



The **Regulation** and
Quality Improvement
Authority

Lakeview
RQIA ID: 1421
1c Orchard Road
Crumlin
BT29 4SD

Inspector: Donna Rogan
Inspection ID: IN022077

Tel: 028 9442 2733
Email: dorothy.stafford@adad.co.uk

**Unannounced Care Inspection
of
Lakeview Nursing Home**

08 February 2016

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 unannounced care inspection took place on 08 February 2016 from 09.30 to 15.00.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 26 March 2015.

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	3	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Kathleen Thomas, registered nurse in charge and then by telephone with the registered manager on 10 February 2016 as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Chris Arnold	Registered Manager: Dorothy Stafford
Person in Charge of the Home at the Time of Inspection: Kathleen Thomas, registered nurse in charge	Date Manager Registered: 01 April 2005
Categories of Care: RC-PH, RC-PH(E), RC-TI, NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 42
Number of Patients Accommodated on Day of Inspection: 28	Weekly Tariff at Time of Inspection: £593

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 standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

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

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report.

During the inspection, the inspector met with 18 patients, four care staff, two registered nurses, one ancillary staff and one patient representative.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- a sample of staff duty rotas
- four patient care records
- accident/notifiable events records
- staff training records
- policy documentation in respect of communicating effectively, palliative and end of life care
- complaints
- compliments
- best practice guidelines for palliative care and communication.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Lakeview was an unannounced pharmacy inspection dated 7 January 2016. The completed QIP was returned and approved by the pharmacist inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection 26 March 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 Stated: First time	The registered manager should ensure the following issues are addressed: <ul style="list-style-type: none"> • continue to implement the redecoration programme to ensure all identified bedrooms are repainted • eradicate the malodour in the identified bedroom • review the locking mechanism on the identified clinical room door • ensure RQIA receives a minor variation in regards to the change of usage of a bedroom to a storeroom as discussed with the registered manager 	Met
	Action taken as confirmed during the inspection: A review of the redecoration programme evidenced that work has been on-going to ensure its implementation in keeping within the set timescales. The malodour in the identified bedroom has been eradicated. The locking mechanism on the identified clinical room door has been reviewed. RQIA can confirm that the minor variation has been received and approved.	
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5 Stated: First time	The registered manager should ensure that the monthly evaluation of care is more meaningful and reflective of the care delivered during the stated period of time. Care plans no longer relevant to the care records should be clearly discontinued and filed.	Met
	Action taken as confirmed during the inspection: A review of four care records evidenced that evaluations were meaningful and were reflective of the care delivered. Care plans where relevant were discontinued.	

5.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communication. A separate policy was available on delivering bad news. Regional guidelines on 'Breaking Bad News' was available to staff. Discussion with five staff confirmed that they were knowledgeable regarding breaking bad news.

A sampling of training records evidenced that 11 staff had completed training in relation to end of life care. This training included communicating effectively with patients and their families/representatives. Training on delivering bad news was also included.

There are regular staff meetings held in the home, with the most recent having been held on 3 February 2016. The minutes evidenced topics discussed including communication in the home. Staff spoken with including domestic staff stated they felt included and were kept informed where relevant regarding patients' communication needs.

Is Care Effective? (Quality of Management)

All four care records reviewed reflected patient individual needs and wishes regarding the end of life care. Recordings within records included reference to the patients' specific communication needs.

There was evidence within all of the four records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Two registered nurses consulted demonstrated their ability to communicate sensitively with patients and/or their representatives when breaking bad news. They discussed the importance of an environmentally quiet private area to talk to the recipient and the importance of using a soft calm tone of voice as well as using language appropriate to the listener. Staff also described the importance of reassurance and allowing time for questions or concerns to be voiced. Care staff were also knowledgeable on breaking bad news and offered similar examples when they have supported patients when delivering bad news. A best practice guideline on 'Breaking Bad News' was available in the home.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and staff interactions with patients, it was evident that effective communication was well maintained and patients generally were observed to be treated with dignity and respect.

The inspection process allowed for consultation with 18 patients both individually and with others in small groups. All patients stated they were very happy with the care they were receiving in Lakeview. They confirmed that staff were polite and courteous and they felt safe in the home.

Areas for Improvement

There were no areas noted for improvement regarding this standard.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.3 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. A copy of the GAIN guidelines was present and available to staff as required. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the guidelines. A deceased patients policy was also available to staff.

Training records indicated four staff had completed palliative care training. A recommendation was made for training opportunities in palliative care and death and dying to be made available for all staff. The Palliative Link nurse identified in the home is the registered manager who is part of the Northern Health and Social Care Trust (NHSCT) palliative, end of life education sub group.

Information leaflets on bereavement and McMillan cancer support are available in the home.

Discussion with the registered staff confirmed that arrangements were in place for staff to make referrals to specialist palliative care services.

Discussion with the registered nurses and five staff evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place.

Is Care Effective? (Quality of Management)

Discussion with the registered nurses and staff evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/ representatives to be with patients who had been ill or dying. There are rooms identified in the home for family/friends to have a private conversation or a rest whilst tending to their loved ones. Staff consulted were aware of the importance of providing refreshments at this time.

A review of notifications of death to RQIA during the previous inspection year, were deemed to be appropriate.

Is Care Compassionate? (Quality of Care)

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. From discussion with the registered manager and staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time.

Some compliments were as follows:

“Thank you all so much for everything.”

“Thank you all for looking after

Discussion with the registered manager and a review of the complaints records evidenced that there were no concerns raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient’s death.

Areas for Improvement

One recommendation was made to ensure that training in palliative care/death and dying is cascaded to all staff.

Number of Requirements:	0	Number of Recommendations:	1
--------------------------------	----------	-----------------------------------	----------

5.4 Additional Areas Examined

5.4.1 Complaints

A complaints policy was displayed on a notice board on the ground floor. It is required to be reviewed as it was dated April 2007. The policy displayed was not in keeping with the current DHSSPS guidelines and should be updated and shared with patients and their representatives. A requirement is made in this regard.

5.4.2 Consultation with patients, their representatives and staff

During the inspection process, 18 patients, six staff, and one patient representative were consulted with to ascertain their personal view of life in Lakeview Nursing Home. Three staff questionnaires were completed and returned. Three patient questionnaires were also completed and returned. Overall, the feedback from the patients, representatives and staff indicated that safe, effective and compassionate care was being delivered in Lakeview Nursing Home.

A few patient comments are detailed below:

“I love it here.”

“We are well taken care of here.”

“I enjoy living here and I’m happy in my own company.”

The patient representative consulted with was very positive about the care provided.

The general view from staff cited in completed questionnaires and during conversations was that they took pride in delivering safe, effective and compassionate care to patients.

A few staff comments are detailed below:

“I love working here.”

“The work can be challenging but I enjoy it.”

“I believe we have good relationships with the residents and understand them well”

“I think all the residents are well looked after”

5.4.3 Infection Prevention and Control and the Environment

A tour of the home confirmed that rooms and communal areas were generally clean and spacious. However, a range of matters were identified that were not managed in accordance with infection prevention and control guidelines:

- not all signage was laminated to ensure the surface may be cleaned
- the storage facility in the hairdressing room required to be cleaned and it did not have a cleanable surface
- the tops of wardrobes checked were dusty
- shower chairs which had rust observed on them were in use
- identified commode chairs had not been cleaned after use
- the pull cord in the identified toilet did not have the cleanable plastic coating surrounding it
- towels should not be stored in bathrooms where there is a toilet
- thoroughly clean all sluice areas
- ensure appropriate cleaning and storage of commode pots, bedpans and jugs used to collect urine
- ensure mop buckets and trollies used by domestic staff are maintained clean at all times
- ensure the practice of brushing debris onto the corridor floors ceases and each room is cleaned in accordance with best practice guidelines
- the identified broken tiles are required to be replaced

The above issues were discussed with the registered manager following the inspection. An assurance was given by the registered manager that these areas would be addressed. A requirement was made for management systems to be in place to ensure the home's compliance with best practice in infection prevention and control. It is also required that the domestic hours are reviewed to ensure they are sufficient in ensuring the home is maintained clean at all times.

Areas for Improvement

There were three made regarding complaints, infection control and the management of domestic hours.

Number of Requirements:	3	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Kathleen Thomas, registered nurse on the day of inspection and with Dorothy Stafford, registered manager by telephone on 10 February 2016. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.4 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.5 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.6 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

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.

01 MAR 2015

Quality Improvement Plan

IMPROVEMENT AUTHORITY

Statutory Requirements	
Requirement 1 Ref: Regulation 24 Stated: First time To be Completed by: 31 March 2016	<p>The registered persons shall ensure that the policy displayed regarding complaints is updated in keeping with the current DHSSPS guidelines and the displayed policy should be updated and shared with patients and their representatives.</p> <p>Ref: Section 5.4.1</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Complaint policy updated/shared with residents and representatives</i></p>
Requirement 2 Ref: Regulation 13 (7) Stated: First time To be Completed by: 31 March 2016	<p>The registered persons shall ensure that the issues listed in section 5.4.3 are addressed.</p> <p>The registered manager shall ensure that management systems are to be in place to ensure the home's compliance with best practice in infection prevention and control.</p> <p>Ref: Section 5.4.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Management systems in place to comply with best practices in infection prevention and control guidelines</i></p>
Requirement 3 Ref: Regulation 20 (1) (a) Stated: First time To be Completed by: 31 March 2016	<p>The registered manager shall ensure that the domestic hours are reviewed to ensure they are sufficient in ensuring the home is maintained clean at all times.</p> <p>Ref: Section 5.4.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Cleaning hours have been re-viewed.</i></p>
Recommendations	
Recommendation 1 Ref: Standard 32 Stated: First time To be Completed by: 31 March 2016	<p>The registered persons should ensure that training in palliative care/death and dying is cascaded to all staff.</p> <p>Ref: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Training in palliative care death and dying is cascaded to all staff.</i></p>

Registered Manager Completing QIP	<i>Dorothy Stalford</i>	Date Completed	<i>25th FEB 2016</i>
Registered Person Approving QIP	<i>Chris Arnold</i>	Date Approved	<i>26/02/16</i>
RQIA Inspector Assessing Response		Date Approved	

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



RQIA Inspector Assessing Response	Donna Rogan	Date Approved	7 March 2016
-----------------------------------	-------------	------------------	-----------------