



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Follow up Care Inspection Report 31 October 2019



## Knockan Lodge

**Type of Service: Residential Care Home**  
**Address: 153 Finvoy Road, Ballymoney BT53 7JN**  
**Tel No: 028 2957 1540**  
**Inspector: John McAuley**

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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 registered residential care home which provides care for up to 25 residents within the categories of care detailed in its certificate of registration and 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Cara Home Care Ltd  <b>Responsible Individual(s):</b> Elizabeth Kathleen Mary Lisk	<b>Registered Manager and date registered:</b> Mary Elizabeth McVicker 29 May 2019
<b>Person in charge at the time of inspection:</b> Stephanie Moore, senior care assistant	<b>Number of registered places:</b> 25
<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	<b>Total number of residents in the residential care home on the day of this inspection:</b> 22

### 4.0 Inspection summary

This unannounced inspection took place on 31 October 2019 from 10.30 hours to 13.30 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection.

Evidence of good practice was found in relation to general observations of care practices in how care was delivered in a kind, caring, unhurried manner, with staff interactions with residents being polite, friendly, warm and supportive.

Three areas requiring improvement were identified during this inspection. These related to staffing levels at the weekends, the environment and egress to a front door.

Residents described living in the home as being a good experience/in positive terms. Some of the comments included statements such as: "It's very good here in every way," and, "There's a nice, peaceful, homely atmosphere. We are taken well care of."

Comments received from residents, one visiting relative and staff during the inspection, are included in the main body of this report.

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>	*2	*3

\*The total number of areas for improvement includes two which have been carried forward for review at the next inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Stephanie Moore, senior care assistant, 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/enforcement taken following the most recent inspection dated 13 June 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 13 June 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections, registration information, and any other written or verbal information received, such as notifiable reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection a sample of records was examined which included:

- staff duty rota
- residents' progress records
- accident/incident records
- reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate

Areas for improvements 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 the last care inspection dated 13 June 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 14(2) (c) <b>Stated:</b> Second time	The registered person shall ensure that wardrobes are individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.  <b>Ref:</b> 6.2	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All wardrobes were risk assessed with subsequent appropriate action.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 27(2)(t) <b>Stated:</b> Second time	The registered person shall revise and update the home's legionella risk assessment. Details of the date of the assessment and actions taken as a response to any recommendations need to be submitted to the home's aligned estates inspector.  <b>Ref:</b> 6.2	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> A Legionella risk assessment has been carried out on the 18 July 2019. The report of this assessment has yet to be issued.  On receipt of this report, the actions taken as a response to any recommendations should be submitted to the home's aligned estates inspector.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated: Second time</b></p>	<p>The registered person shall review the management of bisphosphonate medicines to ensure these are administered as prescribed.</p> <p>Ref: 6.3</p> <p><b>Action taken as confirmed during the inspection:</b> This area of improvement was not inspected on this occasion.</p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27(2)(t)</p> <p><b>Stated: First time</b></p>	<p>The registered person shall individually risk assessed in accordance with current safety guidance with subsequent appropriate action;</p> <ul style="list-style-type: none"> <li>• All radiators / hot surfaces that residents can have accessible contact with</li> <li>• All window restrictors</li> </ul> <p>Ref: 6.4</p> <p><b>Action taken as confirmed during the inspection:</b> A risk assessment on radiators / hot surfaces had been carried out with covers installed on a number of radiators. There remained a significant number of radiators that had no covers but the surface temperatures were of an acceptable temperature at the time of this inspection.</p> <p>All window restrictors had been reviewed with subsequent appropriate action taken.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 27(4)(a)(i)</p> <p><b>Stated: First time</b></p>	<p>The registered person shall submit to the aligned estates inspector confirmation of fire safety risk assessment planned for 25 June 2019 and details of the actions taken with timescales of regarding any recommendations made from it.</p> <p>Ref: 6.4</p> <p><b>Action taken as confirmed during the inspection:</b> A fire safety risk assessment has been carried out on the 25 June 2019. The report of this assessment has yet to be issued.</p>	<p><b>Partially met</b></p>

	On receipt of this report, the actions taken as a response to any recommendations should be submitted to the home's aligned estates inspector.	
<b>Area for improvement 6</b> <b>Ref:</b> Regulation 27(2)(l) <b>Stated:</b> First time	The registered person shall remove and make good any inappropriate or excessive storage in: <ul style="list-style-type: none"> <li>• The room beside the laundry</li> <li>• Electrical store rooms.</li> </ul> <b>Ref:</b> 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inappropriate and/or excessive storage in these areas had been made good.	
<b>Area for improvement 7</b> <b>Ref:</b> Regulation 19(1)(a) Schedule 3(3)(k) <b>Stated:</b> First time	The registered person shall review with staff the quality of recording in residents' progress records. These records needs to account for residents' progress and well-being, as well giving detail of when issues of need arise, what care/treatment was given and what was the effect of same.  <b>Ref:</b> 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of residents' progress records confirmed Inspector confirmed that records took account of residents' progress and well-being, as well giving detail of when issues of need arise, what care/treatment was given and what was the effect of same.	
<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>Ref:</b> 6.3	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> This area of improvement was not inspected on this occasion.	



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the housekeeping and laundry staffing levels for the weekends with subsequent appropriate action.</p> <p>Ref: 6.4</p> <p><b>Action taken as confirmed during the inspection:</b> Housekeeping and laundry duties at weekends were in large being covered by care staff.</p> <p>This has been stated as an area of improvement in accordance with regulations, to address accordingly.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall repair / make good:</p> <ul style="list-style-type: none"> <li>• The identified broken drawers in residents' bedrooms</li> <li>• The dining room carpet</li> </ul> <p>Ref: 6.4</p> <p><b>Action taken as confirmed during the inspection:</b> The identified bedroom drawers had been made good.</p> <p>The dining room carpet was clean at the time of this inspection.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 29.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall consult with the home's fire safety advisor regarding the locking mechanisms in the first floor of the home, and thereafter take subsequent appropriate action.</p> <p>Ref: 6.4</p> <p><b>Action taken as confirmed during the inspection:</b> Consultation with the home's fire safety advisor regarding this locking mechanism had taken place with subsequent appropriate action.</p>	<p><b>Met</b></p>



<b>Area for improvement 5</b> <b>Ref:</b> Standard 9.6 <b>Stated:</b> First time	The registered person shall seek repair of the identified resident's glasses.  Ref: 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This repair was put in place.	

## 6.2 Other areas inspected

### 6.2.1 Staffing

Staff advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed. Discussions with residents and staff confirmed that they felt there was adequate staffing in place to meet residents' needs. It was identified that in large there was no domestic of laundry cover at weekends. These duties are facilitated by care staff. Due to the size, layout and resident numbers and dependencies this has been identified as an area of improvement in accordance with regulations to make good.

A competency and capability assessment is completed for any member of staff with the responsibility of being in charge in the absence of the registered manager.

The staff advised that when they 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.

Inspection of the duty rota found it accurately reflected the staff working within the home.

### 6.2.2 Environment

The home was clean and tidy with décor and furnishings being maintained. Seating in the communal lounge was comfortable and positioned in such a manner to facilitate sociability and comfort. Residents' bedrooms were tastefully furnished and personalised. The carpet to the reception area was clean but due to its colour it was difficult to maintain due to the footfall in this vicinity.

Bathrooms and toilets were clean and hygienic. An area of improvement in accordance with standards was identified with a toilet which was too low in height and did not meet the ergonomic needs of an identified resident.

An area of improvement in accordance with standards was identified with the front door. It was not clear how to egress from this keypad locking door in the event of an emergency, such as a fire. This needs to be clarified with the home's fire safety advisor.

The grounds of the home were well maintained.

### 6.2.3 Residents' Views

Discussions were undertaken with 18 residents in the home at the time of this inspection. In accordance with their capabilities, residents confirmed that they were happy with the provision of care, the kindness and support received from staff and the provision of meals. Some of the comments included statements such as:

- "It's very good here in every way."
- "I love it here. The girls (staff) are very good."
- "The food is delicious."
- "There's a nice peaceful homely atmosphere. We are taken well care of."
- "It's just lovely here. You won't get any complaints. All good reports."
- "I am being well cared for here."
- "I have no worries at all."
- "My family couldn't of picked a better home for me. I have done very well for coming here."

### 6.2.4 Relative's views

A visiting relative was keen to express praise and gratitude for the provision of care in the home, the kindness and support received from staff and the overall homely atmosphere in the home.

### 6.2.5 Care practices

Staff interactions with residents were found to be friendly, polite and supportive. A nice ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

Care duties and tasks were organised in an unhurried manner. Care practices pertaining to assistance with mobility and dietary needs were observed to be done with kindness and respect.

A planned programme of activity was in place for which a number of residents chose to partake and enjoy.

### 6.2.6 Staff views

Staff advised that they would feel comfortable about raising any concerns and they felt that any such would be dealt with appropriately by management. Some staff raised concerns about staff absences and resident dependencies but acknowledged that these were being addressed by management. Staff confirmed that there were good morale and working relationships within the home. Staff also advised that they felt a good standard of care was provided for and discussions revealed that they were positive and enthusiastic about their roles and duties.

### 6.2.7 Monitoring visits

The last three months' monitoring reports were inspected. These were recorded in good detail with an action plan put in place for any issues identified. Corresponding evidence was recorded on any agreed actions taken.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents, general observations of care practices and governance.

## Areas for improvement

The following areas were identified for improvement in relation to staffing levels at the weekends, the environment and egress to a front door.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Stephanie Moore, senior care assistant, 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.

<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 13(4) <b>Stated:</b> Second time <b>To be completed by:</b> 1 November 2018	The registered person shall review the management of bisphosphonate medicines to ensure these are administered as prescribed.  <b>Ref:</b> 6.5
	<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>  <b>Ref:</b> 6.5
<b>Area for improvement 2</b> <b>Ref:</b> Regulation20(1)( a ) <b>Stated:</b> First time <b>To be completed by:</b> 31 November 2019	The registered person shall review the housekeeping and laundry staffing levels for the weekends with subsequent appropriate action.  <b>Ref:</b> 6.2.1
	<b>Response by registered person detailing the actions taken:</b> The recruitment process has commenced and posts will be filled as soon as prospective candidates have been interviewed and appropriate staff appointed.
<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 30 <b>Stated:</b> Second time <b>To be completed by:</b> 1 November 2018	The registered person shall ensure that written confirmation of medicine regimes is obtained for new residents.  <b>Ref:</b> 6.4
	<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>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 27.3 <b>Stated:</b> First time <b>To be completed by:</b> 31 November 2019	The registered person shall review the height provision of toilets so that they meet the ergonomic needs of resident(s).  <b>Ref:</b> 6.2.2
	<b>Response by registered person detailing the actions taken:</b> Three toilets are assessed as requiring raised seats and these have now been purchased and delivered. These will now be fitted by the 6 <sup>th</sup> December 2019.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 9.2</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p>Ref: 6.2.2</p>
<p><b>To be completed by:</b> 31 November 2019</p>	<p><b>Response by registered person detailing the actions taken:</b>  BS Fire Alarms have been consulted and are of the view that current arrangements are satisfactory for two reasons. Firstly, in the event of an emergency, residents are evacuated into a safe zone in the first instance. Secondly, there are a sufficiency of fire exits in close proximity and the main front door can be opened by staff when necessary, after fire doors have been opened in the first instance.</p>

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



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