

# Unannounced Care Inspection Report 9 February 2021



## Lakeview

**Type of Service: Nursing Home**  
**Address: 1c Orchard Road, Crumlin BT29 4SD**  
**Tel no: 028 9442 2733**  
**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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 42 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Spa Nursing Homes Ltd  <b>Responsible Individual:</b> Christopher Philip Arnold	<b>Registered Manager and date registered:</b> Dorothy Stafford 1 April 2005
<b>Person in charge at the time of inspection:</b> Dorothy Stafford	<b>Number of registered places:</b> 42
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 22

### 4.0 Inspection summary

An unannounced inspection took place on 9 February 2021 from 10.00 to 14.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during this inspection:

- staffing
- safeguarding
- the home's environment
- Infection Prevention and Control (IPC)
- care delivery
- care Records
- fire safety
- governance and management.

Feedback from patients during this inspection was positive and complimentary about their experiences of life in the home.

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

## 4.1 Inspection outcome

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Dorothy Stafford, manager and Linda Graham, area 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 15 patients, one patient's care partner and eight staff. Questionnaires and "Tell Us cards" were also left in the home to obtain feedback from patients and patients' representatives.

The following records were examined during the inspection:

- duty rotas
- competency and capability assessments
- record of staff induction
- professional registrations records
- IPC records and guidance
- three patients' care records
- activity records
- fire safety records
- Regulation 29 monthly quality monitoring reports
- complaints and compliments records
- staff training records
- incident and accident records
- quality assurance records.

The findings of the inspection were provided to Dorothy Stafford, manager and Linda Graham, area manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced combined care, medicines management and finance inspection on 8 to 14 August 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure that effective cleaning is maintained throughout the home and of all equipment in use. This is in order to minimise the risk and spread of infection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations of the environment together with inspection of quality assurance audits confirmed that effective cleaning of equipment was being maintained.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 38  <b>Stated:</b> First time	The registered person shall ensure that the NISCC checklist is updated to include all care staff currently working in the home in order to ensure that the system in place to check registration status is robust.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of these registration checks confirmed these were maintained in a robust manner and audited on a monthly basis.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The registered person shall ensure that hand sanitiser dispensers are maintained in working order and/or replaced if necessary.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There were good supplies of hand sanitiser dispensers in working home in accessible areas throughout the home.	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 47 <b>Stated:</b> First time	The registered person shall ensure that identified alcove areas in the home are kept tidy and clutter free.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The alcove areas were found to be tidy and free of clutter.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall ensure that the timing of mealtimes is reviewed to ensure there is a sufficient period of time between breakfast and lunch.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the mealtimes was put in place and observations of care practices at the time of this inspection confirmed there was an adequate space of time between both these meals.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time <b>To be completed by:</b> On an ongoing basis	The registered person shall ensure that the activities offered in the home are meaningful, purposeful and enjoyable for patients and that suitable arrangements are in place to provide these. The monthly monitoring report should be submitted to RQIA, in order that provision of activities and arrangements made to provide these can be monitored, until there has been successful recruitment for the activity co-ordinator post.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An activities co-ordinator has been recruited although these duties had been partially suspended due to the COVID-19 pandemic. Inspection of activity records and monthly monitoring reports confirmed that this provision was being suitably maintained and monitored.	

## 6.2 Inspection findings

### 6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected details of all staff working in the home. The manager reported that any nurse who is in charge of the home in her absence has been assessed as competent and capable of doing so. A sample of two of these

assessments found this to be appropriately in place. A sample of a record of staff induction found these records to be appropriately in place.

The recruitment records of one staff member were inspected. These records were maintained in a methodical manner and in accordance with legislation.

Inspection of the professional registrations for staff confirmed that all staff have an up-to-date registration with the Northern Ireland Social Care Council (NISCC). The manager audits these registrations on a monthly basis. The manager is registered with the Nursing & Midwifery Council (NMC).

Staffing levels at the time of this inspection were found to be in keeping with the number and dependencies of patients accommodated and the size and layout of the home. Staff spoke in positive terms about their roles and duties, the provision of care, training and managerial support. They did say that the workload was busy but that there was good teamwork in place and felt supported by the manager if staffing levels were to be a concern.

### **6.2.2 Safeguarding**

Staff declared their knowledge and understanding of the safeguarding policy and whistleblowing policy and stated that they would have no hesitation in reporting any concerns and felt management would act positively on such information.

Inspection of staff training records confirmed that staff safeguarding training was maintained in an up-to-date basis.

### **6.2.3 The home's environment**

The home was clean and tidy. A planned programme of redecoration was reported to being put in place with evidence that such had been undertaken in the ground floor reception and lounges. However there were many areas of the home with bedrooms and corridor walls and floorings which were dated, tired and drab in appearance. Patients' bedrooms were tastefully furnished with some of these rooms personalised but there was many of these rooms in need of upgrading due to their general appearance. An area of improvement was made for an action plan to be submitted to RQIA detailing with timescales how this area of work will be taken forward. Communal areas were nicely decorated, comfortable and suitably maintained. Bathrooms and toilets were clean and hygienic.

### **6.2.4 Infection Prevention and Control (IPC)**

There were good protocols in place to accommodate visiting, including visiting professionals, in line with current guidelines. There was also good documentation pertaining to information and the management of the COVID-19 pandemic. This was regularly updated and disseminated to staff.

Observations of care practices, discussions with staff and inspection of IPC audits confirmed that there were good IPC measures in place. Staff were knowledgeable in relation to best practice guidelines with hand-washing and use of Personal Protective Equipment (PPE).

There was a good supply of PPE and hand washing sanitising gel at the entrance of the home and throughout accessible areas of the home. Signage was available in the home to relay information on IPC and COVID-19.

Social distancing with patients was in place as per their wishes and choice.

### **6.2.5 Care delivery**

Patients were clearly comfortable and content in their environment and interactions with staff. Staff interactions with patients were polite, friendly, warm and supportive. Frailer patients were seen to be regularly attended to.

Staff sought consent with patients with personal care tasks in statements such as “Would you like to...” Staff were also seen to knock patients’ bedroom doors to seek entry.

In accordance with their capabilities patients were keen to express their praise and gratitude for the provision of care, the kindness and support received from staff and the provision of meals. Some of the comments made included statements such as;

- “Things are very good here. I couldn’t complain about a thing. They (the staff) are all lovely and kind. The food is good too.”
- “Everything’s A1, all my comforts, good food and plenty of heat.”
- “The food is grand. There is all good here.”
- “Everything is good other than it can take some time for my buzzer to be answered but they (the staff) are all kind.”
- “It’s lovely here. No worries.”
- “I am very very happy here. Every one of them (the staff) is very good and caring. I wouldn’t have a single fault about this place.”

Discussions with a visiting care partner found that he described the care as being “exceptionally good” with “great staff and atmosphere”. He also expressed gratitude on his role of being a care partner was facilitated.

Care duties and tasks were organised and carried out in an unhurried person centred manner. The lunch time meal was nicely presented and looked appetising.

### **6.2.6 Care records**

A sample of three patients’ care records were inspected on this occasion. These records were maintained in comprehensive detail. The records gave a holistic assessment of the patient from which the care plan and interventions were based on. These details were clear and concise and had evidence of the patient and / or their representative being involved in this process, including input from aligned healthcare professionals.

### **6.2.7 Fire safety**

The home’s most recent fire safety risk assessment was dated 3 February 2021 and the report of which had yet to be issued, although an email from the fire safety risk assessor confirmed that there were no significant issues identified.



Fire safety training and fire safety drills were found to be maintained on an up-to-date basis. Fire safety checks in the environment were also found to be maintained on an up-to-date basis.

### 6.2.8 Governance and management

The home has a defined management structure.

The last two months' Regulation 29 reports for 4 January 2021 and 1 and 2 February 2021 were inspected. These reports were very detailed and well written with evidence of good managerial oversight of the home. An action plan was put in place with any issues identified from these Regulation 29 visits. Evidence was in place to confirm that any identified issues are addressed and followed up at each visit made on the behalf of the responsible individual.

Discussions with the manager and inspection of the records of complaints confirmed that expressions of dissatisfaction are taken seriously and managed appropriately.

Staff training records were well maintained and contained evidence that staff mandatory training and additional training was being maintained on an up-to-date basis. There were systems in place to identify and address areas of training that needed updating with staff.

The accident and incident reports from 2 August 2020 to date of this inspection were inspected. These events were found to be managed appropriately and reported as relevant to RQIA. An area of improvement was identified to clearly record in the reports whether or not the patient's aligned named worker was notified of the event. This was found to be not recorded on all reports. Monthly audits of accidents and incidents to establish if there are any trends or patterns are carried out.

An inspection of records of quality assurance found that a range of quality assurance and monitoring was in place, which included; patients' dining experience, IPC, hand hygiene and staff supervisions and appraisals.

### Areas of good practice

Areas of good practice were found in relation to staffing, care practices observed, managerial oversight including Regulation 29 visits and reports and feedback from patients and staff.

### Areas for improvement

Two areas for improvement were identified during the inspection. These were in relation to needing to submit an action plan with timescales for the planned redecoration work in the home and to record in the accident and incident reports whether the patient's aligned named worker was notified of the event.

	Regulations	Standards
Total number of areas for improvement	1	1

## 6.3 Conclusion

Patients were seen to be well cared for and comfortable and at ease in their environment and interactions with staff. Care duties and tasks were delivered in an unhurried organised manner.

Good assurances were received that the two issues of improvement identified at this inspection would be duly acted upon.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dorothy Stafford, manager and Linda Graham, area 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27(2)(d)  <b>Stated:</b> First time  <b>To be completed by:</b> 9 May 2021	<p>The registered person shall submit an action plan to RQIA detailing with timescales how the necessary planned decoration improvements to the home will be met.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The Registered Manager has submitted an action plan to RQIA detailing with timescales how the necessary planned decoration improvements will be met. These plans involve working with an outside contractor who will be swabbed prior to commencement of work. A Risk assessment of the home on the current covid , restrictions, community spread and alert level will be considered alongside these timescales . These timescales may vary depending on the situation within the care home and covid variables.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 21(1)  <b>Stated:</b> First time  <b>To be completed by:</b> 16 February 2021	<p>The registered person shall record in the accident and incident reports whether or not the patient's aligned named worker was notified of the event.</p> <p>Ref: 6.2.8</p> <p><b>Response by registered person detailing the actions taken:</b>            The Registered Manager will oversee any accidents or incident reports to ensure the Patient's aligned named worker was notified of the event. The Registered Manager has addressed this with nursing staff.</p>

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



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