodge she wanted more independence and felt that she could manage in a supported housing scheme. The deputy manager confirmed that the care manager is aware and involved in progressing this case. A selection of residents comments were as follows:

"They (staff) are enormously kind"

"Staff here are all great girls"

"I am so happy to be here"

"I have been here since the day it opened and it's my home"

5.5.2 Relatives views

There were no relatives visiting in the home

5.5.3 Staff views

We met with three members of staff of various grades. All spoke positively about their roles and duties, staff morale, teamwork and managerial support. Staff informed us that they felt a good standard of care was provided for residents. Staff spoke affectionately about the resident who has recently died. "X was here for many years we were delighted that she was able to stay here until the end"

5.5.4 Staffing levels

The following staff were on duty:

Deputy manager x1

Care staff x 4

Domestic x 2

Catering x 2

Activities co coordinator x1

This was considered satisfactory for the numbers and needs of residents accommodated.

5.5.5 Accidents/incidents

There has been 1 accident recorded since the previous inspection. This was managed and reported appropriately.

5.5.6 Complaints

There have been no complaints recorded since the previous inspection.

5.5.7 Environment

We inspected the internal environment including communal areas and residents' bedrooms. These were found to be well maintained and well decorated. Residents' rooms were personalised to suit the preferences of the occupants.




Areas for Improvement

There were no areas of improvement identified with the additional areas inspected. The overall assessment is that the care provided is safe, effective and compassionate.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager		Date Completed	18/8/15
Registered Person		Date Approved	18/8/15
RQIA Inspector Assessing Response		Date Approved	21/8/15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

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