

# Unannounced Follow Up Care Inspection Report 28 February 2018



## Knockan Lodge

**Type of Service: Residential Care Home**  
**Address: 153 Finvoy Road, Ballymoney, BT53 7JN**  
**Tel No: 028 2957 1540**  
**Inspectors: Ruth Greer and Jo Browne**

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

## 1.0 What we look for



## 2.0 Profile of service

Knockan Lodge is a residential care home registered to provide care and accommodation to 25 persons whose needs have been assessed within the categories cited in the certificate of registration and as detailed in the section below.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Knockan Lodge</p> <p><b>Responsible Individual:</b> Mr P J Doherty</p>	<p><b>Registered Manager:</b> Ms Anna Elder</p>
<p><b>Person in charge at the time of inspection:</b></p> <p>Edel McMullan, senior care assistant ( night duty)</p> <p>Marie Jamieson, deputy manager and Anna Elder registered manager joined the inspection.</p>	<p><b>Date manager registered:</b> 1 April 2005</p>
<p><b>Categories of care:</b> Residential Care (RC) To be completed in full e.g. I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years</p>	<p><b>Number of registered places:</b> 25</p>

### 4.0 Inspection summary

An unannounced inspection of Knockan Lodge took place on 28 February 2018 from 07.00 to 14.45.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection was undertaken following receipt of information by RQIA from a whistle blower and following discussion with the adult safeguarding team from the trust.

It is not the remit of RQIA to investigate complaints/whistleblowing concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The concerns raised by the whistle blower's information were in relation to:

- Residents were made to go to bed/get up early
- On some days residents are "freezing" as there was no heating oil
- On some occasions residents were washed with cold water
- On some occasions there was no food in the home
- Some staff commenced employment before recruitment checks had been completed
- Staff did not receive their wages on time

The following areas were examined during the inspection:

- staffing
- environment
- meals and mealtimes
- provision of activities

Residents and their representatives said that they were happy with the care provided and spoke positively in regard to the kindness of staff and the quality of the food provided. Residents gave many examples of their experience of life in the home. These included:

- "I've got up at 5 a.m. all my life and I still do that I like getting myself up and come down to the sitting room."
- "I am a vegan and I always have really nice meals separate from what everyone else gets."

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Anna Elder, registered manager and Marie Jamieson, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action taken following the most recent care inspection

An unannounced care inspection took place on 16 January 2018. There were no requirements for action made as a result of that 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: the report of the most recent inspection, notifications of incidents/accidents and any correspondence received at RQIA in relation to the home.

During the inspection the inspector met with seventeen residents, ten staff and one resident's visitor.

The following records were examined during the inspection:

- Staff duty roster
- Staff files (eighteen)
- Residents' care files (six)
- Menus and meals served
- Food orders
- Maintenance records in relation to the heating system

All staff on duty were individually spoken with by the inspectors.

An examination of the internal premises was undertaken

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 the most recent inspection dated 16 January 2018

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified.

### 6.2 Review of areas for improvement from the last care inspection dated 16 January 2018

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### Staffing

When two inspectors arrived at the home at 07.00 a (night) senior care assistant was in charge. There were two care staff on duty in addition to the senior care assistant and there were twenty one residents accommodated in the home at the time.

Day staff commenced duty at 08.00. Staffing levels for the day included: the registered manager, deputy manager, assistant manager, a senior care assistant and three care staff. Two catering staff and a domestic assistant were also on duty. The duty roster accurately reflected the staff on duty. An individual duty roster was maintained for the registered manager's hours. The registered manager's roster was held separately and was not readily available for staff to reference. It is important that staff know when the registered manager is due to work and available in the home. In discussion with the registered manager and the deputy manager this was raised as an area of improvement.

The personnel files of eighteen staff were reviewed. Eleven of the files contained full and accurate pre-employment documentation as required by regulation. Examination of files showed that four staff had commenced employment before enhanced disclosures had been received from AccessNI. Two of the AccessNI checks had been subsequently received after the staff had commenced employment and two were outstanding. The registered manager confirmed that the two staff who did not have AccessNI checks would not undertake duty in the home until these had been received. However this is a serious breach of regulation and has been raised as an area of improvement.

Some details of staff registration with NISCC were missing from their files. The deputy manager made several phone calls and provided the outstanding details. In discussion it was advised that the manager implements a system of ongoing and regular audit in relation to NISCC registration of staff. This has been raised as an area of improvement.

All staff were interviewed by the inspectors and advised that the home is a good place to work. Staff confirmed that they all supported by management and said they "would have no hesitation" in approaching the manager and/or deputy manager if they had any concerns. Staff confirmed that they received their wages on time.

### **Areas of good practice**

In discussion with staff and observation of their practice there was evidence that they were knowledgeable in regard to the residents and were aware of residents' individual needs and preferences. Staff all spoke positively of the care they provide and observe being provided within the home.

Staff training had been provided in regard to adult safeguarding. Staff were aware of what constituted abuse and advised that they wouldn't hesitate to report any real or alleged incidents of abuse and/or poor practice.

The practice observed by inspectors was found to be compassionate and caring. Requests for assistance were dealt with in a professional, friendly and timely manner.

Residents who spoke with inspectors spoke positively in regard to the care provided by staff and they raised no concerns.

### **Areas for improvement**

Three areas of concern were raised in regard to AccessNI pre-employment checks, audits of staff registration status with NISCC and the availability of the manager's rostered duty hours.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

## Environment

The inspection took place on a very cold winter day with heavy snow falls throughout the day. The inspectors found that all areas in the home in the home were warm, bright and clean. The manager advised that there had been a break down in the heating system one weekend in January. An emergency call out was made and engineers visited the home and temporarily fixed the problem and restored the heating system. The following day a new piece of equipment was sourced to provide a permanent repair. Electric heaters were provided to augment the heating in the home until repairs were completed.

Staff and residents confirmed that residents were not disadvantaged and were never cold. One visitor stated that she had been aware of the break down in the heating system but confirmed that the issue had been dealt with speedily and effectively. Staff and residents also stated that the water temperature was on a separate system that had not been affected. When asked specifically by inspectors all residents and staff stated that residents had never been washed in cold water.

An examination of the internal environment showed that several areas of the home required attention. These were mainly in relation to bathrooms/toilets and included flooring which required repair/replacement, hand sanitisers which required fixing to the wall. The areas identified may pose an Infection Prevention and Control (IPC) risk. The registered manager was advised to undertake an IPC audit of the home to ensure compliance with best practice guidance.

## Areas of good practice

There was a programme of redecoration on going in the home. Residents' bedrooms and communal areas, which had been completed, looked well.

## Areas for improvement

The registered manager should regularly undertake an IPC audit of the home as part of her quality assurance measures.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## Meals and Mealtimes

An examination of the kitchen and food stores found a varied and plentiful supply of fresh, dried, canned and frozen food. The record of meals served reflected the planned menus and showed that choice is available at each meal. Where the menu was changed the alternative provided was recorded. Records showed that a specialist diet was provided for one resident.

Catering staff stated that there was no shortage of food and residents could choose from a range of options. Inspectors observed the serving of breakfast, mid-morning tea and lunch. All were of a good standard and included choices. Food was served in suitable portions sizes, and presented in a way and in a consistency that met each resident's needs.

Residents care records contained assessments in regard to eating and drinking. Where indicated, nutritional risk assessments were in place. Records also contained residents' preferences as well as their dietary needs. Residents' weights were regularly recorded and showed that many residents had gained weight since being admitted to the home. Professional advice, for example, from Speech and Language therapy was sought where required.

Residents spoke highly of the quality of the food provided. One resident said "If I wake up in the night one of the girls (staff) brings me tea and toast"

### Areas of good practice

There was evidence that food provided for residents was nutritious and varied for example, it was noted that platters of fresh fruit are provided mid-morning in addition to freshly made scones.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### Activities

The home employs an activity therapist for two hours each morning Monday to Friday. Activities include crafts, quizzes and games. On the day of the inspection the activity therapist was on a period of leave and care staff were undertaking activities in her absence.

Residents were observed engaged in low level physical exercise and singing Residents were free to join in activities and several residents did not participate in the exercise but preferred to read, chat or do crosswords. Morning papers are delivered each day.

A religious service is held fortnightly in the home and ministers/priests are welcome to visit at any time.

Residents are encouraged to go out with their families and on the day of the inspection one visitor was taking her parent out for coffee.

### Areas of good practice

In discussion, residents confirmed that activities were provided in the home and that they were free to spend their day as they chose either "with company" or "reading in my own room"

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anna Elder, registered manager and Marie Jamieson, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 21 Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2018</p>	<p>The registered person shall ensure that no staff commence employment until all pre-recruitment information and checks are in place.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> check sheet is now in place with pre-recruitment checks also.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2018</p>	<p>The registered person shall implement a system to monitor staff members' registration with NISCC.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> no staff are employed before all checks are through and NISCC registration now recorded in book</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 14 (2)(c)</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2018</p>	<p>The registered person shall undertake an audit of the home in line with infection prevention and control good practice guidance and develop an action plan to address any issues identified.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> new holder for hand gel containers in process. Fitted to wall.</p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2018</p>	<p>The registered person shall ensure that the roster of the registered manager's hours is maintained and available for staff reference.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> registered managers hours on notes</p>

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



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